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CENTER

2006 MAY -2 A 11 11
WWW.FXCM.COM

VIA UPS OVERNIGHT SERVICE

May 1, 2006

Federal Election Commission
999 E Street, N.W.,
Washington, DC 20463

Re: FXCM PAC, FEC Form 1

Dear Sir/Madam:

Enclosed herein please find the original Statement of Organization (FEC Form 1) for FXCM PAC, to be filed with the Federal Election Commission.

Thank you for your attention to this matter. Please feel free to contact me directly at (212) 897-7660 should you require any further information.

Sincerely,

David Sassoon
General Counsel

Enclosure

26039063955

FEC FORM 1

STATEMENT OF ORGANIZATION

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2006 MAY -2 A 11: 14.

Office Use Only

1. NAME OF COMMITTEE (In full)



(Check if name is changed)

Example: If typing, type over the lines.

12FB4M5

FXCM PAC

ADDRESS (number and street)

32 OLD SLIP

(Check if address is changed)

10TH FLOOR

NEW YORK

NY

10005

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

fxcmpac@fxcm.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

212-897-7669

2. DATE

05 01 2006

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DAVID SAKHAL

Signature of Treasurer

David Sakhal

Date

05 01 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

FOREX CAPITAL MARKETS LLC

Mailing Address 132 OLD SLIP

110TH FLOOR

NEW YORK NY 10005

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CONNECTED

Type of Connected Organization:

- Corporation
- Corporation w/a Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

2603900305

Write or Type Committee Name

FXCM PAC

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name DAVID SASSOON

Mailing Address 32 OLD SLIP
110TH FLOOR
NEW YORK NY 10005

Title or Position CITY STATE ZIP CODE

GENERAL COUNSEL Telephone number 212-897-7660

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer DAVID SAKHAI

Mailing Address 32 OLD SLIP
110TH FLOOR
NEW YORK NY 10005

Title or Position CITY STATE ZIP CODE

CHIEF OPERATING OFFICER Telephone number 212-897-7660

Full Name of Designated Agent DAVID SASSOON

Mailing Address 32 OLD SLIP
110TH FLOOR
NEW YORK NY 10005

Title or Position CITY STATE ZIP CODE

GENERAL COUNSEL Telephone number 212-897-7660

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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address

150 BROADWAY

NEW YORK

NY

10038

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>5/1/06</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jel
 PREPARER
 (3/2005)

5/2/06
 DATE PREPARED

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