FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		PRGANIZA	_		
		(See instruction	s)		Office use only
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typying, over the lines	type 12FE4	M5
International	Securities Exchai	nge PAC			
ADDRESS (number and	street) 60 B	road Street		11111	
(Check if add	26 F	loor 		11111	
is changed)		York		NY	
COMMITTEE'S E-MA	II ADDDESS		CITY▲	STATE▲	ZIP CODE 📥
aioffe@iseopt					1
	DAGE ADDRESS (I				
COMMITTEE'S WEB	PAGE ADDRESS (C	IKL)			1
COMMITTEE'S FAX I 2128093479	NUMBER				
2. DATE M 1	M / D D / Y	2005			
3. FEC IDENTIFICA	ATION NUMBER	(C C00382226		
4. IS THIS STATEM	MENT NEV	V (N) OR	X AMENDE	D (A)	
I certify that I have exam	ined this Statement and	I to the best of my know	vledge and belief it is true,	correct and complete	
		Buuga Caanauma	_		
Type or Print Name of	Treasurer	Bruce Cooperma	11		
Signature of Treasure	r Electronically File	ed by Bruce Coo	perman	Date	0 1 1 9 / Y Y Y Y Y
NOTE: Submission of fa			subject the person signing		penalties of 2 U.S.C. S437g. DAYS
Office Use Only			For further info Federal Election Toll Free 800-42	24-9530	FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate inf (b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	
	Name of Candidate	
	Candidate Office House Senate	State President District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized	d committee.
	Name of Candidate	
	(d) This committee is a (National, State (or subordinate) committee of the (e) This committee is a separate segregated fund (f) This committee supports/opposes more than one Federal candidate, and is NO committee.	(Democratic, Republican,etc.) Party. T a separate segregated fund or party
6.	Name of Any Connected Organization or Affiliated Committee	
L		
L		
	Mailing Address	
	CITY▲	STATE ▲ ZIP CODE ▲
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative

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Write or Type Com	nmittee Name			
Internation	al Securities Excha	ange PAC		
	Records: Identify by of Committee books	y name, address, (phone number and records.	optional), and position of th	e person in
Full Name				
Mailing Address	s			
Title or Position	∀	CITY A	STATE▲	ZIP CODE A
			Telephone number	
8. Treasurer: L name and ad	ist the name and ad Idress of any design	ldress (phone number optional) of ated agent (e.g., assistant treasurer	the treasurer of the commit).	tee; and the
of Treasurer	Bruce Coope	rman		
Mailing Address	s	60 Broad street		
		26 Floor		
		New York	NY	10004
Title or Position	∀	CITY A	STATE▲	ZIP CODE A
			Telephone number	
Full Name of Designated Agent	Amit Muni			
Mailing Address	s	60 Broad St, 26 fl.		
		New York	NY	10004
Title or Position	∀	CITY A	STATE ▲	ZIP CODE A
	Assistant Treasu	irer	Telephone number 212	8970211

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9.	 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds according safety deposit boxes or maintains funds. 												unt	s, r	en	ts																				
Name of Bank, Depository, etc.																																				
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	Mailing Address				l																	L										<u></u>	Ш	Ш		
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