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FEC FORM 1		STATE							Office	e Use Only	/	
NAME OF COMMITTEE (ir	n full)	(Check if na is changed)		xample:If		ре	12F	E4M5				
Internation	al Sec	urities Exc	hange	PAC								
ADDRESS (number a	nd street)	60 Broad Street		1 1 1			1 1					
_	,	26th Floor									1 1 1	
(Check if ac is changed)		New York					NY		10004	ļ-]-[_	
			CITY				STATE			ZIP C	ODE	
COMMITTEE'S E-MA	IL ADDRES	,	ly one e-mail	address)								
(Check if	address	isepac@ise.com										
is change												
COMMITTEE'S WEB (Check if is change	address	RESS (URL) www.ise.com										
2. DATE 1.		2011	C C00382	2226		1						
o. 120 152111111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WID ET										
4. IS THIS STATE!	MENT	NEW (N)	OR	× AN	MENDED	(A)						
I certify that I have e	examined this	s Statement and to t	he best of m	ny knowled	ge and b	elief it i	is true,	correct	and c	omplete.		
Type or Print Name	of Treasurer	Eleonor D Gnecco										
Signature of Treasure	Eleonor I	D Gnecco		[Electro	onically Fi	iled]	Date	1 <u>1</u>	/	15	2	2011
NOTE: Submission of		ous, or incomplete info				-			the pe	nalties of	2 U.S.0	C. §437g.
000	I	Т	<u> </u>		h !	-41	-11					

C	Office		For further information contact:	FEC FORM 1
	Use Only		Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	(Revised 02/2009)

	EEC Ea	rm 1 (Pavisad 02/2000)	Page 2
		om 1 (Revised 02/2009) OMMITTEE	raye Z
Car	ndidate	Committee:	
(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. (Cominformation below.)	nplete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		X Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for troommittees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

	-		
I	FEC Form 1 (Revised	02/2009)	Page 3
W	rite or Type Committee Nam		
I	nternational Se	ecurities Exchange PAC	
6.		Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
.In	ternational Securitie	es Exchange	
Ľ			
		CO Broad Street	
	Mailing Address	60 Broad Street	
		New York NY 10004-	-
		CITY STATE	ZIP CODE
	Relationship: X Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
	Connecte	Total I Joint I unuraising Representative Lea	acionily i AC Oporisor
	Custodian of Pecords: Ide	entify by name, address (phone number optional) and position of the person in pos	session of committee
	books and records.	many of name, address (prione namber optional) and position of the person in pos	oossion or committee
		McGregor	
	Full Name	,60 Broad Street	
	Mailing Address		
		New York NY 10004-23	
	Title or Position	CITY STATE	ZIP CODE
	Custodian of Records	. 212	897 , , 0275 ,
		Telephone number	- 0273
	Tracurary List the name or	nd address (phone number optional) of the treasurer of the committee; and the nar	no and address of
	any designated agent (e.g.,		ne anu audress ul
	Full Name Eleonor D	9 Gnecco	1
	of Treasurer	JGO Broad Street	
	Mailing Address	60 Broad Street	
		New York NY 10004-23	06
	Title or Position	CITY STATE 2	ZIP CODE
	Treasurer	212 Telephone number 1 -	397 0215

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Full Name of Designated	Eleonor D Gnecco	
Agent		
Mailing Address	60 Broad Street	
	New York NY 10004-230	6
	CITY STATE ZII	P CODE
Title or Position		7 - 0215
	Depositories: List all banks or other depositories in which the committee deposits funds, holds a uses or maintains funds.	iccounts, rents
Name of Bank, I		
	JP Morgan Chase	
Mailing Address	270 Park Avenue	
	New York NY 10017	
	CITY STATE ZI	P CODE
Name of Bank, [P CODE
Name of Bank, [Depository, etc.	P CODE
		P CODE
Name of Bank, [Depository, etc.	P CODE
	Depository, etc.	P CODE

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: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

Statement of Organization updated to indicate new PAC email address, new URL, new Treasurer and new Custodian of Records.

Form/Schedule: Transaction ID: