Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) MARKETAXESS HOLDINGS INC PAC MARKETAXESS PAC 55 Hudson Yards ADDRESS (number and street) 15th Floor (Check if address is changed) **NEW YORK** 10001 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address spintoff@marketaxess.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2024 C00475061 FEC IDENTIFICATION NUMBER 3. X 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 Pintoff, Scott, E., Pintoff, Scott, E., , Date 03 12 2024 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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|---|--|----------|--|--|--|--|--|
| | PE OF COMMITTEE: | | | | | | |
| | Candidate 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. (Complete the candidate information below.) | | | | | | |
| | Name of Candidate '','','','',' | | | | | | |
| Candidate Office Sought: House Senate President | | | | | | | |
| | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | | |
| | Name of Candidate | | | | | | |
| | arty Committee: (National, State (Democratic, Republican, etc.) Party | | | | | | |
| | Dilitical Action Committee (PAC): | | | | | | |
| | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization | on is a: | | | | | |
| | Corporation Corporation w/o Capital Stock Labor Organization | | | | | | |
| | Membership Organization Trade Association Cooperative | | | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | |
| | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pacommittee. (i.e., nonconnected committee) | arty | | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | | | |
| | (g) This committee is an independent expenditure-only political committee (Super PAC). | | | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | |
| | (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC). | | | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | |
| | pint Fundraising Representative: | | | | | | |
| | (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. | | | | | | |
| | (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate. | | | | | | |
| | Committees Participating in Joint Fundraiser | _ | | | | | |
| | 1 C | 4 | | | | | |

| | _ | | | | | | | | _ |
|----|---|--------------------|-------------------------|-----------------|--------------|--------------|-------------|-------------|-------------|
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| ٧ | Vrite or Type Committee Name | е | | | | | | | |
| | MARKETAXES | S HOLDIN | IGS INC PAC | MARKE | TAXE | SS PA | 4C | | |
| Э. | Name of Any Connected (| | | | | | | ip PAC Sp | onsor |
| | NONE | | | | | | | | |
| | | | | | | | | | |
| | Mailing Address | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | CITY ▲ | | S | TATE ▲ | 2 | ZIP CODE | A |
| | Relationship: Connected | d Organization | Affiliated Organization | Joint Fund | draising R | epresentativ | e L | eadership F | PAC Sponsor |
| 7. | Custodian of Records: Ider books and records. | ntify by name, add | dress (phone number o | ptional) and po | sition of th | ne person ir | ı possessio | n of comm | ittee |
| | Pintoff, So | cott, E., , | | | | | | | |
| | Full Name | | | | | | | | |
| | Mailing Address | C/O MARKETA | AXESS HOLDINGS INC. | | | | | | |
| | | 55 HUDSON Y | ARDS, 15TH FLOOR | | | | | | |
| | | NEW YORK | | | | NY | 10001 | | |
| | | | CITY ▲ | | S | TATE ▲ | 2 | ZIP CODE | ^ |
| | Title or Position ▼ | | | | | | | | |
| | GC & Corp. Secretary | | | Telephor | ne numbe | er212 | 2 - 8 | 13 | 6347 |

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 | Pintoff, Scott, E., , | | |
|---------------------------|-------------------------------|----------------------|------------|
| Mailing Address | C/O MARKETAXESS HOLDINGS INC. | | |
| | 55 HUDSON YARDS, 15TH FLOOR | | |
| | NEW YORK | NY 10001 | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Title or Position ▼ | , | | |
| | | Telephone number 212 | 813 - 6347 |

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|-------------------------|---|-------------------------|-------------------------|
| Full Name of Designated | | | |
| Agent | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Telepho | one number |] |
| | Depositories: List all banks or other depositories in which the ces or maintains funds. | ommittee deposits funds | , holds accounts, rents |
| Name of Bank, D | epository, etc. | | |
| | JPMorgan Chase Bank | | |
| Mailing Address | PO Box 182051 | | |
| | | | |
| | Columbus | OH 43 | 3218 |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Name of Bank, D | epository, etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |