03/05/2003 12 : 53

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

New York Bankers Political Action Committee

ADDRESS (Number and street) 99 Park Avenue

(Check if address is changed) 4th Floor

New York NY 10016 -

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

kjannetty@nyba.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.nyba.com

2. DATE 02 27 2003

3. FEC IDENTIFICATION NUMBER C00081422

4. IS THIS STATEMENT NEW (N) OR X 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 Ms Karen Jannetty

Signature of Treasurer Electronically Filed by Ms Karen Jannetty Date 02 27 2003

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 202-694-110

FEC FORM 1
(Revised 1/2001)

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) X 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

New York Bankers Association

Mailing Address 99 Park Avenue, 4th Floor

New York NY 10016

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | X Trade Association | Cooperative

Write or Type Committee Name

New York Bankers Political Action Committee

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: Ms Karen Jannetty

Mailing Address: 99 Park Avenue, 4th Floor

CITY ▲: New York | STATE ▲: NY | ZIP CODE ▲: 10016 –

Title or Position ▼: Treasurer

Telephone number: 212 – 297 – 1635

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: Ms Karen Jannetty

Mailing Address: 99 Park Avenue, 4th Floor

CITY ▲: New York | STATE ▲: NY | ZIP CODE ▲: 10016 –

Title or Position ▼: Treasurer

Telephone number: 212 – 297 – 1635

Full Name of Designated Agent: Kevin Hicks

Mailing Address: 99 Park Avenue
4th Floor

CITY ▲: New York | STATE ▲: NY | ZIP CODE ▲: 10016 –

Title or Position ▼: Assistant Treasurer

Telephone number: 212 – 297 – 1669

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.

J.P. Morgan Chase & Co.

Mailing Address 633 Third Avenue

New York NY 10017 -

CITY △ STATE △ ZIP CODE △

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. **[ADDITIONAL]**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

ABA BankPAC

Mailing Address 1120 Connecticut Avenue N.W.

Washington DC 20036

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Affiliated

Type of Connected Organization:

Corporation		Corporation w/o Capital Stock	Labor Organization
Membership Organization	X	Trade Association	Cooperative

Designated Agent **[ADDITIONAL]**

Full Name _____

Mailing Address _____

Title or Position ▼ **CITY ▲** **STATE▲** **ZIP CODE ▲**

_____ Telephone number _____ – _____ – _____