05/06/2004 16 : 39

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

CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERAL/STATE (CITIGROUP PAC-FEDERAL/STATE)

ADDRESS (number and street)

1101 PENNSYLVANIA AVE. NW

X (Check if address is changed)

SUITE 1000

WASHINGTON | DC | 20004 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

pac@citi.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

2. DATE 05 06 2004

3. **FEC IDENTIFICATION NUMBER** C C00039305

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 BARBARA E. HIGHAM

Signature of Treasurer Electronically Filed by BARBARA E. HIGHAM Date 05 06 2004

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

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) X 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

CITIGROUP INC.

Mailing Address 399 PARK AVENUE

NEW YORK NY 10043 -

CITY STATE ZIP CODE

Relationship CONNECTED

Type of Connected Organization:

X Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERAL/STATE [CITIGROUP PAC-FEDERAL-/STATE]

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 BARBARA E. HIGHAM

Mailing Address c/o PASS

1020 NORTH FAIRFAX STREET

ALEXANDRIA VA 22314 –

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER

Telephone number ____ – ____ – ____

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 BARBARA E. HIGHAM

Mailing Address 125 BROAD STREET

6TH FLOOR

NEW YORK NY 10004 –

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER

Telephone number ____ – ____ – ____

Full Name of Designated Agent HOWARD DARMSTADTER

Mailing Address 425 PARK AVENUE

NEW YORK NY 10043 –

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

ASSISTANT TREASURER

Telephone number ____ – ____ – ____

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.

CITIBANK N.A.

Mailing Address

111 WALL STREET

NEW YORK NY 10043 -

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]**

CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERAL

Mailing Address 1101 PENNSYLVANIA AVE. NW

SUITE 1000

WASHINGTON DC 20004

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship AFFILIATED

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____ – _____ – _____

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]**

Mailing Address

CITY STATE ZIP CODE

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name RONALD W. STEPHENS

Mailing Address 11440 CARMEL COMMONS BLVD.

CHARLOTTE NC 28226

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

ASSISTANT TREASURER

Telephone number _____ - _____ - _____

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]**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name THOMAS R. FAZEKAS

Mailing Address 125 BROAD STREET

6TH FLOOR

NEW YORK NY 10004

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

ASSISTANT TREASURER

Telephone number _____ - _____ - _____

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]**

Mailing Address

CITY STATE ZIP CODE

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name S. COLIN DOWLING

Mailing Address 1101 PENNSYLVANIA AVENUE NW

SUITE 1000

WASHINGTON DC 20004

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

ASSISTANT TREASURER

Telephone number _____ - _____ - _____

Form/Schedule: F1A

Included in this amendment is a new committee address

Transaction ID: