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04/09/2004 16 : 34

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

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

American Institute of Certified Public Accountants Political Action Committee

ADDRESS (Number and Street)

(Check if address is changed)

Harborside Financial Center

201 Plaza III

Jersey City NJ 07311 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

vmajewski@aicpa.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

0-

2. DATE M M / D D / Y Y Y Y 04 09 2004

3. **FEC IDENTIFICATION NUMBER** **C C00077321**

4. IS THIS STATEMENT X 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 Ms. Dale Atherton

Signature of Treasurer Electronically Filed by Ms. Dale Atherton Date M M / D D / Y Y Y Y 04 09 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

FEC FORM 1
(Revised 02/2003)

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

American Institute of Certified Public Accountants

Mailing Address Harborside Financial Center, 201 P

Jersey City NJ 07311 - 3881

CITY STATE ZIP CODE

Relationship Corporation

Type of Connected Organization:

Corporation Corporation w/o Capital Stock Labor Organization

X Membership Organization Trade Association Cooperative

Write or Type Committee Name

American Institute of Certified Public Accountants 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

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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: Ms. Dale Atherton

Mailing Address: Harborside Financial Center

201 Plaza III

Jersey City NJ 07311 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 201 - 939 - 3253

Full Name of Designated Agent: Stuart Eisenberg

Mailing Address: Harborside Financial Center, 201 P

Jersey City NJ 07311 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Senior Project Manag

Telephone number 201 - 938 - 3481

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.

Chase Manhattan Bank

Mailing Address 4 New York Plaza

New York NY 10004 -

CITY STATE ZIP CODE