

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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FEC MAIL ROOM

MAY - 7 A 10:04

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <p style="text-align: center;">AMERICAN CITIZENS POLITICAL ACTION COMMITTEE</p>	2. DATE <p style="text-align: center;">May 1, 2001</p>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 545 8th Avenue Suite 401	3. FEC Identification Number
(c) City, State and ZIP Code New York, N.Y. 10018	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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	State/District

(c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)

(d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)

(e) 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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
none		

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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
Robert J. Kafarski	545 8th Avenue Ste 401 New York, NY 10018	Chairman & Treasurer

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	Mailing Address	Title or Position
Robert J. Kafarski	545 8th Avenue Ste 401 New York, NY 10018	Chairman & Treasurer

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.	Mailing Address and ZIP Code
ebank.com	2690 Cumberland Parkway Ste 200 Atlanta, Georgia 30339

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 Robert J. Kafarski	SIGNATURE OF TREASURER 	DATE May 1, 2001
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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.

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 5-3-01
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<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
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<i>See</i>	5-7-01
PREPARER	DATE PREPARED