

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

AMERICAN FEDERATION OF MUSICIANS - TEMPO POLITICAL CONTRIBUTIONS COMMITTEE

ADDRESS (number and street)

1501 BROADWAY SUITE 600

(Check if address is changed)

PARAMOUNT BUILDING

NEW YORK

NY

10036

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

mledgister@afm.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

afm.org

COMMITTEE'S FAX NUMBER

2123024374

2. DATE

12 / 18 / 2006

3. FEC IDENTIFICATION NUMBER

C C00073627

4. 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

Mr. SAM FOLIO

Signature of Treasurer

Electronically Filed by Mr. SAM FOLIO

Date

12 / 18 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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) 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

Mailing Address _____

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

Write or Type Committee Name

AMERICAN FEDERATION OF MUSICIANS - TEMPO POLITICAL CONTRIBUTIONS 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 **MICHELLE LEDGISTER**

Mailing Address **1501 BROADWAY**

STE 600

NEW YORK NY 10036

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

STAFF ACCOUNT Telephone number **212 869 1330**

- 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 **Mr. SAM FOLIO**

Mailing Address **1501 BROADWAY**

SUITE 600

NEW YORK NY 10036

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

Telephone number

Full Name of Designated Agent **LORRAINE BARTLETT**

Mailing Address **1501 BROADWAY**

SUITE 600

NEW YORK NY 10036

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

CONTROLLER Telephone number **212 869 1330**

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.

JP MORGAN CHASE BANK

Mailing Address

1166 AVENUE OF THE AMERICAS

FL 15

NEW YORK

NY

10036

CITY ▲

STATE ▲

ZIP CODE ▲