PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. CABLEVISION SYSTEMS CORPORATION POLITICAL ACTION COMMIT 1111 STEWART AVENUE ADDRESS (number and street) (Check if address is changed) **BETHPAGE** 11714 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ljordan4@cablevision.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00197863 FEC IDENTIFICATION NUMBER 3. X 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. Lee Schroeder Type or Print Name of Treasurer Lee Schroeder [Electronically Filed] 06 29 2016 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Can	ndidate	Committee:	
(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. (Complinformation below.)	ete the candidate
Nam Cand	e of didate		
	didate / Affiliation	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)			emocratic, epublican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a
		X Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segrommittee. (i.e., nonconnected committee)	regated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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	FEC Form 1 (Revised (02/2009)			Page 3
V	/rite or Type Committee Name	2			<u> </u>
(CABLEVISION SY	YSTEMS CORPORATIO	N POLITICAL A	ACTION	COMMITTEE
6.	Name of Any Connected C	Organization, Affiliated Committee, Join	t Fundraising Representa	tive, or Leade	rship PAC Sponsor
С	ablevision System C	orporation			
	Mailing Address	1111 Stewart Ave			
	maming / taulous				
		Bethpage	NY	11714	
		CITY	STAT	-	ZIP CODE
	Relationship: X Connected	d Organization Affiliated Committee	Joint Fundraising Repres	sentative []	eadership PAC Sponsor
	Custodian of Records: Ider books and records.	ntify by name, address (phone number	optional) and position of the	he person in p	oossession of committee
	Laura Jord	dan			1
	Full Name	,1111 Stewart Ave			
	Mailing Address				
				44744	
		Bethpage	NY NY	11714	
	Title or Position	CITY	STATE		ZIP CODE
	Custodian of Records		Telephone number	516 –	803
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	the treasurer of the commi	ittee; and the	name and address of
	Full Name Lee Schroe of Treasurer	eder			
	Mailing Address	1111 Stewart Ave			
		Bethpage	NY	11714	
	Title or Position	CITY	STATE		ZIP CODE
	Treasurer		Telephone number	516	803 2300

FEC Form	1 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Laura Jordan	
Mailing Address	1111 Stewart Ave	
	Bethpage NY 11714 CITY STATE ZIF	P CODE
Title or Position Assistant Treasu	urer 516 803	3 2300
safety deposit he	Depositories: List all banks or other depositories in which the committee deposits funds, holds a	iccounts, rents
Name of Bank, D	Depository, etc. JP Morgan Chase Bank, N.A PO Box 659754	1 1 1 1 1 1
	Depository, etc. JP Morgan Chase Bank, N.A	
Name of Bank, D	Depository, etc. JP Morgan Chase Bank, N.A	
Name of Bank, D	Depository, etc. JP Morgan Chase Bank, N.A PO Box 659754 San Antonio TX 78265	P CODE
Name of Bank, D	Depository, etc. JP Morgan Chase Bank, N.A PO Box 659754 San Antonio TX 78265 CITY STATE ZII	P CODE
Name of Bank, D	Depository, etc. JP Morgan Chase Bank, N.A PO Box 659754 San Antonio TX 78265 CITY STATE ZII	P CODE
Name of Bank, D	Depository, etc. JP Morgan Chase Bank, N.A PO Box 659754 San Antonio TX 78265 CITY STATE ZII	P CODE
Name of Bank, Dame of Bank, Da	Depository, etc. JP Morgan Chase Bank, N.A PO Box 659754 San Antonio TX 78265 CITY STATE ZII	P CODE
Name of Bank, Dame of Bank, Da	Depository, etc. JP Morgan Chase Bank, N.A PO Box 659754 San Antonio TX 78265 CITY STATE ZII	P CODE