

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
FEDERAL CENTER
2007 JUN -2 AM 9:09

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

CABLEVISION SYSTEMS CORPORATION POLITICAL
ACTION COMMITTEE

ADDRESS (number and street)

1111 STEWART AVENUE

(Check if address
is changed)

BETHPAGE NY 11714

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

LLLOSINSK@CABLEVISION.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

516-803-2667

2. DATE

06 26 2007

3. FEC IDENTIFICATION NUMBER ▶

C00197863

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

ELIZABETH A. LOSINSKI; ASST. TREASURER

Signature of Treasurer

Elizabeth A. Losinski

Date

07 26 2007

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)

27039461238

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

CABLEVISION SYSTEMS CORPORATION

Mailing Address 1111 STEWART AVENUE

BETHPAGE NY 11714

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

CABLEVISION SYSTEMS CORPORATION 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 ELIZABETH A LOSINSKI

Mailing Address CABLEVISION SYSTEMS CORPORATION
1111 STEWART AVENUE
BETHPAGE NY 11714

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 516-803-2387

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 LISA ROSENBLUM

Mailing Address CABLEVISION SYSTEMS CORPORATION
1111 STEWART AVENUE
BETHPAGE NY 11714

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 516-803-2580

Full Name of Designated Agent ELIZABETH A LOSINSKI

Mailing Address CABLEVISION SYSTEMS CORPORATION
1111 STEWART AVENUE
BETHPAGE NY 11714

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 516-803-2387

27039461240

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.

JPMORGAN CHASE BANK, N.A.

Mailing Address

220 WEST JERICH0 TURNPIKE

SYOSSET NY 11791-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

27039961241

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

| | |
|--|---|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> | |
| <input type="checkbox"/> USPS Express Mail | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date Fed Ex 6/29/07 Next Business Day Delivery <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |


7/2/07
 PREPARER DATE PREPARED

27039461242