

FEC FORM 1

STATEMENT OF ORGANIZATION

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2006 DEC 20 A 10:47

Office Use Only

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

12FE4M5

CABLEVISION SYSTEMS CORP. POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1111 STEWART AVENUE
 (Check if address is changed)
BETHPAGE N.Y. 11714
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
WIASUNSK@CABLEVISION.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
516-803-2667

2. DATE 12/07/2006

3. FEC IDENTIFICATION NUMBER C 00197863

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 LISA ROSENBLUM ELIZABETH LOVICK ASST. Treasurer

Signature of Treasurer [Signature] Date 12/07/2006

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.

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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 STERLING AVENUE

BETHPAGE NY 11714

CITY STATE ZIP CODE

Relationship CONNECTED ORGANIZATION

Type of Connected Organization:

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

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Write or Type Committee Name

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 LASINSKI

Mailing Address 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 LISAVIROS MALINA

Mailing Address 1111 STEWART AVENUE

BETHPAGE NY 11714

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number

Leave Blank

Full Name of Designated Agent ELIZABETH LASINSKI

Mailing Address 1111 STEWART AVENUE

BETHPAGE NY 11714

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 516-803-2387

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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.

J.P. MORGAN CHASE

Mailing Address

220 WEST JERICO TURNPIKE

SYOSSET NY 11791

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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.

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USPS First Class Mail Postmarked

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Overnight Delivery Service (Specify): *FEDEX* Shipping Date
12/19/06
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

ASD
 PREPARER

12/20/06
 DATE PREPARED

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