STATEMENT OF

PAGE 1/5 =

FORM 1		OR	GANIZ	ATI	NC						C	Office (Jse On	ly		
NAME OF COMMITTEE (in	full)		eck if name hanged)		mple:If the tine		type		12F	E4M	I5 "					
CABLEVISION	ON SY	STEMS	CORPO)RA7	ION	POI	_ITI	CA	L A	\C7	ΓΙΟ	N (ЛM	TT	EE
ADDRESS (number ar	nd street)	1111 STEW	ART AVENUE													
(Check if a		1	1 1 1 1 1	1 1 1	1 1 1	1 1	1 1	I	1 1	1 1	ı	l I	1 1	1 1		₁
is changed	1)	BETHPAGE							NY STAT	_ E ▲	11	714	ZII	 	DE 🛦	
COMMITTEE'S E-MA	AL ADDRES	SS														
		ljordan4@	cablevision.	com												
		Optional Se	cond E-Mail Ad	ddress												ı
【 【 (Check if a is changed																
2. DATE 07	7 06		116													
3. FEC IDENTIFIC	CATION NU	MBER ►	C	C001978	63											
4. IS THIS STATEM	MENT	NEW (N)) OR	×	: AM	ENDE	D (A)									
I certify that I have e	examined th	is Statement	and to the bes	t of my	knowledo	e and	belief	it is	true,	corre	ct an	d cor	nplete			
Type or Print Name of	of Treasurer	Lee Schroe	der													
Signature of Treasure	er Lee Sc	hroeder			[Electron	ically F	iled]	D	ate		D7	_	07	/ Y	201	Y
NOTE: Submission of			olete information	-			_	-				e pena	alties o	of 2 U.	S.C.	§437g.
Office Use Only					For furth Federal I Toll Free Local 20	Election 800-424	Commis 1-9530		act:				C F	_		

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TYPE OF	COMMITTEE	. ugo 2
Candidat	e 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. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		(D
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
	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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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V	Vrite or Type Committee Nam	·	J
(CABLEVISION S'	YSTEMS CORPORATION POLITICAL ACTION	COMMITTEE
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
C	Cablevision System C	Corporation	
_ 			
	Mailing Address	1111 Stewart Ave	
	Walling Address		
		Bethpage NY 11714	
		CITY STATE	ZIP CODE
	Relationship: X Connecte	d Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
	Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in po	ssession of committee
	Laura Jore	dan	
	Mailing Address	1111 Stewart Ave	
		Bethpage NY 11714	
	Title or Position	CITY STATE	ZIP CODE
	Custodian of Records	Telephone number 516	803 2300
3.	Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	ame and address of
	Full Name Lee Schro of Treasurer	peder	
	Mailing Address	1111 Stewart Ave	
		Bethpage NY 11714	
	Tidle on Desiries	CITY STATE	ZIP CODE
	Title or Position Treasurer	Telephone number 516	803 - 2300

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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

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor SUDDENLINK COMMUNICATIONS POLITICAL ACTION COMMITTEE 520 MARYVILLE CENTRE DR SUITE 30 Mailing Address ST. LOUIS MO 63141 **CITY** STATE 4 ZIP CODE Relationship: Leadership PAC Sponsor Joint Fundraising Representative Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number