

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

The ASCAP Legislative Fund for The Arts

ADDRESS (Number and street)

One Lincoln Plaza

(Check if address is changed)

New York

NY

10023

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 03 / 25 / 2004

3. FEC IDENTIFICATION NUMBER

C C00228296

4. IS THIS STATEMENT

X

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 Susan Boltersdorf

Signature of Treasurer Electronically Filed by Susan Boltersdorf

Date 03 / 25 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-894-1100

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
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- (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

The ASCAP Legislative Fund for The Arts

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 **Lori Collins**

Mailing Address **c/o ASCAP**
1 Lincoln Plaza
New York NY 10023

Title or Position ▼ **Asst. Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **212 621 6128**

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 **Susan Boltersdorf**

Mailing Address **c/o ASCAP**
1 Lincoln Plaza
New York NY 10023

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **212 621 6525**

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▼ _____ CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number _____

