

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL DelBene for Congress																			
ADDRESS (number and street) PO Box 477																			
CITY Kirkland	STATE WA	ZIP CODE 98083																	
2. NAME OF CANDIDATE DelBene, Suzan, K, ,		3. OFFICE SOUGHT (State and District) House WA 01																	
4. FEC IDENTIFICATION NUMBER C00459099																			
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> A. FULL NAME CHARTER COMMUNICATIONS INC. POLITICAL ACTION COMMITTEE </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) </td> <td style="padding: 5px;"> Amount </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS 400 Washington Blvd </td> <td rowspan="2" style="padding: 5px;"> Transaction ID : 10212611 </td> <td rowspan="2" style="padding: 5px;"> 10/29/2024 </td> <td rowspan="2" style="padding: 5px;"> 2500.00 </td> </tr> <tr> <td style="padding: 5px;"> CITY Stamford </td> <td style="padding: 5px;"> STATE CT </td> <td style="padding: 5px;"> ZIP CODE 06902-6641 </td> <td style="padding: 5px;"> Occupation </td> </tr> </table>				A. FULL NAME CHARTER COMMUNICATIONS INC. POLITICAL ACTION COMMITTEE			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS 400 Washington Blvd			Transaction ID : 10212611	10/29/2024	2500.00	CITY Stamford	STATE CT	ZIP CODE 06902-6641	Occupation
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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 03/2016)