

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 419 OF 1161

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Charter Communications Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hall, Kim, , ,

Mailing Address 400 Atlantic St

City
Stamford

State
CT

Zip Code
06901-3512

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charter

Occupation (for Individual)
Dir, Facilities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2019

Transaction ID : 201910188495-469

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hall, Kim, , ,

Mailing Address 400 Atlantic St

City
Stamford

State
CT

Zip Code
06901-3512

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charter

Occupation (for Individual)
Dir, Facilities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2019

Transaction ID : 20191018134-463

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hall, Margaret, , ,

Mailing Address 6360 S Fiddlers Green Cir

City
Greenwood Village

State
CO

Zip Code
80111-4951

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charter

Occupation (for Individual)
VP, Portfolio and Project Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2019

Transaction ID : 201910048215-415

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

50.00

TOTAL This Period (last page this line number only).....▶