

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

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

FOR LINE NUMBER: PAGE 1131 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. **Wright-Davis, Deadria, J, ,**

Mailing Address 4200 Paramount Pkwy

City
Morrisville

State
NC

Zip Code
27560-8440

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charter

Occupation (for Individual)
VP, Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID : 201910119416-565

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

B. **Wright-Davis, Deadria, J, ,**

Mailing Address 4200 Paramount Pkwy

City
Morrisville

State
NC

Zip Code
27560-8440

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charter

Occupation (for Individual)
VP, Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2019

Transaction ID : 201910258136-562

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

C. **Wurst, Michael, , ,**

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, Competitive Intelligence

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

Transaction ID : 201910119416-566

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

180.00

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