FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Charter Communications Inc. Political Action Committee 400 Washington Blvd ADDRESS (number and street) (Check if address is changed) Stamford 06902 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address charter.pac@charter.com is changed) Optional Second E-Mail Address PACServices@ddcpublicaffairs.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00426775 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT 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 Cancienne, Paul, , Mr., II Cancienne, Paul, , Mr., II Date 04 05 2024 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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TYPE OF COMMITTEE:					
Candidate 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. (Complete the candidate information below.)					
Name of Candidate					
Candidate Office Party Affiliation Sought: House Senate	President District				
(c) This committee supports/opposes only one candidate, and is NOT an authorized co					
Name of Candidate					
Party Committee:					
(Mational, State or subordinate) committee of the	(Democratic, Republican, etc.) Party				
Political Action Committee (PAC):					
(e) X This committee is a separate segregated fund. (Identify connected organization on	line 6.) Its connected organization is a:				
X 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 segregated fund or party committee. (i.e., nonconnected committee)					
In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
			(g) This committee is an independent expenditure-only political committee (Super PAC)).	
In addition, this committee is a Lobbyist/Registrant PAC.					
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).					
In addition, this committee is a Lobbyist/Registrant PAC.					
Joint Fundraising Representative:					
(i) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, at least one of which is an authorized committee of a fee	•				
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
Committees Participating in Joint Fundraiser					
1.	C				
2.	C				

Treasurer

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١٨	FEC Form 1 (Revised 0) Write or Type Committee Name	2/2009)	Page 3	
٧,		pications Inc. Political Action Committee		
6.	Charter Communications Inc. Political Action Committee Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor			
0.	Charter Communicati		eadership FAC Sponsor	
	Mailing Address	400 Washington Blvd		
		Stamford CT	06902	
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Relationship: X Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso	
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in p	ossession of committee	
	Cancienne,	Paul, , Mr., II		
	Full Name			
	Mailing Address	400 Washington Blvd		
		Stamford	06902	
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Title or Position ▼			
	Custodian of Records		621 1903	
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and ssistant treasurer).	I the name and address of	
	Full Name Cancienne.	Paul, , Mr., II		
	of Treasurer			
	Mailing Address	400 Washington Blvd		
		Stamford	06902	
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Title or Position ▼			

202

Telephone number

621

1903

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Full Name of Designated Agent					
Mailing Address					
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲		
		Telephone number			
Banks or Other Depositori safety deposit boxes or mai	es: List all banks or other depositories	s in which the committee deposits	s funds, holds accounts, rents		
Name of Bank, Depository, etc.					
Wells F	argo Bank, NA				
Mailing Address	PO Box 6995				
	Portland	OR	97228-6995		
	CITY ▲	STATE ▲	ZIP CODE ▲		
Name of Bank, Depository, etc.					
Mailing Address					
	CITY ▲	STATE ▲	ZIP CODE ▲		

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

This filing serves to update the Committee and associated officers address information.

Form/Schedule: Transaction ID: