

C 171364

Missouri Ethics Commission



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

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Statement of Committee Organization

1. **Statement Information**
 Date: 2/19/2025
 Type: New Amended (if amending, enter MEC ID C171364 & section changed Section 3 - Deputy Treasurer)

2. **Committee Information**
Charter Communications, Inc. Missouri PAC
 Name of Committee
12405 Powerscourt Drive, St. Louis, MO 63131 (314) 543-2455
 Committee Mailing Address, City, State, & Zip Telephone Number
 Official Committee Email Address
St. Louis County Board of Elections
 County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. **Treasurer/Deputy Treasurer Information**
Erin Butler
 Treasurer's Name (First & Last)
12405 Powerscourt Drive
 Treasurer's Mailing Address, City, State, & Zip
St. Louis, MO 63131
 Deputy Treasurer's Name (if one appointed)
Angela Shickles
 Deputy Treasurer's Mailing Address, City, State, & Zip
12405 Powerscourt Drive, St. Louis MO 63131
 Treasurer's Email Address (optional) (314) 497-8059 (314) 543-2455
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number
 Deputy Treasurer's Email Address (optional) (314) 604-5020 (314) 288-3275
 Deputy Treasurer's Home Telephone Number Deputy Treasurer's Work Telephone Number

4. **Additional Committee Information**
Jarad Falk, Chairman 6555 Winchester Avenue, Kansas City, MO 64133
 Additional Committee Officer's Name & Title (if any) Additional Committee Officer's Mailing Address, City, State, & Zip
Charter Communications, Inc. 400 Washington Blvd - UT1, Stamford, CT 06902
 Connected Organization's Name (if any) Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. **Official Bank Account Information (required by all committees)**
 Name & Mailing Address, City, State, & Zip of Financial Institution AMENDMENT Account Name Account Number

6. **Candidate Supported or Opposed (candidate committees must include self, if candidate)**
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose

7. **Ballot Measure Supported or Opposed (campaign committees must complete this section)**
 Name of Ballot Measure Election Date & Political Subdivision Support or Oppose

8. **Signature(s) - Check certification(s) & sign (required by all committees)**
 I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.
Erin Butler
 Committee Treasurer Candidate (Candidate Committees Only)

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