## 11111

## STATE OF NEW HAMPSHIRE

## 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## PLEASE PRINT

I. Name of Lobb	oyist(s) Micha	el A. Chowaniec				
II. Name of lobb	yist's partnersl	nip, firm or corporati	on, if any:			
	Charter Con	nmunications, Inc.				
	(Name of partner	ship, firm or corporation	)			
400 Atlantic Street		Stam	ford	CT	06901	
Business Address:		(Town/		(State)	(Zip Code)	
(203) 561-	3492	( )		e-mail <u>michael.chowaniec@char</u> ter.com		
(Teleph	one)		(Fax)			
reportable expe	nse transactions	oose one — file separat which are not attrib curring in the months p	utable to any one cli	ent).	y file a separate report for e following client:	
·		r Communications			-	
	(Full Nam	e of Client as it appears o	n the Lobbyist Registra	tion Form)		
•	•	the lobbyist (including	the lobbyist's family	), or the lobbying	; firm listed below which are	
unrelated to any	particular chent.					
IV. Date of Reports cover:		April 26, 2017 🗵 ity from date of registration to 3/31/17		July 26, 2017		
		25, 2017		ary 31, 2018 🗌 n 10/1/17 to 12/31/	/17	
	cked, complete ji	eceived and no repo			he last report. \(\sum \) itate House, Room 204,	
VI. Check if add	ditional renorts	are attached:				
	-	nade expenditures, you	ı must file <b>Addendu</b> n	n A– Fees and Ex	kpenses	
☐ If you have p Expense Reimbu		um or reimbursed expe	nses, you must file A	ddendum <b>B</b> – Re	port of Honorariums or	
☐ If you, your	firm, or your fan	nily has made political	contributions, you mu	ust file <b>Addendu</b>	m C-Political Contributions	
and complete to	15, RSA 15-B, I	RSA 14-C and RSA 66 nowledge and belief.	4 and hereby swear o		Foregoing information is true	
				(Date)		
(Signature of lol	obyist)			(Dat	e)	
Michael A. C						
(Print Name of I	oodyist)					