Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) over the lines. is changed) Truist Financial Corporation Federal PAC (formerly SunTrust Banks Inc. Political Action Committee) 1001 Semmes Avenue 5th Floor ADDRESS (number and street) (Check if address is changed) Richmond 23224 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kevin.schutte@suntrust.com (Check if address is changed) Optional Second E-Mail Address |fecinfo@pass1.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00386524 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. Goldenberg, Grant, , , Type or Print Name of Treasurer Goldenberg, Grant, , , [Electronically Filed] 12 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

_		1 (Paying 1 (Paying 02/2000)	Doro O
		OMMITTEE	Page 2
		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. (Complinformation below.)	ete the candidate
Name Candi			
Candi Party	idate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Party	y Com	mittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, epublican, etc.) Party
Polit	ical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is
	_	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 seg committee. (i.e., nonconnected committee)	regated fund or part
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC <b>Form 1</b> (Revised 0	2/2009)	Page <b>3</b>
Write or Type Committee Name		i age <b>3</b>
•	ation Federal PAC (formerly SunTrust Banks Inc. Political	LAction Committee)
	<u> </u>	<u> </u>
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
Truist Financial Corpor	ation	
Mailing Address	303 Peachtree St.	
	Atlanta GA 3030	08
	CITY STATE	ZIP CODE
Relationship: <b>x</b> Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person in	n possession of committee
Schutte, Ke	evin, , ,	
Full Name	ıc/o PASS 1950 Roland Clarke PI.	
Mailing Address		
	Ste 300	
	Reston VA 201	91
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number 804	0783
B. <b>Treasurer:</b> List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	e name and address of
Full Name Goldenberg	ı, Grant, , ,	1
of Treasurer		
Mailing Address	1001 Semmes Avenue 5th Floor	
	Richmond	24
Till D. W.	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number 804	0783

FEC Form	m 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	1	
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
Name of Bank, I	Truist Bank (formerly SunTrust Bank)	
Name of Bank, I	Truist Bank (formerly SunTrust Bank)	
	Truist Bank (formerly SunTrust Bank)	
	Truist Bank (formerly SunTrust Bank)  303 Peachtree Street	ZIP CODE
	Truist Bank (formerly SunTrust Bank)  303 Peachtree Street  Atlanta  GA 30308  CITY STATE	ZIP CODE
Mailing Address	Truist Bank (formerly SunTrust Bank)  303 Peachtree Street  Atlanta  GA 30308  CITY STATE	
Mailing Address	Truist Bank (formerly SunTrust Bank)  303 Peachtree Street  Atlanta  CITY  STATE  Depository, etc.	
Mailing Address  Name of Bank, I	Truist Bank (formerly SunTrust Bank)  303 Peachtree Street  Atlanta  CITY  STATE  Depository, etc.	
Mailing Address  Name of Bank, I	Truist Bank (formerly SunTrust Bank)  303 Peachtree Street  Atlanta  CITY  STATE  Depository, etc.	

## : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: F1A Transaction ID:

This registration is being amended to change the PAC's Name, Address, Affiliated Organizations, Treasurer, Assistant Treasurer, and email.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraisin</b>	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
4.			
ame of Any Connected	Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spon
Truist Financial Corporation	n Federal State & Local Political Action Committee(f	ormerly SunTrust Banks In	c. Main Street Bankers PAC)
Mailing Address	1001 Semmes Avenue 5th Floor		
	Richmond	ı VA ı	23224
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identify	by name, address (phone number - optional)	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify Schutte, I	by name, address (phone number - optional)	oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identify Schutte, I	by name, address (phone number – optional)  (evin, , ,	oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identify Schutte, I	by name, address (phone number – optional)  (evin, , ,	oint Fundraising Represent	
esignated Agent: Identify Schutte, I	by name, address (phone number – optional)  (evin, , ,	oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identify Schutte, I	by name, address (phone number – optional)  Kevin, , ,  1001 Semmes Avenue 5th Floor  Richmond		
esignated Agent: Identify Schutte, I Full Name Mailing Address	by name, address (phone number – optional)  Kevin, , ,  1001 Semmes Avenue 5th Floor  Richmond	VA STATE A	23224
esignated Agent: Identify Schutte, Full Name Mailing Address  TITLE OR POSITION Assistant Treasurer	by name, address (phone number – optional)  (evin, , ,  1001 Semmes Avenue 5th Floor  Richmond  CITY	VA STATE ▲ Telephone Number	ZIP CODE <b>A</b> 804 - 291 - 078
esignated Agent: Identify Schutte, I Full Name             Mailing Address  TITLE OR POSITION Assistant Treasurer	by name, address (phone number – optional)  (evin, , ,  1001 Semmes Avenue 5th Floor  Richmond  CITY   ies: List all banks or other depositories in which	VA STATE ▲ Telephone Number	ZIP CODE <b>A</b> 804 - 291 - 078
esignated Agent: Identify Schutte, I Full Name Mailing Address  TITLE OR POSITION Assistant Treasurer anks or Other Depositor	by name, address (phone number – optional)  (evin, , ,  1001 Semmes Avenue 5th Floor  Richmond  CITY   ies: List all banks or other depositories in which	VA STATE ▲ Telephone Number	ZIP CODE <b>A</b> 804 - 291 - 078
esignated Agent: Identify Schutte, I Full Name             Mailing Address  TITLE OR POSITION Assistant Treasurer	by name, address (phone number – optional)  (evin, , ,  1001 Semmes Avenue 5th Floor  Richmond  CITY   ies: List all banks or other depositories in which	VA STATE ▲ Telephone Number	ZIP CODE <b>A</b> 804 - 291 - 078
esignated Agent: Identify Schutte, I Full Name Mailing Address  TITLE OR POSITION Assistant Treasurer Anks or Other Depositor afety deposit boxes or main arms of Bank,	by name, address (phone number – optional)  (evin, , ,  1001 Semmes Avenue 5th Floor  Richmond  CITY   ies: List all banks or other depositories in which	VA STATE ▲ Telephone Number	ZIP CODE <b>A</b> 804 - 291 - 078
esignated Agent: Identify Schutte, I Full Name Mailing Address  TITLE OR POSITION Assistant Treasurer anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	by name, address (phone number – optional)  (evin, , ,  1001 Semmes Avenue 5th Floor  Richmond  CITY   ies: List all banks or other depositories in which	VA STATE ▲ Telephone Number	ZIP CODE <b>A</b> 804 - 291 - 078
esignated Agent: Identify Schutte, I Full Name Mailing Address  TITLE OR POSITION Assistant Treasurer anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	by name, address (phone number – optional)  (evin, , ,  1001 Semmes Avenue 5th Floor  Richmond  CITY   ies: List all banks or other depositories in which	VA STATE ▲ Telephone Number	ZIP CODE <b>A</b> 804 - 291 - 078

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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(h). <b>Joint Fundraisin</b>	3 · a		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fur	= -	
Mailing Address	1001 Semmes Avenue 5th Floor		
	Richmond	VA	23224
Relationship:	CITY ▲	STATE A	ZIP CODE A
Connecte	d Organization X Affiliated Committee Jo	pint Fundraising Represen	tative Leadership PAC Sp
	d Organization Affiliated Committee Journal Jo		tative Leadership PAC Sp
esignated Agent: Identify			tative Leadership PAC Sp
esignated Agent: Identif			tative Leadership PAC Sp
esignated Agent: Identify			tative Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor defety deposit boxes or mails are of Bank,	y by name, address (phone number – optional)  CITY   ries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor defety deposit boxes or mails are of Bank,	y by name, address (phone number – optional)  CITY   ries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION anks or Other Deposito afety deposit boxes or mailame of Bank, repository, etc	y by name, address (phone number – optional)  CITY   ries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A