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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. SUNTRUST PAC 303 Peachtree Street ADDRESS (number and street) (Check if address is changed) Atlanta 30308 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Beth.Lehman@SunTrust.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 05 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. Lehman, Elizabeth, , , Type or Print Name of Treasurer Lehman, Elizabeth, , , [Electronically Filed] 02 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 Only

Local 202-694-1100

ı	FFC Fo	rm 1 (Revised 02/2009)	Page 2			
TYPE	E OF C	OMMITTEE	1 ago 2			
Can	didate	e 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. (Cominformation below.)	plete the candidate			
Name Cand						
	lidate Affiliati	on Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand						
Parl	y Con	nmittee:	(D			
(d)		· · · · ·	(Democratic, Republican, etc.) Party.			
Poli	tical A	ction Committee (PAC):				
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a			
		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 o 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.)				
Join	t Fund	Iraising 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.	vo 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.	o or more political			
	Com	mittees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

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Write or Type Committee Name	,	r age o
SUNTRUST PAC		
	Affilia d Committee Laint Franchisia Domina Laint	denskin DAO Cores an
	ation, Affiliated Committee, Joint Fundraising Representative, or Lea	dersnip PAC Sponsor
Suntrust Good Govt Group,	SunTrust Main Street PAC	
303 P Mailing Address	eachtree Street	
Atlant	ta GA 303 CITY STATE	08 ZIP CODE
Relationship: Connected Organ	ization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identify by books and records. 	name, address (phone number optional) and position of the person in	n possession of committee
Brinkley, Linda, , ,		1
Full Name	South Monroe Street,	
Mailing Address		
Suite		
Talla	hassee FL 323	;01
Title or Position	CITY STATE	ZIP CODE
Banker	Telephone number 850	- 425 - 6712
Treasurer: List the name and addre any designated agent (e.g., assistan	ss (phone number optional) of the treasurer of the committee; and the treasurer).	ne name and address of
Full Name Lehman, Elizabeth of Treasurer	,,, 	
Mailing Address	eachtree Street	
Atlant	ta GA 303 CITY STATE	ZIP CODE
Title or Position Legal Administration	Telephone number 404	- 813 - 2406

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Full Name of Designated Agent						
Mailing Address						
	CITY STATE Z	ZIP CODE				
Title or Position						
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. SunTrust Bank						
Mailing Address	303 Peachtree Street					
	Atlanta GA 30308					
	CITY STATE Z	ZIP CODE				
Name of Bank,	Depository, etc.					
Mailing Address						
Mailing Address						
Mailing Address						

: 97 'A = G7 9 @ G B9 CI G'H9 LH'F9 @ H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

This Statement of Org.is being filed to reflect the new PAC treasurer.

Form/Schedule: Transaction ID: