FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		ee instructions)	'IN	Office use only	
1. NAME OF COMMITTEE (in	(Check stell) X is chan		mple: If typying, type the lines	12FE4M5	
SunTrust Goo	d Govenment Group - (Carolinas			
ADDRESS (number and	512 S. Man	gum Street, Offi	ce 3068		
ADDRESS (number and s	MC NC-Du	rham-3333			
X (Check if address is changed)				NC 27701 _	
		CITY▲	r	STATE▲ ZIP CODE ▲	
COMMITTEE'S E-MAI					
Hobert.Hamey	@Suntrust.com 				
COMMITTEE'S WEB	PAGE ADDRESS (URL)				
COMMITTEE'S FAX N	IUMBER				
با لبنا	لسا ك				
2. DATE	J D D / Y Y Y	Y			
3. FEC IDENTIFICA	TION NUMBER	C COO	0087502		
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)					
I certify that I have exami	ned this Statement and to the be	est of my knowledge a	nd belief it is true, correct and	d complete	
	Mr Pol	hort Domov			
Type or Print Name of	TreasurerWIT. NOT	bert Ramey			
Signature of Treasurer	Electronically Filed by	Mr. Robert Rame	у	Date 02 / DD / YYYYY	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS					
Office Use Only			For further information c Federal Election Commiss Toll Free 800-424-9530		

	FEOForm 1 (Revised 02/2003)	Page 2
5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information be	elow.)
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (information below.)	Complete the candidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate F	State President District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	∋.
	Name of Candidate	
	(d) This committee is a (or subordinate) committee of the (e) X This committee is a separate segregated fund (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate committee.	(Democratic, Republican,etc.) Party.
6. 	Name of Any Connected Organization or Affiliated Committee SunTrust Bank Good Govt, GA, MA, TN, SunTrust PAC	
<u> </u>	919 East Main Street	
	Mailing Address	
	, , , , Ricḥmond , , , , , , , , , VA	
	CITY A STATE A	ZIP CODE 🛦
	Relationship Corp. Affiliated	
	Type of Connected Organization:	
		abor Organization
	Membership Organization Trade Association C	Cooperative

	FEC Form 1 (Revised	<u> </u>		Page 3	
٧	Vrite or Type Committee Name				
		nment Group - Carolinas			
 Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. 					
	Full Name				
	Mailing Address				
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A	
			Telephone number		
	<u></u>	Robert Ramey 512 S. Mangum Stree	·+		
	Mailing Address	Office 3068	:t		
		Durham	NC_	27701	
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A	
	Senoir \	/ice Presiden	Telephone number 919	381 3240	
	Full Name of Designated Agent				
	Mailing Address				
	Title or Position ♥	CITY A	STATE A	ZIP CODE A	

Telephone number

FEC Form 1	(Revised 02/2003)	Page 4
		counts, rents
Name of Bank, Dep	pository, etc.	
	SunTrust Bank	
Mailing Address	111 Corcoran Street	
	Durhan NC 2	27701
	Banks or Other Do safety deposit boxe Name of Bank, Dep	safety deposit boxes or maintains funds. Name of Bank, Depository, etc. SunTrust Bank Mailing Address 111 Corcoran Street

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷

Image# 27930172590

Form/Schedule: **F1N**Transaction ID:

This is an amended form 1 for a PAC that has never been required to file electronically. Original Form 1 was sent in the US mail in December 2006. This amended form 1 is being sent electronically per FEC request that requires NC to file electronically.