Truliant Federal Credit Union PAC 3200 Truliant Way Winston-Salem, NC 27103 FEC ID #C00326132

February 16, 2017

Federal Election Commission 999 E Street, N.W. Washington, DC 20463

Re: New Treasurer and Assistant Treasurer

To Whom It May Concern:

Enclosed is an amended Statement of Organization for Truliant Federal Credit Union PAC. Effective March 15, 2017, Linell Johnson will be Treasurer and Kathleen P. Scott will be Assistant Treasurer.

Thanks for your assistance.

Sincerely,

Lori J. Mowen

Treasurer

Enclosure

2017-02-17-03-00141770

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

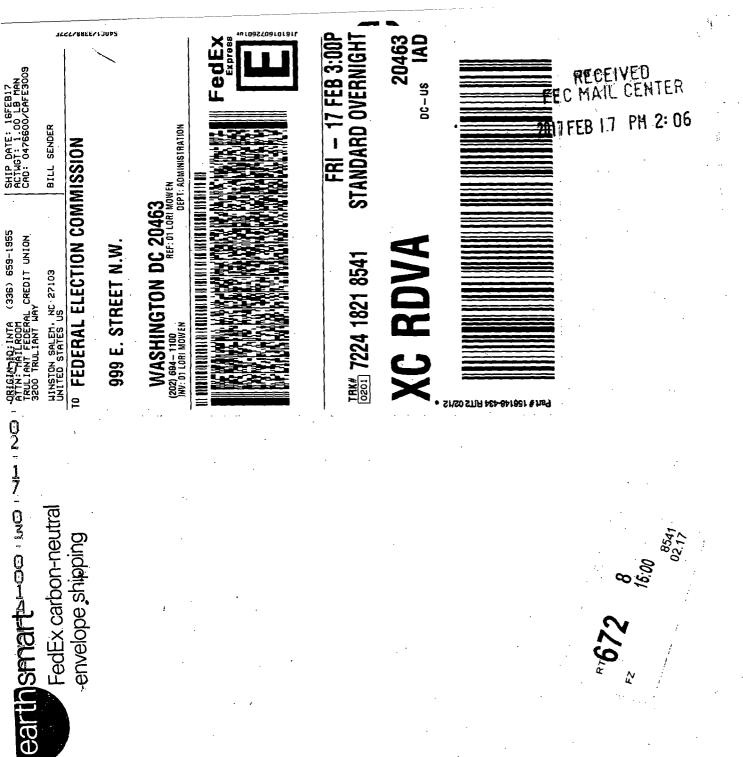
2017 FFB 1.7 PM 2: 06

NAME OF COMMITTEE (in full)	(Check if na is changed)	ame Example over the	:If typing, type lines.	12FE4M5	
Truliant, F.	ederal,	<u>Crédit</u>	Marion	PAC	
ADDRESS (number and street)	3,2,0,0, T,	Miliant	, Way,		
(Check if address is changed)					
	Winston-	-Siailem		STATE A ZIP CODE A	
COMMITTEE'S E-MAIL ADDRE	SS				
(Check if address is changed)	Optional Second E-				
COMMITTEE'S WEB PAGE AD	DRESS (URL)				
(Check if address is changed)					
			<u> </u>		
2. DATE 0 3	5 2017	<u>.</u>			
3. FEC IDENTIFICATION NUMBER ▶ C 0 0 3 2 6 1 3 2					
4. IS THIS STATEMENT	NEW (N)	OR ✓	AMENDED (A)		
I certify that I have examined the	his Statement and to	the best of my know	wledge and belief it	is true, correct and complete.	
Type or Print Name of Treasure	r Lori J.	Mower		tion of the United States and the United Sta	
Signature of Treasurer	nd/IL		H - Managhan ang at sa	Date 02 16 2017	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109 ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office Use Only		Fe To	or further information of deral Election Commiss Il Free 800-424-9530 cal 202-694-1100	FFL. FLIBIUL	

1 20 1 0 m 1 (1164) 360 02/2003)	
TYPE OF COMMITTEE	_
Candidate 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. (Complete the candidate information below.)	
Name of Candidate	لــــــــــــــــــــــــــــــــــــــ
Candidate Office State Party Affiliation Sought: House Senate President District	
(c) This committée supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(National, State (Democratic, d) This committee is a or subordinate) committee of the Republican, etc.) Par	rty.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is	is a:
Corporation Corporation w/o Capital Stock Labor Organization	n
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 or pacetime. (i.e., nonconnected committee)	arty
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.	
Committees Participating in Joint Fundraiser	
1. FEC ID number C	
2. FEC ID number C	
3. FEC ID number C	
4. [FEC ID number C	

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Write or Type Committee Name	•	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Represent	tative, or Leadership PAC Sponsor
Mailing Address		
•		
		. -
	CITY	TATE ZIP CODE
Relationship: . , Connecte	ed Organization Affiliated Committee Joint Fundraising Repr	resentative Leadership PAC Sponsor
7. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of	f the person in possession of committee
Full Name	<u> </u>	1
Mailing Address		<u>, , , , , , , , , , , , , , , , , , , </u>
-		
Title or Position	CITY STA	ATE ZIP CODE
1111111	Telephone number	
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the con , assistant treasurer).	nmittee; and the name and address of
Full Name of Treasurer	nell Johnson	
Mailing Address	3,20,0, Truliant Way	
		<u>. 1. 1</u>
÷	Winston-Salem	(C) 27103 -
Title or Position		ATE ZIP CODE
<u> </u>	Telephone number	336-293-2124

Full Name of Designated Kathleen, P. S.C. o.t.t.	لخاحنا
Mailing Address 13,200 Truiliant Way	لنبينا
WINSTONTSOLEMININ MC 2711 CITY STATE	03 - [] ZIP CODE
Title or Position	931-12-1251
 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds safety deposit boxes or maintains funds. 	s accounts, rents
Name of Bank, Depository, etc.	
	<u>i.l.l.i.i.</u>
Mailing Address	<u> </u>
. CITY STATE	ZIP CODE
Name of Bank, Depository, etc.	
	<u> </u>
Mailing Address	<u> </u>
	<u> </u>
CITY STATE	ZIP CODE



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(3/2015)	