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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Regions Financial Corporation Political Action Committee 1015 15th Street NW ADDRESS (number and street) Suite 920 (Check if address is changed) Washington 20005 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS regions@electioncompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00432252 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. Taylor, Elizabeth, , , Type or Print Name of Treasurer Taylor, Elizabeth,,, [Electronically Filed] 2021 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

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TYPE (	DF COMMITTEE	. 4,5 - 1
	date 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 o Candida		
Candida Party A		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o		
Party	Committee:	(Domogratic
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected 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 so committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo 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.	vo or more political
(	Committees Participating in Joint Fundraiser	
	1. FEC ID number C	
	2.               FEC ID number C	
;	3. FEC ID number	
	4.	

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Write or Type Committee Nam		r age <b>v</b>
3.		• • • • • • • • • • • • • • • • • • • •
Regions Finance	cial Corporation Political Action Cor	mmittee
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representat	ive, or Leadership PAC Sponsor
Regions Financial Co	rporation	
	1900 5th Avenue North	
Mailing Address		
	Birmingham AL	35203
	CITY STATE	ZIP CODE
_		_
Relationship: x Connecte	d Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
7. Custodian of Records: Ide	ntify by name, address (phone number optional) and position of th	e person in possession of committee
books and records.		
LLC, PAC	COutsourcing, , ,	
Full Name	5045 Pick as ad Ulishama	
Mailing Address	5845 Richmond Highway	
	Suite 820	
	Alexandria	, 22303
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	703 - 347 - 6551
8. <b>Treasurer:</b> List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the commit assistant treasurer).	tee; and the name and address of
Full Name Taylor, Eli	zabeth, , ,	
of Treasurer		
Mailing Address	1015 15th Street NW	
	Suite 920	
	Washington   DC	20005
	CITY STATE	ZIP CODE
Title or Position	CITT STATE	
<sub>r</sub> Treasurer		202   326   6064

202

Telephone number

326

6064

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes Name of Bank, Dep	epositories: List all banks or other depositories in which the committee deposits funds, holes or maintains funds.  pository, etc.  Regions Bank	ids accounts, rents
safety deposit boxes Name of Bank, Dep	oository, etc.	ids accounts, rents
safety deposit boxes  Name of Bank, Dep	s or maintains funds. pository, etc.  Regions Bank	
safety deposit boxes  Name of Bank, Dep	Regions Bank  1900 5th Avenue North  Birmingham  AL 35203	
safety deposit boxes Name of Bank, Dep  Mailing Address	Sor maintains funds.  Regions Bank  1900 5th Avenue North  Birmingham  CITY  STATE	
safety deposit boxes  Name of Bank, Dep  Mailing Address	Sor maintains funds.  Regions Bank  1900 5th Avenue North  Birmingham  CITY  STATE	
safety deposit boxes  Name of Bank, Dep  Mailing Address	Sor maintains funds.  Regions Bank  1900 5th Avenue North  Birmingham  CITY  STATE	
safety deposit boxes  Name of Bank, Dep	Sor maintains funds.  Regions Bank  1900 5th Avenue North  Birmingham  CITY  STATE	
safety deposit boxes  Name of Bank, Dep  Mailing Address  Name of Bank, Dep	Sor maintains funds.  Regions Bank  1900 5th Avenue North  Birmingham  CITY  STATE	
safety deposit boxes  Name of Bank, Dep  Mailing Address  Name of Bank, Dep	Sor maintains funds.  Regions Bank  1900 5th Avenue North  Birmingham  CITY  STATE	