

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 367 OF 2233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Truist Financial Corporation Federal PAC (formerly SunTrust Banks Inc. Political Action Committee)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cooper, Deborah, B, ,

Mailing Address 200 South Orange Avenue

City
Orlando

State
FL

Zip Code
32801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SunTrust Bank

Occupation (for Individual)

Ops Risk & Control Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2019

Transaction ID : A2019-2474850

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cooper, Deborah, B, ,

Mailing Address 200 South Orange Avenue

City
Orlando

State
FL

Zip Code
32801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SunTrust Bank

Occupation (for Individual)

Ops Risk & Control Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2019

Transaction ID : A2019-2521056

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cooper, Deborah, B, ,

Mailing Address 200 South Orange Avenue

City
Orlando

State
FL

Zip Code
32801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SunTrust Bank

Occupation (for Individual)

Ops Risk & Control Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2019

Transaction ID : A2019-2700060

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00