

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) [x] (Check if name is changed) Example: If typing, type over the lines. 12FE4M5
T-MOBILE US, INC. POLITICAL ACTION COMMITTEE (T-PAC)

ADDRESS (number and street) 601 Pennsylvania Avenue NW
[x] (Check if address is changed) Suite 800 North Bldg.
WASHINGTON DC 20004
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
[] (Check if address is changed) T-PAC@t-mobile.com
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)
[] (Check if address is changed) None

2. DATE 04 / 09 / 2020

3. FEC IDENTIFICATION NUMBER C C00361758

4. IS THIS STATEMENT [] NEW (N) OR [x] 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.

Type or Print Name of Treasurer Russo, Anthony M., , ,

Signature of Treasurer Russo, Anthony M., , , [Electronically Filed] Date 04 / 09 / 2020

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.

5. 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 _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 or party 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.)

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
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

T-MOBILE US, INC. POLITICAL ACTION COMMITTEE (T-PAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

T-MOBILE US, INC. POLITICAL ACTION COMMITTEE (T-PAC)

Mailing Address 601 Pennsylvania Avenue NW
 Suite 800 North Bldg.
 WASHINGTON DC 20004
 CITY STATE ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Russo, Anthony M., , ,
 Mailing Address 601 Pennsylvania Avenue NW
 Suite 800 North Bldg.
 Washington DC 20004
 CITY STATE ZIP CODE
 Title or Position
 Treasurer Telephone number 202 654 9000

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Russo, Anthony M., , ,
 Mailing Address 601 Pennsylvania Avenue NW
 Suite 800 North Bldg.
 Washington DC 20004
 CITY STATE ZIP CODE
 Title or Position
 Treasurer Telephone number 202 654 9000

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

9. 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.

Chain Bridge Bank

[Empty grid for Chain Bridge Bank name]

Mailing Address

1445-A Laughlin Avenue

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

McLean

[Empty grid for Mailing Address line 3]

VA

[Empty grid for Mailing Address line 3]

22101

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Bank of America, NA

[Empty grid for Bank of America, NA name]

Mailing Address

101 South Tyron Street

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

Charlotte

[Empty grid for Mailing Address line 3]

NC

[Empty grid for Mailing Address line 3]

28255

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h). Joint Fundraising Participant:

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

T-MOBILE US, INC./SPRINT CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address

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Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number - -

9. 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.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲