

# Statement of Organization OUT-of-STATE POLITICAL COMMITTEE

	Type of States	пені						
<b>⋈</b> NEW		□ AMENDED						
This committee is registering with the Virginia	a This cor	This committee is filing an amended Statement of Organi						
State Board of Elections for the first time.		Date Changes Took Effect SBE-issued Committee ID						
OSPC-20-00002								
	NY 6.C	•						
Name of Committee								
Truist South Carolina PAC								
	1 11 1 ()							
Insert full name of committee (Acronyms must be spelled out)  Committee Mailing Address								
	Committee Maning	g Address						
1001 Semmes Avenue, 5th Floor								
Street Address/P.O. Box			Suite #					
Richmond	VA	232						
City	State	Zip (	Code					
Kevin.Schutte@SunTrust.com		(804) 291-0783						
Email Address		Business Phone						
Committee Website								
	ffiliated Organizat	ion on DAC						
A	ffiliated Organizat	IOII OF PAC						
Truist Financial Corporation								
Full Name of Affiliated Organization								
<u> </u>								
1001 Semmes Avenue, 5th Floor								
Street Address/P.O. Box			Suite #					
Richmond	VA	232	24					
City	State	Zip (	Code					
Support statewide candidates and state		~						
Indicate the Purpose of your Committee (e.g. Labor, Business, Health Care, etc.)								
	didate's Supported	or Opposed*						
Full Name and Address of Candidate(s)	Office Sought	Party Affiliation	Support or Oppose?					





### Commonwealth of Virginia

Area, Scope and Jurisdiction of the Committee							
This Committee intends to participate in (check all that apply):							
<b>☒</b> Statewide elections ☐ Gener			al Assembly elections	$\square$ Local elections			
If "Local Elections" is checked please list the cities, counties and/or towns the committee intends to be active in:							
1)			4)				
2)							
3) 6)							
	(	Other Agend	cy Information				
Taxpayer Identification Number	57-0820						
	Enter Tax	kpayer ID Num	ber				
	'Other Agencies Where Registered' Sheet Attached with 1 Agency.						
	Name of	Agency		Registration Number			
	Name of	Agency		Registration Number			
Other Agencies Where	Name of	Agency		Registration Number			
Committee is Registered				Ü			
	Name of	Agency		Registration Number			
	N						
	Name of	Agency		Registration Number			
	Name of	Agency		Registration Number			
Committee Depository							
Truist Bank (Formerly Branch Bank & Trust)							
Primary Bank Name or Depository		<b></b> ,	Secondary Bank Name	or Depository			
Bisharand		, <u>, , , , , , , , , , , , , , , , , , </u>					
Richmond City		zate	City	State			



# Statement of Organization OUT-of-STATE POLITICAL COMMITTEE

Treasurer and Books Information								
	Mr. Salutation	Goldenberg  Last Name  mos Avonue, 5th Floring	Grant First Name	Middle Name	Suffix			
Treasurer	1001 Semmes Avenue, 5th Floor Richmond, VA 23224  Street Address (Business), City, State and Zip Code  4629 River Bluff Court							
	Street Addr	ess (Residence)		Suite #				
	Charlotte			NC				
	City		Stat		Zip Code			
		nutte@SunTrust.com ess (*see instructions)	1	(804) 291-0783  Daytime Phone #				
	Eman Addi	ess (*see ilistructions)		Daytille Filolie #				
		Slate	Beth					
	Salutation	Last Name	First Name	Middle Name	Suffix			
	101 N. Cherry Street Suite 300 Winston Salem, NC 27101							
Principal Custodian of the	Street Addr	ess (Business), City, Sta	te and Zip					
Books (if one)	1304 Jim	mie Bullins Road						
Dooks (If one)	Street Addr	ess (Residence)		Suite #				
	Walnut C	OVA	NO	•	27052			
	City	010	Stat		Zip Code			
	bslate@bbandt.com			(336) 733-3062				
	Email Addr	ess (*see instructions)		Daytime Phone #				
Address Where		nerry Street						
Books are	Street Addr	ess (P.O. Boxes are Not	Acceptable)	Suite #				
Maintained	Winston	Salem	N	3	27101			
	City		Stat	te	Zip Code			
Statement of Treasurer								
Finance Disclosure Act (Titl SBE's website. I understand required by § 24.2-949.9:1.	le 24.2, Chapte that I must tru Civil penalties false information	r 9.3 of the <i>Code of Virgin</i> thfully report all monies ar will be assessed in the mar on on any document submi	stand that I am required to com ia). I understand that I am required things of value, which this paner required by the <i>Code of V</i> tted to the State Board of Electrons.	nired to file my reports electrolitical committee receives irginia for late or un-filed re	onically on or expends as ports. I also			
Signature			Date					

FOR SBE OFFICE USE ONLY

DATE ENTERED:

ENTERED BY:

CIRCLE ONE

COMMITTEE ID:

N or A



### **Instructions for Completing This Form**

• Submit the original, signed copy of this form to:

State Board of Elections Washington Building 1100 Bank Street, First Floor Richmond, VA 23219

- This form must be legible, written in ink or typed or it will be rejected.
- An amended Statement is required to be filed within 10 days of the change if <u>any</u> of the information reported on this form changes.

#### **Type of Statement**

• Check the box that applies to the type of Statement that you are filing.

#### **Name of Committee**

Please insert the full name of your committee. You may include the acronym but you must spell out all acronyms for you committee.

#### **Committee Mailing Address**

- Insert the committee's primary mailing address.
- Insert the committee's primary business phone and fax number.
- Insert the Committee's e-mail address.

#### **Affiliated Organization of PAC**

- Insert the name and address of any affiliated organizations or Political Committees. For example, if your committee is a division of a trade association, business group or labor union, please indicate the name of the parent organization.
- Indicate the purpose of your committee
  - All Political Committees are formed to influence the outcome of elections. Please briefly explain the purpose or issue(s) in which your committee is involved.

#### Candidate's Supported or Opposed

• Indicate all candidates the committee intends to support or oppose. If there are more than two candidates that the committee supports or opposes, please attach the entire list when you submit this statement.

#### Area, Scope and Jurisdiction of the Committee

• Please choose all that apply.



## **Instructions for Completing This Form**

#### **Other Agency Information**

- Taxpayer ID Number
  - o Enter the committee or organization's taxpayer identification number.
- Other Agencies Where Committee is Registered
  - o Please provide a listing of all Federal and State agencies and provide registration numbers where the committee is also registered. Attach additional sheets if necessary.

#### **Committee Depository**

- Insert the name of the committee's primary and secondary (if one) depository (Bank Name).
- Insert the address of the committee's primary and secondary (if one) depository.

#### **Treasurer and Books Information**

- Treasurer
  - Insert the name and business and residential address of the person who will be responsible for maintaining and keeping accurate financial records and reporting these records on the prescribed forms
  - Email Address
- Custodian of the Books (if one)
  - You may leave this section blank if the treasurer also serves as the Custodian of the Books.

Virginia State Board of Elections Washington Building 1100 Bank Street, First Floor Richmond, VA 23219