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

Prime Policy Group LLC/Burson-Marsteller Political Action Committee (Prime Policy Burson-Marsteller PAC)

ADDRESS (number and street) 1110 Vermont Avenue, NW

[ ] (Check if address is changed) Suite 1000

Washington (CITY ▲) DC (STATE ▲) 20005 – (ZIP CODE ▲)

COMMITTEE'S E-MAIL ADDRESS

[X] (Check if address is changed) eboni.scurlock@prime-policy.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

[ ] (Check if address is changed) www.prime-policy.com

2. DATE 10 / 16 / 2015

3. FEC IDENTIFICATION NUMBER ▶ C C00201863

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 Mr. Paul Brown

Signature of Treasurer *Mr. Paul Brown* ***[Electronically Filed]*** Date 10 / 16 / 2015

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 Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

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 C☐☐☐☐☐☐☐☐☐

2. FEC ID number C☐☐☐☐☐☐☐☐☐

3. FEC ID number C☐☐☐☐☐☐☐☐☐

4. FEC ID number C☐☐☐☐☐☐☐☐☐

Write or Type Committee Name

Prime Policy Group LLC/Burson-Marsteller Political Action Committee (Prime Policy Burson-Marsteller PAC)

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

Burson-Marsteller LLC

Mailing Address 230 Park Avenue South

New York | NY | 10003-1528

CITY | STATE | ZIP CODE

Relationship: [X] 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: Theresa Weber

Mailing Address: 1110 Vermont Avenue, NW

Suite 1000

Washington | DC | 20005

CITY | STATE | ZIP CODE

Title or Position: Director

Telephone number: 202 – 530 – 4816

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: Mr. Paul Brown

Mailing Address: 1110 Vermont Avenue, NW

Suite 1000

Washington | DC | 20005

CITY | STATE | ZIP CODE

Title or Position: Managing Director

Telephone number: 202 – 530 – 4822

Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

Title or Position

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.

EagleBank

Mailing Address 7815 Woodmont Avenue

Bethesda MD 20814

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

Image# 201510169003095885

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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. **[ADDITIONAL]**

Mailing Address

CITY **STATE** **ZIP CODE**

[ADDITIONAL]

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

Wexler & Walker PAC (a unit of Hill & Knowlton Strategies LLC)

Mailing Address 1317 F Street, NW

Suite 800

Washington DC 20004

CITY **STATE** **ZIP CODE**

Relationship:

☐ Connected Organization ☒ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Mailing Address

Title or Position **CITY** **STATE** **ZIP CODE**

Telephone number

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number C

Image# 201510169003095886

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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. **[ADDITIONAL]**

Mailing Address

CITY **STATE** **ZIP CODE**

[ADDITIONAL]

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

Glover Park Group LLC PAC (Glover Park Group PAC)

Mailing Address 1025 F Street, NW

9th Floor

Washington DC 20004

CITY **STATE** **ZIP CODE**

Relationship:

☐ Connected Organization ☒ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Mailing Address

Title or Position **CITY** **STATE** **ZIP CODE**

Telephone number

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number C