Image# 202111309469538514				PAGE 1/5
FEC FORM 1	STATEME ORGANIZ	-	c)ffice Use Only
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	
COMMITTEE (in full)	is changed)	over the lines.		
1				
ADDRESS (number and stree	22 SYLVAN WAY			
(Check if address				
is changed)			NJ 07	054-
			L L_I STATE ▲	
COMMITTEE'S E-MAIL ADD	PRESS			
Check if address		com		
is changed)				
	Optional Second E-Mail Ac			
COMMITTEE'S WEB PAGE	ADDRESS (URL)			
(Check if address is changed)	1			
is changed)				
2. DATE 11 /	D D / Y Y Y Y 30 2021			
3. FEC IDENTIFICATION	NUMBER ► C	00679910		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examine	d this Statement and to the best	t of my knowledge and belief i	it is true, correct and	d complete.
Tuno or Drint Nome of Trans	urer Rossi, Nicola, , ,			
Type or Print Name of Treas				
Signature of Treasurer	ossi, Nicola, , ,	[Electronically Filed]	Date	/ D D / Y Y Y Y 30 2021
NOTE: Submission of false, en	roneous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing		penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	contact:	FEC FORM 1 (Revised 06/2012)

11/30/2021 17 : 16

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F	EC Fo	orm 1 (Revised 02/2009) Page 2	
TYPE	OF C	COMMITTEE	
Cano	didate	e 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 candi information below.)	date
Name Candi		L	
Candi Party	date Affiliatio	ion Office Sought: House Senate President District	Ľ
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Party	y Con	nmittee:	
(d)		This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.)	:) Part
Polit	ical A	Action Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ation is
		Corporation Corporation w/o Capital Stock Labor Organi	zation
		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 committee. (i.e., nonconnected committee)	or part
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more polit committees/organizations, at least one of which is an authorized committee of a federal candidate.	cal
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politi committees/organizations, none of which is an authorized committee of a federal candidate.	cal
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

WYNDHAM HOTELS & RESORTS INC POLITICAL ACTION COMMITTEE

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

	Vyndham Hotels & Re	sorts, Inc.								
	Mailing Address	22 Sylvan Way								
		Parsippany	NJ 07054-3801							
		CITY	STATE ZIP CODE							
7.	Relationship: 🗶 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor . Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.									
	Phillips, Ju Full Name	stin, , , 								
		Washington	DC 20003-1164							
	Title or Position	CITY	STATE ZIP CODE							

Custodian of Records	Telephone number	

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	Rossi, Nicola, , ,
Mailing Address	22 Sylvan Way
	Parsippany
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Banks, Marc	us, , ,													1										
Mailing Address	l	22 Sylvan Way																							
	l																								
	l	Parsippany											Ľ	1J				70	54-;	380	1				
			(CIT	Y								STA	λΤΕ						ZI	P (DE			
Title or Position	urer							Tel	eph	one	e ni	umt	oer			97	3			75	3		78	39	

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.

Com	erica Bank		
Mailing Address	PO Box 75000		
	Detroit	MI 48275	
	CITY	STATE ZIF	P CODE
Name of Bank, Depositor	y, etc.		
Mailing Address			
	CITY	STATE ZIF	P CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

Amended to update Custodian of Records and email address

Form/Schedule: Transaction ID: