Image# 201901319144468569			_	PAGE 1 / 6
FEC FORM 1	STATEMEN ORGANIZ			ffice Use Only
1. NAME OF	(Check if name	Example:If typing, type		
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
Wexler & Walke	r PAC (a unit of F	lill & Knowlton S	trategies L	LC)
ADDRESS (number and street)	1317 F Street NW			
(Check if address is changed)	Suite 800			
is changed)	Washington		DC 20	004
			L L STATE ▲	
COMMITTEE'S E-MAIL ADDF	RESS			
(Check if address	_george.robb.rogers@g	mail.com		
is changed)				
	Optional Second E-Mail Ad sonjai.c.ḥarrison@gr	dress mail.com		
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)			
2. DATE 01 /	31 ^Y Y Y Y Y 2019			
3. FEC IDENTIFICATION	NUMBER ► C c	00248195		
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 i	t is true, correct and	d complete.
	Degers Course			
Type or Print Name of Treasu	rer Rogers, George, , ,			
Signature of Treasurer	gers, George, , ,	[Electronically Filed]	Date 01	D D / Y Y Y Y 31 2019 201
NOTE: Submission of false, erro	oneous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED V		penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

01/31/2019 16 : 05

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FEC Form 1 (Revised 02/2009)	Page 2
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. (Com information below.)	plete the candidate
Name of Candidate	
Candidate 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:	
	(Democratic, Republican, etc.) Par
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization i
Corporation Corporation w/o Capital Stock	Labor Organizatior
Membership Organization	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 se committee. (i.e., nonconnected committee)	egregated fund or pa
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Committees Participating in Joint Fundraiser	
1 FEC ID number C	
2. FEC ID number	
3 FEC ID number C	
4.	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

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

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

	, INCORPORATED			
Mailing Address	607 14th Street NW			
	Suite 300			
	Washington		DC 2000	5
	CITY		STATE	ZIP CODE
Relationship: X Connected	Organization Affiliated Committee	Joint Fundraising	Representative	Leadership PAC Sponsor
			6.1 ·	

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

Avent, Car	iton, , ,
Full Name	
Mailing Address	9414 Ardwick Ardmore Road
	Springdale MD 20774
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	Rogers, George, , ,
Mailing Address	1317 F Street
	Washington DC 20004
	CITY STATE ZIP CODE
Title or Position	Telephone number 202 510 4220

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Snape, Dale, , ,		
Mailing Address	7710 Woodmont Ave		
	#312		
	Bethesda	MD 20814	
	CITY	STATE	ZIP CODE
Title or Position	ırer	ne number	744 - 1813

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.

Bank	of America		
Mailing Address	700 13th Street, NW		
	Washington		20005
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

FEC Form 1S (Revised 02/201	Optional Supplementalfor Lines 5(g) or (h), 6,		Page _5 of 6
(g) or (h). Joint Fundraising	Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	rganization, Affiliated Committee, Joint Fur ROUP LLC PAC (GLOVER PARK	•	e, or Leadership PAC Sponsor
Mailing Address	700 13TH STREET, NW		
	SUITE 600		
			20005
Relationship:	CITY 🔺	STATE A	ZIP CODE
Connected C	Drganization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Identify b	by name, address (phone number - optional)		
Full Name			
Mailing Address			
TITLE OR POSITION ▼	CITY 🔺	STATE A	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.			1		1					1														
Mailing Address																								
					С	ITY	′▲					S	TAT	Έ			2	ZIP	С	DD	E 🔺	•		I

FEC Form 1S (Revised 02/2	2017) Optional Supplemental Info for Lines 5(g) or (h), 6, 8 a		Page of
or(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundra	• •	
	Organization, Affiliated Committee, Joint Fundra	• •	
•		• •	
		• •	
		• •	
	LC/BURSON-MARSTELLER POLITICAL ACTION COM	• •	
	LC/BURSON-MARSTELLER POLITICAL ACTION COM		CY BURSON-MARSTELLER PAG

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

Full Name																													
Mailing Address	L																					1						1	
	L																												
																				l						-L			
TITLE OR POSITION	•					CI	ΤY								ę	ST/	ATE					Z	ZIP	C	OD	E.			
											Te	elep	oho	ne	Νι	ım	be	r	L		_					-L			

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents 9. safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.																						
Mailing Address																						
															L							
				C	UT)	Y					S	TAT	Е				ZIP	C	OD	E 🔺	•	I