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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) No Labels Problem Solvers Political Action Committee (No Labels Problem Solvers PAC) 1130 Connecticut Ave NW Suite 325 ADDRESS (number and street) (Check if address is changed) Washington 20036 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .imannion@skadden.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00629709 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR 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. Howe, Jerry, , , Type or Print Name of Treasurer Howe, Jerry, , , [Electronically Filed] 07 17 2020 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
Nam Can	ne of didate		
	didate y Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Nam Can	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confidence of the control of th	nected 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 secommittee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name	raye 3
No Labels Problem Solvers Political Action Committee (No Labels Problem Solvers)	lvers DAC)
· · · · · · · · · · · · · · · · · · ·	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership Pa	AC Sponsor
No Labels	
1130 Connecticut Ave NW Suite 325	
Mailing Address	
Washington DC 20036	
CITY STATE ZIP C	CODE
Relationship: x Connected Organization Affiliated Committee Joint Fundraising Representative Leadersh	nip PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession books and records. 	on of committee
Gross, Ken, , ,	ı
Full Name	
Mailing Address	
Washington DC 20005	
Title or Position CITY STATE ZIP C	CODE
Asst. Treasurer Telephone number 202 - 371	
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name are any designated agent (e.g., assistant treasurer).	nd address of
Full Name Howe, Jerry, , ,	
of Treasurer	
Mailing Address 1130 Connecticut Ave NW Suite 325	
Washington DC 20036]-[
CITY STATE ZIP C	ODE
Title of Position Treasurer Telephone number 202 371	7559

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Full Name of Designated Gr Agent	Gross, Ken, , ,	
Mailing Address	1440 New York Ave NW	
	DO 20005	
	Washington PC 20005 CITY STATE Z	ZIP CODE
Title or Position Asst. Treasurer		7559
	epositories: List all banks or other depositories in which the committee deposits funds, holds or maintains funds.	accounts, rents
Name of Bank, Depo	pository, etc.	
Name of Bank, Depo		
Name of Bank, Depo	oository, etc. Capitol One	
Name of Bank, Depo	oository, etc. Capitol One	
Name of Bank, Depo	DC 20036	ZIP CODE
Name of Bank, Depo	DC 20036 CITY STATE	ZIP CODE
Name of Bank, Depo	DC 20036 CITY STATE	ZIP CODE
Name of Bank, Depo	DC 20036 CITY STATE Oository, etc.	ZIP CODE
Name of Bank, Depo	Capitol One 1800 M St NW Washington CITY STATE Chain Bridge Bank	ZIP CODE

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

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cted Organization, Affil		FEC ID number FEC ID number FEC ID number	er C	
=		FEC ID numbe	er C	
=				=
=		FEC ID numbe	er C	-
=				
=				
DLVER REPUBLION	_	Fundraising Representa	tive, or Leadership PAC	Spons
	CANS			
824 S MILLEDG	E AVE STE 101			
				1 1
ATHENS		GA GA	30605	
	CITY A	STATE	▲ ZIP COD!	E 🛦
		1		
[CITY A	STATE 4	ZIP CODE	A
[CITY A	STATE 4	ZIP CODE	A
	ATHENS nected Organization	CITY ▲ nected Organization Affiliated Committee	ATHENS CITY STATE	ATHENS CITY STATE ZIP COD Dected Organization Affiliated Committee Joint Fundraising Representative Leadership F

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

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected PROBLEM SOLV	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	918 PENNSYLVANIA AVE SE		
		WASHINGTON	DC DC	20003
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name Mailing Address TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION	CITY A Te ries: List all banks or other depositories in which to intains funds.	lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY A Te ries: List all banks or other depositories in which to intains funds.	lephone Number	s funds, holds accounts, rents
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main that the same of Bank, Depository, etc.	CITY A Te ries: List all banks or other depositories in which to intains funds.	lephone Number	s funds, holds accounts, rents

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

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g) or (h). Joint Fundraising	Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr		e, or Leadership PAC Sponsor
L	NATE I ROBLEM SOLVERS I OND		
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA GA	30605
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponso
			_
Designated Agent: Identify Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY A Te ies: List all banks or other depositories in which	STATE ▲	ZIP CODE 🛦
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY A Te ies: List all banks or other depositories in which	STATE ▲	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY A Te ies: List all banks or other depositories in which	STATE ▲	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY A Te ies: List all banks or other depositories in which	STATE ▲	ZIP CODE A

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h). Joint Fundraisin	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
DEMOCRATIC SI	ENATE PROBLEM SOVLERS FUND)	
1			
Mailing Address	918 PENNSYLVANIA AVE SE		
	WASHINGTON	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify Full Name		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name	by name, address (phone number – optional)	Fundraising Representa	
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A