FEC FORM 1	STATEMENT OF ORGANIZATION	PAGE 1 / 7
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5
Problem Solve	r Democrats	
ADDRESS (number and stree	918 Pennsylvania Ave SE	
(Check if address is changed)	5 1	
is changed)	Washington	DC 20003
		STATE ZIP CODE
COMMITTEE'S E-MAIL AD	DRESS	
(Check if address is changed)	s zamore@capcompliance.com	
	Optional Second E-Mail Address	1
COMMITTEE'S WEB PAGE (Check if address is changed)		
2. DATE 04 /	01 / Y Y Y Y 01 2020	
3. FEC IDENTIFICATIO	N NUMBER ► C C00743302	
4. IS THIS STATEMENT	× NEW (N) OR AMENDED (A)	
I certify that I have examin	ed this Statement and to the best of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Trea	surer Zamore, Judith, , ,	
Signature of Treasurer	Zamore, Judith, , , [Electronically Filed]	Date 04 / 01 / 2020
NOTE: Submission of false, e	erroneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office Use Only	For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

04/01/2020 11 : 32

F	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Can	didate	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. (Compinformation below.)	plete the candidate
Name Cand			
Cand Party	lidate Affiliati	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	ty Con	nmittee:	
(d)			(Democratic, Republican, etc.) Party.
Polit	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	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 second time. (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.)	
Joint	t Func	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.	IOSH GOTTHEIMER FOR CONGRESS	573949
	2.	TOM O'HALLERAN FOR CONGRESS	82890
	3.	KURT SCHRADER FOR CONGRESS	46906
	4.	FRIENDS OF BEN MCADAMS	58633

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Page 3

Write or Type Committee Name

Problem Solver Democrats

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

Mailing Address		
	CITY	STATE ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraisir	ng 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.

Zamore, J	udith, , ,
Full Name	
Mailing Address	918 Pennsylvania Ave SE
	Washington DC 20003
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number 202 544 6960

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	Zamore, Judith, , ,
Mailing Address	918 Pennsylvania Ave SE
	Washington DC 20003
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 202 544 6960

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent										I				1									1			
Mailing Address																										
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						C	:IT)	(STA	ΤE				ZII	ΡC	OD	ιE		
Title or Position																										
											Tele	eph	one	e ni	umt	ber										

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.

Amalo	amated Bank		
Mailing Address	1825 K St NW		
	Washington		20006
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

FEC Form 1S (Revised 02/2	2017) Optional Supplemental II for Lines 5(g) or (h), 6, 8		Page of 7
or(h). Joint Fundraisin	g Participant:		
	N FOR CONGRESS	FEC ID number	C C00648915
	HAM FOR CONGRESS	FEC ID number	C C00650507
	R FOR CONGRESS	FEC ID number	C C00639146
4. SUSIE LEE FO	R CONGRESS	FEC ID number	C C00655613
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Sponsor
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Sponsor
	Organization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Sponsor
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Sponsor
	Organization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Sponsor
Mailing Address	Organization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Sponsor
	Organization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Sponsor

Full Name																											
Mailing Address																											
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TITLE OR POSITION	,					С	ITY									S	TAT	E				ZI	PC	O	DE 1		
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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.																							
Mailing Address	L																						
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FEC Form 1S (Revised 02/2017)	Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9	Page of
5(g) or (h). Joint Fundraising Part ELAINE FOR CONG 1. DEAN PHILLIPS FO 2. MAX ROSE FOR CO 3. ELISSA SLOTKIN FO 4. ELISSA SLOTKIN FO	BRESS FEC ID numb R CONGRESS FEC ID numb DNGRESS FEC ID numb	Der C C00640714 Der C C00652248
6. Name of Any Connected Organ	nization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
Mailing Address		
Relationship:	LITY ▲ STATE	
	ame, address (phone number - optional)	
Full Name		
Mailing Address		
		<u> </u>
TITLE OR POSITION ▼		

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.																							
Mailing Address	L																						
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Telephone Number

	Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9										
5(g) or (h). Joint Fundraising Participant:											
	FEC ID number	C C00649913									
	FEC ID number	C C00666149									
NO LABELS PROBLEM SOLVERS POLITICAL ACTION COMMITTEE (NO LABELS PROBLEM SOLVERS PAC) 3.	FEC ID number	C C00629709									
4.	FEC ID number	С									
6. Name of Any Connected Organization, Affiliated Committee, Joint	Fundraising Representativ	e, or Leadership PAC Sponsor									

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

T.

Full Name																												
Mailing Address																												
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TITLE OR POSITION						(CIT	Y								S	TA	ΓE					ZIF	, c	0	DE		
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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.

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