

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Problem Solver Republicans

ADDRESS (number and street)

824 S Milledge Ave Ste 101

(Check if address is changed)

Athens

CITY ▲

GA

STATE ▲

30605

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

problemsolvers@pdscompliance.com

Optional Second E-Mail Address

admin@pdscompliance.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

MM / DD / YYYY  
04 / 16 / 2020

3. FEC IDENTIFICATION NUMBER ►

C C00744334

4. 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.

Type or Print Name of Treasurer Kilgore, Paul, , ,

Signature of Treasurer

Kilgore, Paul, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 06 / 2020

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

FEC FORM 1  
(Revised 06/2012)

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.	DON BACON FOR CONGRESS	FEC ID number	C	C00575167
2.	BRIAN FITZPATRICK FOR CONGRESS	FEC ID number	C	C00607416
3.	MIKE GALLAGHER FOR WISCONSIN	FEC ID number	C	C00610212
4.	ANTHONY GONZALEZ FOR CONGRESS	FEC ID number	C	C00654079

Write or Type Committee Name

# Problem Solver Republicans

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  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 Kilgore, Paul, , ,

Mailing Address 824 S Milledge Ave Ste 101

Athens GA 30605

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 706 534 7780

**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 Kilgore, Paul, , ,

Mailing Address 824 S Milledge Ave Ste 101

Athens GA 30605

Title or Position of Treasurer Treasurer Telephone number 706 534 7780

Full Name of Designated Agent

Goode, Michael, , ,

Mailing Address

824 S Milledge Ave Ste 101

Athens

GA

30605

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

706

534

7780

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.

Cadence Bank

Mailing Address

2234 West Broad Street

Athens

GA

30606

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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

FEC Form 1S (Revised 02/2017)

5(g) or (h). Joint Fundraising Participant:

- 1. JAIME FOR CONGRESS
- 2. JOHNSON FOR CONGRESS
- 3. FRIENDS OF DUSTY JOHNSON
- 4. FRIENDS OF DAVE JOYCE

FEC ID number	C00472704
FEC ID number	C00476820
FEC ID number	C00628917
FEC ID number	C00527457

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

Empty text input fields for organization name.

Mailing Address input fields.

Relationship: CITY STATE ZIP CODE and checkboxes for Connected Organization, Affiliated Committee, Joint Fundraising Representative, Leadership PAC Sponsor.

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

Full Name, Mailing Address, TITLE OR POSITION, CITY, STATE, ZIP CODE, Telephone Number input fields.

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, CITY, STATE, ZIP CODE input fields.

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

5(g) or (h). Joint Fundraising Participant:

- 1. TOM REED FOR CONGRESS
- 2. STEIL FOR WISCONSIN, INC.
- 3. VAN TAYLOR CAMPAIGN
- 4. NO LABELS PROBLEM SOLVERS POLITICAL ACTION COMMITTEE (NO LABELS PROBLEM SOLVERS PAC)

FEC ID number	C00464032
FEC ID number	C00677286
FEC ID number	C00653634
FEC ID number	C00629709

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

Name of organization field

Mailing Address field

Relationship: CITY STATE ZIP CODE and checkboxes for Connected Organization, Affiliated Committee, Joint Fundraising Representative, Leadership PAC Sponsor

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

Designated Agent fields: Full Name, Mailing Address, TITLE OR POSITION, CITY, STATE, 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.

Banks or Other Depositories fields: Name of Bank, Depository, etc., Mailing Address, CITY, STATE, ZIP CODE

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

5(g) or (h).

Joint Fundraising Participant:

- 1. KATKO FOR CONGRESS
- 2. PETE STAUBER FOR CONGRESS
- 3. UPTON FOR ALL OF US
- 4.

FEC ID number	C	C00556365
FEC ID number	C	C00650697
FEC ID number	C	C00200584
FEC ID number	C	

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

\_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲  
 Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

Full Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TITLE OR POSITION ▼ CITY ▲ STATE ▲ 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. \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲