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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) is changed) over the lines. The Committee To Defend The President 441 North Lee Street ADDRESS (number and street) Ste 205 (Check if address is changed) Alexandria 22314 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS notices@feccr.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.committeetodefendthepresident.com (Check if address is changed) DATE 03 2019 C00544767 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. Backer, Dan, , , Type or Print Name of Treasurer Backer, Dan,,, [Electronically Filed] 06 03 2019 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

FI	FC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	OF C	OMMITTEE	1 4go 2
Cano	didate	Committee:	
(a)	Ш	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. (Cominformation below.)	plete the candidate
Name Candi			
Candid Party	date Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	y Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.
Politi	ical 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)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (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	Fund	raising 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.	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 N		. ago o
The Committee	ee To Defend The President	
	ed Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
Walling Address		
	CITY STA	TE ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Repre	sentative Leadership PAC Sponsor
. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of	the person in possession of committee
Ford, S	Stephanie, , ,	
Mailing Address	950 N. Washington St.	
Mailing Address	Suite 105	
	Alexandria	22314
Title or Position	CITY STATE	E ZIP CODE
Assistant Treasurer	Telephone number	
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the comm g., assistant treasurer).	nittee; and the name and address of
Full Name Backet of Treasurer	r, Dan, , ,	
Mailing Address	441 North Lee Street	
	Suite 300	
	Alexandria	22314
Title or Position Treasurer	CITY STATE	ZIP CODE
<u> </u>	Telephone number	

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Full Name of Designated Agent	Ford, Stephanie, , ,	
Mailing Address	950 N. Washington St.	
	Suite 105	
	Alexandria VA 22314 CITY STATE ZI	IP CODE
Title or Position Assistant Treasu	urer Telephone number	
Banks or Other safety deposit bo Name of Bank, D		accounts, rents
safety deposit bo	exes or maintains funds. Depository, etc. Atlantic Union Bank	accounts, rents
safety deposit bo	Depository, etc. Atlantic Union Bank 4221 Walney Road	accounts, rents
safety deposit bo. Name of Bank, D	Atlantic Union Bank 4221 Walney Road Suite 120	accounts, rents
safety deposit bo. Name of Bank, D	Depository, etc. Atlantic Union Bank 4221 Walney Road	accounts, rents
safety deposit bo. Name of Bank, D	Atlantic Union Bank 4221 Walney Road Suite 120 Chantilly VA 20151	accounts, rents
safety deposit bo. Name of Bank, D	Atlantic Union Bank 4221 Walney Road Suite 120 Chantilly CITY STATE ZI	
safety deposit bo Name of Bank, D Mailing Address	Atlantic Union Bank 4221 Walney Road Suite 120 Chantilly CITY STATE ZI	
safety deposit bo Name of Bank, D Mailing Address	Atlantic Union Bank 4221 Walney Road Suite 120 Chantilly CITY STATE ZI	
safety deposit bo. Name of Bank, D. Mailing Address Name of Bank, D.	Atlantic Union Bank 4221 Walney Road Suite 120 Chantilly CITY STATE ZI	
safety deposit bo. Name of Bank, D. Mailing Address Name of Bank, D.	Atlantic Union Bank 4221 Walney Road Suite 120 Chantilly CITY STATE ZI	

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A
Transaction ID:

Consistent with the stipulated judgment in Carey v. FEC, this Committee intends to establish a separate bank account to deposit and withdraw funds raised in unlimited amounts from individuals, corporations, labor organizations, and/or other political committees. The funds maintained in this separate account will not be used to make contributions, whether direct, in-kind, or via coordinated communications, or coordinated expenditures, to federal candidates or committees.

Form/Schedule: Transaction ID: