Only

STATEMENT OF

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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. Defend US PAC 1520 Belle View Blvd #3438 ADDRESS (number and street) (Check if address is changed) Arlington 22307 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@defenduspac.us (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.defenduspac.us (Check if address is changed) DATE 25 2022 C00634261 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. McIntyre, Dustin, , , Type or Print Name of Treasurer McIntyre, Dustin, , , [Electronically Filed] 03 25 2022 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

Local 202-694-1100

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		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
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	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.	
(5)		_	areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt 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	Name	
Defend US P	AC	
6. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundraising Representative, or	r Leadership PAC Sponsor
NONE		
		<u> </u>
Mailing Address		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	ve Leadership PAC Sponso
. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the personal	son in possession of committee
McInty Full Name	yre, Dustin, , ,	
Mailing Address	1520 Belle View Blvd	
Mailing Address		
	Alexandria	22307
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	4 - 591 - 0050
3. Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and address treasurer).	nd the name and address of
Full Name McInty of Treasurer	yre, Dustin, , ,	
Mailing Address	1520 Belle View Blvd	
	Alexandria	22307
Title or Position , Treasurer	CITY STATE	ZIP CODE 4 591 0050
	Telephone number	

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE ZI	P CODE
Title or Position		
	Telephone number	
		accounts, rents
safety deposit bo	oxes or maintains funds.	
safety deposit bo Name of Bank, [Depository, etc. Chain Bridge Bank 1445A Laughlin Ave McLean VA 22101	IP CODE
safety deposit bo Name of Bank, I	Depository, etc. Chain Bridge Bank 1445A Laughlin Ave McLean CITY STATE ZI	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. Chain Bridge Bank 1445A Laughlin Ave McLean CITY STATE ZI	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. Chain Bridge Bank 1445A Laughlin Ave McLean CITY STATE ZI	
Safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Chain Bridge Bank 1445A Laughlin Ave McLean CITY STATE ZI	
Safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Chain Bridge Bank 1445A Laughlin Ave McLean CITY STATE ZI	