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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. Democracy Defense Fund 6723 Whittier Avenue ADDRESS (number and street) Suite 206B (Check if address is changed) McLean 22101 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS Info@DemocracyDefenseFund.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.DemocracyDefenseFund.com (Check if address is changed) DATE 31 2023 C00811786 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. Caiola, Alexandra, , , Type or Print Name of Treasurer Caiola, Alexandra, , , [Electronically Filed] 01 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

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	TYPE OF COMMITTEE:				
	lidate 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 information below.)	he candidate			
	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				
	arty Committee:				
	(Mational, State (Democrati	ic, n, etc.) Party			
	Political Action Committee (PAC):				
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:			
	Corporation Corporation w/o Capital Stock Labor (Organization			
	Membership Organization Trade Association Cooper	ative			
In addition, this committee is a Lobbyist/Registrant PAC.					
This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund o 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.)				
	(g) This committee is an independent expenditure-only political committee (Super PAC).				
	In addition, this committee is a Lobbyist/Registrant PAC.				
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid F	PAC).			
	In addition, this committee is a Lobbyist/Registrant PAC.				
	Joint Fundraising Representative:				
	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.				
	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.	or more political			
	Committees Participating in Joint Fundraiser				
	1. C				

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W	Vrite or Type Committee Name			
	Democracy De	fense Fund		
6.		rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor	
	NONE			
	Mailing Address			
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Relationship: Connected		Leadership PAC Sponso	
	neiationship. Connected	Organization Anniated Organization John Fundralsing Representative	Leadership FAC Sporiso	
7.	Custodian of Records: Ident books and records.	fy by name, address (phone number optional) and position of the person in possess	ion of committee	
	Caiola, Alex	xandra, , ,		
	Full Name			
	Mailing Address	6723 Whittier Avenue		
		Suite 206B		
		McLean VA 22101		
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Title or Position ▼	STATE A	ZIF CODE =	
	Treasurer	703	371 8727	
		Telephone number		
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 Caiola, Alex	xandra, , ,		
	of Treasurer			
	Mailing Address	6723 Whittier Avenue		
		Suite 206B		
		McLean VA 22101		
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Title or Position ▼	5		
	Treasurer	Telephone number 703	371 - 8727	

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Full Name of Designated Agent						
Mailing Address						
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲			
		Telephone number				
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in vaintains funds.	which the committee deposits fur	nds, holds accounts, rents			
Name of Bank, Depository,	Name of Bank, Depository, etc.					
Amalgamated Bank						
Mailing Address	1825 K Street NW					
	Washington	DC	20006			
	CITY ▲	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.						
Mailing Address						
	CITY ▲	STATE ▲	ZIP CODE ▲			