

**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

Defending our Country PAC (DOC PAC)

ADDRESS (number and street)

PO Box 731

☐ (Check if address is changed)

Middleburg

CITY ▲

VA

STATE ▲

20118

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

info@brookeforcongress.com

Optional Second E-Mail Address

info@krasonwoolpolitical.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY
05 / 04 / 2022

3. FEC IDENTIFICATION NUMBER ►

C C00803825

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 Krason, Patrick, , ,

Signature of Treasurer Krason, Patrick, , ,

[Electronically Filed]

Date

MM / DD / YYYY
05 / 04 / 2022

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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

1.  FEC ID number 
2.  FEC ID number 
3.  FEC ID number 
4.  FEC ID number 

Write or Type Committee Name

Defending our Country PAC (DOC PAC)**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Brooke Victory Fund

Mailing Address

PO Box 731

Middleburg

CITY

VA

STATE

20118

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

Krason, Patrick, , ,

Mailing Address

715 Lee St E

Charleston

CITY

WV

STATE

25301

ZIP CODE

Treasurer

Telephone number

304

309

6701

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

Krason, Patrick, , ,

Mailing Address

715 Lee St E

Charleston

CITY

WV

STATE

25301

ZIP CODE

Title or Position
Treasurer

Telephone number

304

309

6701

Full Name of
Designated
Agent

Mailing Address

Title or Position

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.

Chain Bridge Bank

Mailing Address

1445A Laughlin Ave

McLean

VA

22101

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

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

Mailing Address

PO BOX 731

MIDDLEBURG

VA

20118
 -

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 ▲