06/21/2023 19:31

Only

STATEMENT OF

PAGE 1 / 6 -

FEC FORM 1		0	RGAN	IZAT	ION							0	office	Use C)nlv			
NAME OF COMMITTEE (ir	n full)		Check if nam changed)		xample ver the		g, type	Э	12	FE	4M5	_			Zi ii y			
DAKOTA P	PAC																	
ADDRESS (number a	nd street)	PO BOX	3206 															
(Check if a is changed																		
	,	BISMARO	CK 						L ^N ST	D ATE 4	A	58	502	Z	 ZIP (ODE	E A	
COMMITTEE'S E-MA	AIL ADDRE	SS																
(Check if a is changed		COMP	LIANCE@I	RIGHTSII	DECO	MPLIA	NCE	.COI	M									
		Optional	Second E-Ma	ail Address														ı
COMMITTEE'S WEB		DRESS (UF	RL)															
is changed																		
2. DATE 0	M / D 21	D / Y	Y Y Y Y 2023															
3. FEC IDENTIFIC	CATION NU	JMBER ▶		C00493	3072													
4. IS THIS STATEM	MENT	NEW	(N) O	R	×	AMENI	DED (A	۹)										
I certify that I have e	examined th	is Stateme	nt and to the	best of m	y knowl	edge a	nd bel	ief it i	s tru	e, cc	rrect	t and	d cor	nplet	e.			
Type or Print Name	of Treasure	HOBBS,	CABELL, , ,															
Signature of Treasure	er <i>HOBE</i>	SS, CABELL,	.,		[Elec	tronicall	y Filed	!	Date		06	M	/ D	21	/	2	023	Y
NOTE: Submission of	false, errone		omplete inform										pen	alties	of 5	2 U.S	S.C. §	30109.
Office Use					Fede	iurther in ral Electi ree 800-	on Com	nmissio								RM /2012		

Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	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 information below.)	candidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State
	(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 Republican, e	tc.) 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 Organical Stock	anization
	Membership Organization Trade Association Cooperative	re
	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 to committee. (i.e., nonconnected committee)	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.)	
	(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 PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or recommittees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1. C	

	FEC Form 1 (Revised 0	2/2009)	l Page 3
٧	Irite or Type Committee Name	·	
	DAKOTA PAC		
3.	Name of Any Connected O Hoeven, John, , ,	rganization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
	Mailing Address	PO BOX 3206	
		BISMARCK ND	58502
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representation	tive Leadership PAC Sponsor
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person	in possession of committee
	Nitschke, C	arol, , ,	
	Full Name		
	Mailing Address	PO Box 3206	
		Bismarck	58502
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Assistant Treasurer	Telephone number	
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
	Full Name HOBBS, Ca	ABELL,,,	
	of Treasurer		
	Mailing Address	PO Box 3206	
		BISMARCK	58502
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	

FEC Form 1 (Re	vised 02/2009)		Page 4
Full Name of Nits Designated Agent	schke, Carol, , ,		
Mailing Address	PO BOX 3206		
	BISMARCK	ND ND	58502
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
ASSISTANT TREASU	RER	Telephone number	
Banks or Other Depo safety deposit boxes of	ositories: List all banks or other depositories in vor maintains funds.	which the committee deposits fu	inds, holds accounts, rents
Name of Bank, Depos	bitory, etc.		
	RST WESTERN BANK		
Mailing Address	MINOT CITY A	ND STATE A	58702 ZIP CODE ▲
Name of Bank, Depos			
	OHN MARSHALL BANK		
Mailing Address	1625 K ST NW, STE 1050		
	WASHINGTON	DC	20006
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

h). Joint Fundraisi		FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
DAKOTA-WILD A	AND WONDERFUL 2023 COMMITTE	E	
	228 S. WASHINGTON STREET SUITE 115		
Mailing Address			
	ALEXANDRIA	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Represents	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identii Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif	by by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name	by by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, TRUIS	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, TRUIS	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which a aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which a aintains funds. ST BANK	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which a aintains funds. ST BANK	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

h). Joint Fundraisi	ng Participant:			
1.		FEC ID n	umber C	
2.		FEC ID n	umber C	
3.		FEC ID no	umber C	
4.		FEC ID n	umber C	
	d Organization, Affiliated Committee, Join	t Fundraising Repres	entative, o	r Leadership PAC Spon
HOEVEN VICTO	RY COMMITTEE			
Mailing Address	228 S WASHINGTON ST STE 115			
Mailing Address				
	ALEXANDRIA		VA I	22314
Dalationahin				
Relationship:	CITY ▲	S	TATE ▲	ZIP CODE ▲
Full Name				
	1			
Mailing Address				
Mailing Address				
Mailing Address				
Mailing Address TITLE OR POSITION	CITY A	STA	TE A	ZIP CODE A
	CITY A	STA		ZIP CODE A
	CITY A			ZIP CODE A
TITLE OR POSITION	ories: List all banks or other depositories in	Telephone Numl	per	
TITLE OR POSITION	ories: List all banks or other depositories in	Telephone Numl	per	
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