**FEC** 

Only

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Friends of Dusty Johnson PO Box 278 ADDRESS (number and street) (Check if address is changed) Mitchell 57301 SD CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address finance@dustyjohnson.com is changed) Optional Second E-Mail Address reid@capitolhillassoc.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.dustyjohnson.com (Check if address is changed) DATE 2024 C00628917 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Kreth, Barclay, W,, Kreth, Barclay, W,, 10 17 2024 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 (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 information below.)	e the candidate
Name of Candidate Johnson, Dusty, , ,	
Candidate Party Affiliation  REP  Office Sought:  House  Senate  President	State SD  District 01
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(Mational, State (Democ	cratic, can, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:
Corporation Corporation w/o Capital Stock Laboration	or Organization
Membership Organization Trade Association Coo	perative
In addition, this committee is a Lobbyist/Registrant PAC.	
This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	gated 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	d 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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(j) 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.	vo or more political
Committees Participating in Joint Fundraiser	
1. C	

I	FEC Form 1 (Revised	I 02/2009)		Page <b>3</b>
٧	Vrite or Type Committee Nan			
	Friends of Dust			
6.	-	Organization, Affiliated Committee, Joint Fundrais		•
	FRESHMAN AGRIC	CULTURAL REPUBLICAN MEMBERS	TRUST AKA FA	ARM TRUST
		<sub>I</sub> PO BOX 30844		
	Mailing Address			
		BETHESDA	MD MD	20824
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connecte	ed Organization Affiliated Organization X Joint F	Fundraising Represent	ative Leadership PAC Sponso
	_			_
 7.	Custodian of Pagarda Ida	entify by name, address (phone number optional) and	nocition of the percent	n in possession of committee
1.	books and records.	miny by marine, address (phone number optional) and	position of the person	in possession of committee
	Kreth. Ba	arclay, W, ,		
	Full Name			
	Mailing Address	26791 397th Avenue		
	3			
		Marint Varian	05	F7000
		Mount Vernon	SD SD	57363
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telep	hone number	605 - 236 - 5775
8.		and address (phone number optional) of the treasu	irer of the committee	; and the name and address of
	any designated agent (e.g.	, assistant treasurer).		
	Full Name Kreth, Ba	arclay, W, ,		
	or freasurer	26791 397th Avenue		
	Mailing Address	2070130741740140		
		Mount Vernon	SD	57363
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	5111 =	OIAIL =	2 0001 -
	Treasurer		hone number	605   -   236   -   5775

FEC Form 1 (Revised 02	2009)		Page <b>4</b>
Full Name of Designated Agent			
Mailing Address			
Till an Brainna	CITY A	STATE ▲	ZIP CODE ▲
Title or Position ▼		mber	
Banks or Other Depositories safety deposit boxes or mainta	: List all banks or other depositories in which the committins funds.	ee deposits funds, hold	ls accounts, rents
Name of Bank, Depository, etc.			
BankWes  Mailing Address	1920 N Sanborn Blvd		
	Mitchell	SD 57301	- LID 0005 A
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository, etc.			
Black Hills	Community Bank		
Mailing Address	840 Mount Rushmore Rd		
I	Rapid City	SD 57701	
	CITY A	STATE ▲	ZIP CODE ▲

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

Page \_\_\_ **of** \_\_\_\_

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
PROBLEM SOLVER	3 FATRIOTS		
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA L	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		t Fundraising Representa	ative Leadership PAC Spo
Connecte	ed Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identif	ed Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	Affiliated Committee X Join fy by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Join fy by name, address (phone number – optional)  CITY		
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite that the property deposite boxes or many that the property deposite the property deposite the property deposited boxes or many that the property deposited boxes or many tha	Affiliated Committee	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Deposite afety deposit boxes or make the property of the pro	Affiliated Committee X Join fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which aintains funds.  Fargo Bank	STATE A	ZIP CODE A

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

Page \_\_\_ **of** \_\_\_\_

h). <b>Joint Fundraisi</b>	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected Problem Solver Rep	Organization, Affiliated Committee, Joint Fundablicans	draising Representative	e, or Leadership PAC Spon
Troblem corver rep			
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joinfy by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
		nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identi	fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identii  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   CITY    Pries: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A

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

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1.			
		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spons
DUSTY JOHNSON	/ICTORY COMMITTEE		
Mailing Address	PO BOX 341027		
	AUSTIN	TX	78734
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		Fundraising Represent	ative Leadership PAC Spo
	Affiliated Committee X Joint  y by name, address (phone number – optional)	Tundraising Tropicson	
Designated Agent: Identif			
Designated Agent: Identif			
Designated Agent: Identif			
Designated Agent: Identification Full Name Line Mailing Address	y by name, address (phone number – optional)	STATE A	ZIP CODE A
Designated Agent: Identif	by by name, address (phone number – optional)  CITY		

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

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1	CITY A	STATE  Joint Fundraising Representations	per C
3	CITY A	FEC ID numb  FEC ID numb  Fundraising Represent  STATE  Joint Fundraising Represent	per C per C pative, or Leadership PAC Spon
A.	CITY A	FEC ID numb  Fundraising Represent  STATE  Joint Fundraising Represent	eative, or Leadership PAC Spon
lame of Any Connected Organizat  Mailing Address  Relationship:  Connected Organizat  esignated Agent: Identify by name,  Mailing Address  TITLE OR POSITION ▼  anks or Other Depositories: List a	CITY A	Fundraising Represent  STATE  Joint Fundraising Represent	ative, or Leadership PAC Spon
Mailing Address  Relationship: Connected Organizate esignated Agent: Identify by name, Full Name Mailing Address  TITLE OR POSITION ▼  anks or Other Depositories: List a	CITY A	STATE  Joint Fundraising Representations	ZIP CODE A
Relationship:  Connected Organizat  esignated Agent: Identify by name,  Full Name  Mailing Address  TITLE OR POSITION   anks or Other Depositories: List a	on Affiliated Committee	Joint Fundraising Repres	
Relationship:  Connected Organizate  esignated Agent: Identify by name,  Full Name  Mailing Address  TITLE OR POSITION   anks or Other Depositories: List a	on Affiliated Committee	Joint Fundraising Repres	
Relationship:  Connected Organizate  esignated Agent: Identify by name,  Full Name  Mailing Address  TITLE OR POSITION   anks or Other Depositories: List a	on Affiliated Committee	Joint Fundraising Repres	
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esignated Agent: Identify by name,  Full Name			sentative Leadership PAC Sp
TITLE OR POSITION ▼			
anks or Other Depositories: List a			
anks or Other Depositories: List a			
anks or Other Depositories: List a			
	CITY A	STATE	▲ ZIP CODE ▲
		Telephone Number	
ame of Bank, epository, etc. Chain Bridge B	ls.	which the committee dep	posits funds, holds accounts, ren
	ughlin Ave		
McLean			

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

Page \_\_\_ **of** \_\_\_\_

(h). <b>Joint Fundraisi</b>	ig Faiticipalit.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ındraising Representativ	e, or Leadership PAC Spon
Mailing Address			
B 1 % 1 1			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee  y by name, address (phone number – optional	Joint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi			Leadership TAO O
esignated Agent: Identi			Leadership TAO O
esignated Agent: Identi			Leadership TAO O
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Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, First D	y by name, address (phone number – optional  CITY   CITY   pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, First D	y by name, address (phone number – optional  CITY   CITY   pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or make afety deposit boxes or make afety depository, etc.	y by name, address (phone number – optional  CITY   CITY   pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	y by name, address (phone number – optional  CITY   CITY   pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A

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

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1					
2.			FEC ID numbe	er C	
			FEC ID numbe	er C	
3.			FEC ID numbe	er C	
4.			FEC ID numbe	er C	
Name of Any Connected	Organization, Affiliate	d Committee, Joint Fu	ndraising Representa	tive, or Lea	adership PAC Spons
Mailing Address					
			STATE		ZIP CODE A
Relationship:		CITY A			000
esignated Agent: Identify			oint Fundraising Repres		Leadership PAC Sp
Connected  Designated Agent: Identify  Full Name		iated Committee	oint Fundraising Repres		Leadership PAC Sp
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Connected  Pesignated Agent: Identify  Full Name		iated Committee	oint Fundraising Repres		Leadership PAC Sp
Connected  Pesignated Agent: Identify  Full Name		none number – optional	oint Fundraising Represe	entative	
Connected  Designated Agent: Identify  Full Name	by name, address (ph	iated Committee	oint Fundraising Repres	entative	Leadership PAC Sp