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. Friends of Dusty Johnson PO Box 278 ADDRESS (number and street) (Check if address is changed) Mitchell SD 57301 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS finance@dustyjohnson.com (Check if address is changed) Optional Second E-Mail Address rlebeau@thejacobsonlawgroup.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.dustyjohnson.com (Check if address is changed) DATE 2023 C00628917 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. Kreth, Barclay, W,, Type or Print Name of Treasurer Kreth, Barclay, W,, [Electronically Filed] 07 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 (Revised 06/2012) 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 Johnson, Dusty, , ,	
	Candidate Party Affiliation REP 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:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	etc.) 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 Org	anization
	Membership Organization Trade Association Cooperation	/e
	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 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 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 committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1	

I	FEC Form 1 (Revis	sed 02/2009)	Page 3
V	Vrite or Type Committee N		
		usty Johnson	
6.		ed Organization, Affiliated Committee, Joint Fundraising Repr	
	Mailing Address	PO BOX 30844	
		BETHESDA	MD 20824
		CITY A	STATE ▲ ZIP CODE ▲
	Relationship: Conne	ected Organization Affiliated Organization X Joint Fundraising	g Representative Leadership PAC Sponso
7.	Custodian of Records: I books and records.	Identify by name, address (phone number optional) and position of	of the person in possession of committee
	Kreth,	Barclay, W, ,	
	Full Name		
	Mailing Address	26791 397th Avenue	
		Mount Vernon	SD 57363
		CITY A	STATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone nur	mber 605 - 236 - 5775
8.	Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the e.g., assistant treasurer).	committee; and the name and address of
		Barclay, W, ,	
	of Treasurer		
	Mailing Address	26791 397th Avenue	
		Mount Vernon	SD 57363
		CITY A	STATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone nur	mber 605 - 236 - 5775

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼		TATE ▲	ZIP CODE ▲
	Telephone numbe	er L	
	Depositories: List all banks or other depositories in which the committee cases or maintains funds.	deposits fur	nds, holds accounts, rents
Name of Bank, D	epository, etc.		
	BankWest		
Mailing Address	1920 N Sanborn Blvd		
	Mitchell	SD	57301
	CITY ▲ ST	TATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	Black Hills Community Bank		
Mailing Address	840 Mount Rushmore Rd		
	Rapid City	SD	57701
	CITY ▲ ST	TATE ▲	ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017)

5(g) o	r(h). Joint Fundraisin	g Participant:	
	1.		FEC ID number
	2.		FEC ID number
	3.		FEC ID number
	4		FEC ID number
6.	Name of Any Connected PROBLEM SOLV	_	ising Representative, or Leadership PAC Sponsor
	Mailing Address	824 S MILLEDGE AVE STE 101	
		ATHENS	GA 30605
	Relationship:	CITY ▲	STATE A ZIP CODE A
			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 ▲
		Tele	ephone Number
	safety deposit boxes or ma	ries: List all banks or other depositories in which the intains funds.	ne committee deposits funds, holds accounts, rents
	Depository, etc.	8302 Woodmont Avenue	
	Mailing Address		<u> </u>
		Bethesda	MD 20814

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

FEC Form 1S (Revised 02/2017)

5(g) or (h).	Joint Fundraising	Participant:	
1.		FEC ID r	number C
2.		FEC ID r	number C
3.		FEC ID r	number C
4.		FEC ID r	number C
	of Any Connected o	Organization, Affiliated Committee, Joint Fundraising Repre	esentative, or Leadership PAC Sponsor
	Mailing Address	824 S MILLEDGE AVE STE 101	
		ATHENS	GA 30605
	Relationship:	CITY ▲ S	STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint Fundraising F	Representative Leadership PAC Sponsor
B. Desig	nated Agent: Identify	by name, address (phone number - optional)	
	nated Agent: Identify	by name, address (phone number – optional)	
Fu		by name, address (phone number – optional)	
Fu	ıll Name	by name, address (phone number – optional)	
Fu	ıll Name	by name, address (phone number – optional)	
Fu Ma	ull Name	CITY A ST	TATE A ZIP CODE A
Fu Ma	ıll Name	CITY A ST	
Fu Ma	ailing Address	CITY A ST. Telephone Num ies: List all banks or other depositories in which the committee intains funds. 2200 Wilson Blvd Suite 100	e deposits funds, holds accounts, rents
Fu Ma	ailing Address TITLE OR POSITION s or Other Depositor deposit boxes or main of Bank, BB&T sitory, etc.	CITY ST. Telephone Num ies: List all banks or other depositories in which the committee ntains funds. 2200 Wilson Blvd Suite 100 Arlington	nber

FEC Form 1S (Revised 02/2017)

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

(h). Joint Fundraisi			
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
DUSTY JOHNSC	ON VICTORY COMMITTEE		
Martin Address	PO BOX 341027		
Mailing Address			
	AUSTIN	TX	78734
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Representation	ative Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	by by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	cy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, Cader	cy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or make of Bank, epository, etc.	cy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds. CEBANK	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, Cader epository, etc.	cy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds. CEBANK	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

(h). Joint Fundraisin	g Participant:				
1.			FEC ID	number	C
2.			FEC ID	number	С
3.			FEC ID	number	С
4.			FEC ID	number	C
ame of Any Connected	Organization, Affili	ated Committee, Joint F	undraising Rep	resentativ	e, or Leadership PAC Spor
	1				
Mailing Address					
Relationship:		CITY A		STATE A	ZIP CODE ▲
		Affiliated Committee	Joint Fundraising	Represent	ative Leadership PAC S
			-	Represent	ative Leadership PAC S
esignated Agent: Identify			-	Represent	Leadership PAC S
esignated Agent: Identify			-	Represent	Leadership PAC S
esignated Agent: Identify			-	Represent	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address		al)	Represent	Leadership PAC S
esignated Agent: Identify	by name, address	(phone number – optiona	al)	STATE A	
esignated Agent: Identify Full Name Mailing Address	by name, address	(phone number – optiona	al)	STATE A	
esignated Agent: Identify Full Name	v by name, address	(phone number – optional	Telephone N	STATE A	
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	ries: List all banks intains funds.	(phone number – optional	Telephone N	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, Chain	v by name, address	(phone number – optional	Telephone N	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, Chain	ries: List all banks intains funds.	(phone number – optional	Telephone N	STATE A	ZIP CODE A
Full Name	v by name, address v by name, address v by name, address v by name, address	(phone number – optional	Telephone N	STATE A	ZIP CODE A
Full Name	v by name, address v by name, address v by name, address v by name, address	(phone number – optional	Telephone N	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8 s

(h). Joint Fundraisir	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint F	undraising Representativ	re, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY A	STATE A	ZIP CODE ▲
esignated Agent: Identify	y by name, address (phone number - option	al)	
esignated Agent: Identif	y by name, address (phone number – option	al)	
	y by name, address (phone number – option	al)	
Full Name	y by name, address (phone number – option	al)	
Full Name	y by name, address (phone number – option	al)	
Full Name	CITY A	al) STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mail arms of Bank, First Depositor arms of Bank, First	CITY ▲ wries: List all banks or other depositories in w	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mail arms of Bank, First Depositor arms of Bank, First	CITY A vries: List all banks or other depositories in waintains funds.	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITION Lanks or Other Depositor defety deposit boxes or mail depository, etc.	CITY ▲ cries: List all banks or other depositories in waintains funds. Dakota National Bank	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or main and the property of the pr	CITY ▲ cries: List all banks or other depositories in waintains funds. Dakota National Bank	STATE A Telephone Number	