Only

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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) over the lines. is changed) DAKOTA LEADERSHIP PAC 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 barclay@dustyjohnson.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00688549 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, , , Type or Print Name of Treasurer KRETH, BARCLAY, , , [Electronically Filed] 04 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.)	e candidate
	Name of Candidate ''','','','',',',',',',',',',',',',','	
	Candidate Office Party Affiliation 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,	
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock Labor On	rganization
	Membership Organization Trade Association Cooperation	tive
	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)	I 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 PA	C).
	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
	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	
	1C	

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V	/rite or Type Committee Name				
	DAKOTA LEAD	DERSHIP PAC			
6.		ganization, Affiliated Committee, J	Joint Fundraising Represer	ntative, or Leaders	ship PAC Sponsor
	DUSTY JOHNSON V	/ICTORY COMMITTEE			
	Mailing Address	PO BOX 341027			
		AUSTIN		TX 78734	
		CITY ▲	STA	ATE A	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization			Leadership PAC Sponso
	Tielationship.	Allillated Organization	John Tundraising He	presentative	Leadership 1 AO Oponso
7.	Custodian of Records: Identification books and records.	fy by name, address (phone number -	optional) and position of the	e person in possess	ion of committee
	KRETH, BA	RCLAY, , ,			
	Full Name				
	Mailing Address	26791 397TH AVENUE			
		MOUNT VERNON		SD 57363	-
		CITY ▲	STA	 \TE ▲	ZIP CODE ▲
	Title or Position ▼				
	TREASURER		Telephone number	605 -	630 - 8335
			rolophone namber		
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional	l) of the treasurer of the cor	nmittee; and the na	ame and address of
	Full Name KRETH, BA	RCLAY.			
	of Treasurer				
	Mailing Address	26791 397TH AVENUE			
			<u> </u>	<u> </u>	<u> </u>
		MOUNT VERNON		SD 57363	
		CITY ▲	STA	 ATE ▲	ZIP CODE ▲
	Title or Position ▼				
	TREASURER		Telephone number	605 –	630 - 8335

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Full Name of Designated Agent		1 1 1 1 1 1 1 1	
Mailing Address			
Title or Position ▼	CITY A	STATE ▲	ZIP CODE ▲
Title of Position •	ı		
	-	Telephone number	
Banks or Other De safety deposit boxes	cositories: List all banks or other depositories in which or maintains funds.	n the committee deposits fur	nds, holds accounts, rents
Name of Bank, Depo	ository, etc.		
В	ank West	1	
Mailing Address	1920 N Sanborn Blvd		
	Mitchell	SD SD	57301
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depo	ository, etc.		
C	hain Bridge Bank		
Mailing Address	1445A Laughlin Ave		
	McLean	VA	22101
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
JOHNSON, DUS	TY, , ,		
Mailing Address	501 GREENRIDGE LANE		
	MITCHELL	SD	57301
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Join fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi			Leadership TAC S
esignated Agent: Identi			Leavership TAC S
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leavership TAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A