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08/30/2023 12:08

STATEMEN	TI	OF
ORGANIZ	ATI	ON

FEC FORM 1	STATEMEN ORGANIZA		Office	PAGE 1 / 5
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Joe Kent Victory	Fund			
ADDRESS (number and street)	PO Box 183			
(Check if address is changed)				
	Hudson └────────────────────────────────────		WI 54016 STATE ▲	
COMMITTEE'S E-MAIL ADDI	RESS			
(Check if address is changed)	tcdatwyler@gmail.com			
	Optional Second E-Mail Add	ress		
COMMITTEE'S WEB PAGE A (Check if address is changed)	ADDRESS (URL)			
2. DATE 08 /	30 / Y Y Y Y 2023			
3. FEC IDENTIFICATION	NUMBER ► C CO	0797043		
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 i	s true, correct and c	omplete.
Type or Print Name of Treasu	urer Datwyler, Thomas, , ,			
Signature of Treasurer Da	atwyler, Thomas, , ,		Date	D D / Y
NOTE: Submission of false, err	oneous, or incomplete information r ANY CHANGE IN INFORMAT	nay subject the person signing th ION SHOULD BE REPORTED V		nalties of 52 U.S.C. §30109
Office Use Only		For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	n F	EC FORM 1 Revised 06/2012)

	m 1 (Revised 03/2022)				Page 2
Canc	didate Committee:				
(a)	This committee is a principa	al campaign comn	nittee. (Complete the candidate inf	ormation below.)	
(b)	This committee is an autho information below.)	rized committee, a	and is NOT a principal campaign o	committee. (Comp	lete the candidate
	me of				
Car	ndidate				
Car	ndidate	Office			State
Par	rty Affiliation	Sought:	House Senate	President	District
					Biotriot
	Iame of	pposes only one ca	andidate, and is NOT an authorize	ed committee.	
Ni Ci Party	lame of candidate		andidate, and is NOT an authorize	(Dem	
Ni Ci	lame of candidate	(Nation:		(Dem	ocratic, blican, etc.) Party
Na Ca Party (d)	lame of candidate	(Nationa or subo	al, State	(Dem	
Na Ca Party (d)	lame of candidate y Committee: This committee is a cical Action Committee (PA	(Nationa or subc	al, State	(Dem Repu	blican, etc.) Party
Ni Ci Party (d) Politi	lame of candidate y Committee: This committee is a cical Action Committee (PA	(Nationa or subc	al, State ordinate) committee of the	(Dem Repu on line 6.) Its co	blican, etc.) Party
Ni Ci Party (d) Politi	lame of candidate y Committee: This committee is a ical Action Committee (PA This committee is a separa	(Nationa or subo AC): te segregated func	al, State ordinate) committee of the	(Dem Repu on line 6.) Its co	blican, etc.) Party
Ni Ci Party (d) Politi	A committee is a separate corporation Membership Organizate	(National or subc AC): te segregated function	al, State ordinate) committee of the d. (Identify connected organization Corporation w/o Capital Stock	(Dem Repu on line 6.) Its co	blican, etc.) Party nnected organization is abor Organization
Ni Ci Party (d) Politi	A committee is a separate corporation Corporation Membership Organizate In addition, this committee c	(National or subclusted function for a Lob poses more than for the second secon	al, State ordinate) committee of the d. (Identify connected organization Corporation w/o Capital Stock Trade Association	on line 6.) Its co	blican, etc.) Party nnected organization is abor Organization ooperative

(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 Leadership PAC. (Identify sponsor on line 6.)

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

(j)

(i) X This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

JOE KENT FOR CONGRESS	
2. KEEP ELECTING NEW TALENT PAC	

С	C00771394		1	
С	C00793570			

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٧	Nrite or Type Committee Name		
	Joe Kent Victory Fund		
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC	Sponsc

5.	Name of Any Connected C	JIG	Jai	mz	au	υп,	AI	IIIId	ale	u	-01		IIII	e,	J0	IIII	une	ura	ISI	ig	пе	pre	se	nta		e, c	иг	.ea	uer	SIII	b i	A	, 5	por	150	AL .
	Mailing Address																																			
																							L										- L			
											С	ITY	′▲										ST	AT	E 🖌					Z	IP	СС	DE			
	Relationship: Connected	d C	Drg	jani	izat	tion	l		Affil	iate	ed (Org	ani	zat	ion		J	oint	t Fu	Ind	rais	ing	Re	epre	esei	ntat	ve			Le	ade	ersh	ip I	PAC) Sr	ponso

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

	Datwyler, T	homas, ,																									
Full Name																											
Mailing Address		PO Box	183																								
		Hudson													W	' 			54	016				- [_			
					СІТ	Y	•							S	TA	ΓE					Z	ΊP	co	DE			
Title or Position v	,																										
Treasurer										Tele	epho	one	nu	mbe	er	l	•	715		- [33	38		. [_	85	44 	

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	Datwyler, Thomas, , ,
Mailing Address	PO Box 183
	Hudson WI 54016
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Telephone number

FEC Form 1 (Revised 0)	2/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY ▲ STATE ▲ Z	ZIP CODE 🔺
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 Avenue		
	McLean		101
	CITY 🔺	STATE ▲	ZIP CODE
Name of Bank, I	Depository, etc.		
Mailing Address			
	CITY 🔺	STATE ▲	ZIP CODE

FEC Form 1S (Revised 02/2017)

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

ZIP CODE

5(g)	or(h). Joint Fundraisir	ng Participant:		
	WASHINGTON STATE 1.		FEC ID number	C C00031088
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connecte	d Organization Affiliated Committee Joint	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identif	v by name, address (phone number – optional)		
8.	Designated Agent: Identif	y by name, address (phone number - optional)		
8.		y by name, address (phone number - optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name			
8.	Full Name			
8.	Full Name			
8.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY ▲ CITY ▲ Tel Dries: List all banks or other depositories in which ti	ephone Number	
	Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ Tel Dries: List all banks or other depositories in which ti	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank,	CITY ▲ CITY ▲ Tel Dries: List all banks or other depositories in which ti	ephone Number	

STATE 🔺