Only

PAGE 1/8

STATEMENT OF **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. Joe Kent for Congress PO Box 2133 ADDRESS (number and street) (Check if address is changed) **Battle Ground** WA 98604 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS tcdatwyler@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.joekentforcongress.com (Check if address is changed) DATE 2023 C00771394 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. Datwyler, Thomas, C,, Type or Print Name of Treasurer Datwyler, Thomas, C,, [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) 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 the information below.)	candidate
	Name of Candidate Kent, Joseph, Clay, ,	
	Candidate Party Affiliation REP Sought: House Senate President	State WA District 03
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	00
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the (Democratic, 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	janization
	Membership Organization Trade Association Cooperation	ve .
	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	
	1C	

	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Vrite or Type Committee Name		
	Joe Kent for Co	ongress	
6.		ganization, Affiliated Committee, Joint Fundraising Represent	tative, or Leadership PAC Sponsor
	Kent Sabatini Joint V	ictory Committee	
	Mailing Address	6269 Leesburg Pike	
	•	B7	
		Falls Church VA	A 22044
		OITV A	7ID CODE A
			TE ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Repr	resentative Leadership PAC Sponso
7.	Custodian of Records: Identi	fy by name, address (phone number optional) and position of the	person in possession of committee
	Datwyler, T	nomas. C	
	Full Name	· ··, ·, ·,	
	Mailing Address	PO Box 183	
		Hudson	П ₁ 54016 г.
		CITY ▲ STAT	TE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	715 - 338 - 8544
8.	Treasurer: List the name and	address (phone number optional) of the treasurer of the com-	mittee; and the name and address of
	any designated agent (e.g., a	ssistant treasurer).	
	Full Name Datwyler, T	nomas, C, ,	
	of Treasurer		
	Mailing Address	PO Box 183	
		1	
		Hudson V	VI 54016
		CITY ▲ STAT	TE ▲ ZIP CODE ▲
	Title or Position ▼	5 = GIA	
	Treasurer	Telephone number	715

FEC Form 1 (Revis	sed 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	· · · · · · · · · · · · · · · · · · ·	Telephone number	
Banks or Other Depos safety deposit boxes or	itories: List all banks or other depositories in which maintains funds.	h the committee deposits fur	nds, holds accounts, rents
Name of Bank, Deposito	ory, etc.		
Cha	in Bridge Bank		
Mailing Address	1445A Laughlin Avenue		
	McLean	VA	22101
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Deposito	ory, etc.		
SEF	RVISFIRST BANK		
Mailing Address	300 Galleria Parkway SE		
	Suite 100		
	Atlanta	GA	30339
	CITY ▲	STATE ▲	ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017)

Page _5 **of** 8___

5(a)	or(h). Joint Fundraising	g Participant:		
· (9)	1.	,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	С
	4			
6.	Name of Any Connected Joe Kent Victory F	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 183		
		Hudson	, , , , wi	54016
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1		
			1 1 . 1	1
		CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	•		2 0052 -
			elephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
	Mailing Address			
	Mailing Address			
_	Mailing Address	CITY A	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** ___

1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	l Organization, Affiliated Committee, Joint Fundr Joint Victory Committee	raising Representative	e, or Leadership PAC Spon
Mailing Address	PO Box 183		
g			
	Hudson	ı ı Wi	54016
Relationship:	CITY A	STATE A	ZIP CODE A
	5.1.1 =	0.7.112	2 0052 2
Connecte	ed Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
Connecte	ed Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
	Affiliated Committee	: Fundraising Representa	Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi		E Fundraising Representation	Leadership PAC S
esignated Agent: Identi		Fundraising Representation	
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: 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 mailing and ma	fy by name, address (phone number – optional) CITY CITY Telepories: 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 Telepories: 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 mane of Bank,	fy by name, address (phone number – optional) CITY CITY Telepories: 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 mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Telepories: 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 mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	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 Fundraisir	1	FEC ID number	C
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
MAGASEVEN JF	C		
Mailing Address	2200 WILSON BLVD		
3	STE 102 NUM 214		
	ARLINGTON	VA VA	22201
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC Sp
	Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank,	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	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)

Page ____ **of** ____

Name of Any Composted	l Organization, Affiliated Committee, Joint Fundraising F		a ay Laadayahin DAC Cuanaay
	KS VICTORY 2023		e, or Leadership FAC Sponsor
Mailing Address	PO BOX 26141		
	ALEXANDRIA	VA	22313
Relationship:	CITY A	STATE A	ZIP CODE ▲
	Affiliated Committee Joint Fundrais fy by name, address (phone number – optional)	ing Represent	tative Leadership PAC Spons
Designated Agent: Identif		ing Represent	Leadership PAC Spons
Designated Agent: Identif		ing Represent	Leadership PAC Spons
Designated Agent: Identification Full Name Mailing Address	fy by name, address (phone number – optional)	STATE	Leadership PAC Spons
Designated Agent: Identif	fy by name, address (phone number – optional)	STATE A	
Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Telephone Telephone Telephone	STATE A Number	ZIP CODE A
Pull Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc.	fy by name, address (phone number – optional) CITY Telephone Telephone Telephone	STATE A Number	ZIP CODE A