

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 MATT ROSENDALE FOR MONTANA

ADDRESS (number and street) 1954 HWY 16 GLENDIVE MT 59330

2. FEC IDENTIFICATION NUMBER C C00548289 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT MT 00

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on ... in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on ... in the State of

5. Covering Period 04 / 01 / 2017 through 06 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer VanCanagan, Bill, , Mr., Signature of Treasurer VanCanagan, Bill, , Mr., [Electronically Filed] Date 07 / 15 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
MATT ROSENDALE FOR MONTANA

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	20600.00	205682.19
(b) Total Contribution Refunds (from Line 20(d))	0.00	18450.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	20600.00	187232.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	252.50	1324635.43
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	16126.49
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	252.50	1308508.94
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5255.52	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	216694.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

MATT ROSENDALE FOR MONTANA

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20600.00	164748.00
(ii) Unitemized.....	0.00	29363.95
(iii) TOTAL of contributions from individuals ▶	20600.00	194111.95
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	8524.00
(d) The Candidate.....	0.00	3046.24
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	20600.00	205682.19
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	1133500.70
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	1133500.70
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	16126.49
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	20600.00	1355309.38

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 17

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	252.50	1324635.43
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	20000.00	10000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	20000.00	10000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	18450.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	18450.00
21. OTHER DISBURSEMENTS	1000.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	21252.50	1353085.43

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5908.02
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	20600.00
25. SUBTOTAL (add Line 23 and Line 24).....	26508.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21252.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5255.52

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 17
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MATT ROSENDALE FOR MONTANA

A. Full Name (Last, First, Middle Initial)
Andree, Colette, P., ,

Mailing Address 414 NE 22nd Ave Unit 2

City Pompano Beach State FL Zip Code 33062-4820

FEC ID number of contributing federal political committee. **C**

Name of Employer Affordable Health Direct Occupation Co-Owner

Receipt For: 2014
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 27 / 2017

Transaction ID : SA11AI.7914

Amount of Each Receipt this Period
1000.00

Memo Item
Debt Retirement

B. Full Name (Last, First, Middle Initial)
Cannatelli, Edward, D., ,

Mailing Address 10855 NW 9th Manor

City Coral Springs State FL Zip Code 33071

FEC ID number of contributing federal political committee. **C**

Name of Employer Cannatelli Builders Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 27 / 2017

Transaction ID : SA11AI.7925

Amount of Each Receipt this Period
1000.00

Memo Item
Debt Retirement

C. Full Name (Last, First, Middle Initial)
Cannatelli, Robbyn, , ,

Mailing Address 10855 NW 9th Manor

City Coral Springs State FL Zip Code 33071

FEC ID number of contributing federal political committee. **C**

Name of Employer ER Insurance Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 27 / 2017

Transaction ID : SA11AI.7930

Amount of Each Receipt this Period
1000.00

Memo Item
Debt Retirement

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 17
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MATT ROSENDALE FOR MONTANA

A. Full Name (Last, First, Middle Initial)
Cohen, Amanda, , ,

Mailing Address 8696 Valhalla Dr.

City Delray Beach	State FL	Zip Code 33446
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FEC ID number of contributing federal political committee. **C**

Name of Employer Insurance Care Direct	Occupation Co-Owner
---	------------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 27 / 2017

Transaction ID : SA11AI.7912

Amount of Each Receipt this Period
2700.00

Memo Item
 Debt Retirement

B. Full Name (Last, First, Middle Initial)
Cohen, Bradley, , ,

Mailing Address 9902 Equus Cir.

City Boynton Beach	State FL	Zip Code 33472-4320
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FEC ID number of contributing federal political committee. **C**

Name of Employer Insurance Care Direct	Occupation Co-Owner
---	------------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 27 / 2017

Transaction ID : SA11AI.7908

Amount of Each Receipt this Period
2700.00

Memo Item
 Debt Retirement

C. Full Name (Last, First, Middle Initial)
Cohen, Seth, , ,

Mailing Address 16014 Laurel Creek Dr.

City Delray Beach	State FL	Zip Code 33446-9555
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Insurance Care Direct	Occupation Co-Owner
---	------------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 27 / 2017

Transaction ID : SA11AI.7910

Amount of Each Receipt this Period
2700.00

Memo Item
 Debt Retirement

SUBTOTAL of Receipts This Page (optional)..... ▶	8100.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 7 OF 17	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MATT ROSENDALE FOR MONTANA

A. Full Name (Last, First, Middle Initial)
Fidei, Richard, J., ,

Mailing Address 800 Cypress Blvd. Apt. 102A

City Pompano Beach	State FL	Zip Code 33069
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FEC ID number of contributing federal political committee. **C**

Name of Employer Greenberg Traurig	Occupation Attorney
---------------------------------------	------------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 27 / 2017

Transaction ID : SA11AI.7931

Amount of Each Receipt this Period
1000.00

Memo Item
 Debt Retirement

B. Full Name (Last, First, Middle Initial)
Hussain, Salman, , ,

Mailing Address 2006 SW 166th Ave.

City Miramar	State FL	Zip Code 33027-4491
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FEC ID number of contributing federal political committee. **C**

Name of Employer SSS Total Funding	Occupation Co-Owner
---------------------------------------	------------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 27 / 2017

Transaction ID : SA11AI.7922

Amount of Each Receipt this Period
1000.00

Memo Item
 Debt Retirement

C. Full Name (Last, First, Middle Initial)
Hussain, Sohail, A., ,

Mailing Address 2006 SW 166th Ave.

City Miramar	State FL	Zip Code 33027-4491
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SSS Total Funding	Occupation Co-Owner
---------------------------------------	------------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 27 / 2017

Transaction ID : SA11AI.7919

Amount of Each Receipt this Period
1000.00

Memo Item
 Debt Retirement

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 17
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MATT ROSENDALE FOR MONTANA

A. Full Name (Last, First, Middle Initial)
Karlinsky, Fred, Evan, ,
Mailing Address 2670 Cypress Ln

City Weston State FL Zip Code 33332

FEC ID number of contributing federal political committee. **C**

Name of Employer Greenberg Traurig Occupation Shareholder

Receipt For: 2014
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2017

Transaction ID : SA11AI.7949

Amount of Each Receipt this Period
 1000.00

Memo Item
 Debt Retirement

B. Full Name (Last, First, Middle Initial)
Kraushar, Laurence, M., ,
Mailing Address 414 NE 22nd Ave Unit 2

City Pompano Beach State FL Zip Code 33062-4820

FEC ID number of contributing federal political committee. **C**

Name of Employer Affordable Health Direct Occupation Co-Owner

Receipt For: 2014
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2017

Transaction ID : SA11AI.7918

Amount of Each Receipt this Period
 1000.00

Memo Item
 Debt Retirement

C. Full Name (Last, First, Middle Initial)
Messlinger, Samuel, R., ,
Mailing Address 28 Hendricks Isle. Apt. 2

City Fort Lauderdale State FL Zip Code 33301

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Trust Inc Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2017

Transaction ID : SA11AI.7953

Amount of Each Receipt this Period
 2000.00

Memo Item
 Debt Retirement

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 17
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MATT ROSENDALE FOR MONTANA

A. Full Name (Last, First, Middle Initial)
Nelson, Zachary, S.,
Mailing Address 6405 NE 18th Ter

City: Fort Lauderdale State: FL Zip Code: 33308-1306

FEC ID number of contributing federal political committee: **C**

Name of Employer: All In Marketing Occupation: Owner

Receipt For: 2014
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt: 05 / 27 / 2017
Transaction ID : SA11AI.7923

Amount of Each Receipt this Period: 1000.00

Memo Item
 Debt Retirement

B. Full Name (Last, First, Middle Initial)
Saenz, Jose, D.,
Mailing Address 3231 Allen Parkway #4106

City: Houston State: TX Zip Code: 77019

FEC ID number of contributing federal political committee: **C**

Name of Employer: Texas Department of Insurance Occupation: Senior Associate Commissioner

Receipt For: 2014
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt: 06 / 21 / 2017
Transaction ID : SA11AI.7937

Amount of Each Receipt this Period: 500.00

Memo Item
 Debt Retirement

C. Full Name (Last, First, Middle Initial)
Serna, Eric, ,
Mailing Address 690 Gonzales Rd. Apt 7

City: Santa Fe State: NM Zip Code: 87501-6151

FEC ID number of contributing federal political committee: **C**

Name of Employer: Self-Employed Occupation: Attorney

Receipt For: 2014
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt: 05 / 27 / 2017
Transaction ID : SA11AI.7935

Amount of Each Receipt this Period: 500.00

Memo Item
 Debt Retirement

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 17
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MATT ROSENDALE FOR MONTANA

A. Full Name (Last, First, Middle Initial)
Stults, Nicholas, R., ,

Mailing Address 3323 Commercial Blvd. #200A

City Tamarac State FL Zip Code 33309

FEC ID number of contributing federal political committee. **C**

Name of Employer President Occupation Peace of Mind Solutions

Receipt For: 2014
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2017

Transaction ID : SA11AI.7933

Amount of Each Receipt this Period
500.00

Memo Item
 Debt Retirement

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	20600.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
MATT ROSENDALE FOR MONTANA

Full Name (Last, First, Middle Initial) A. Google		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2017
Mailing Address 1600 Ampitheatre Pkwy.		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Subscription		Amount of Each Disbursement this Period 20.00
Candidate Name		Transaction ID : SB17.7946
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Google		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2017
Mailing Address 1600 Ampitheatre Pkwy.		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Subscription		Amount of Each Disbursement this Period 20.00
Candidate Name		Transaction ID : SB17.7947
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Google		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2017
Mailing Address 1600 Ampitheatre Pkwy.		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Subscription		Amount of Each Disbursement this Period 20.00
Candidate Name		Transaction ID : SB17.7951
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MATT ROSENDALE FOR MONTANA

Full Name (Last, First, Middle Initial) A. RightSide Compliance			Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2017	
Mailing Address P.O. Box 341027			FEC Identification Number C	
City Austin	State TX	Zip Code 78734	Amount of Each Disbursement this Period 35.00	
Purpose of Disbursement Compliance and Bookkeeping Services			Transaction ID : SB17.7941	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. RightSide Compliance			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2017	
Mailing Address P.O. Box 341027			FEC Identification Number C	
City Austin	State TX	Zip Code 78734	Amount of Each Disbursement this Period 90.00	
Purpose of Disbursement Compliance and Bookkeeping Services			Transaction ID : SB17.7948	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. RightSide Compliance			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2017	
Mailing Address P.O. Box 341027			FEC Identification Number C	
City Austin	State TX	Zip Code 78734	Amount of Each Disbursement this Period 67.50	
Purpose of Disbursement Compliance and Bookkeeping Services			Transaction ID : SB17.7952	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	192.50
TOTAL This Period (last page this line number only).....▶	252.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 17	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MATT ROSENDALE FOR MONTANA

Full Name (Last, First, Middle Initial) A. Rosendale, Matt, , ,		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2017
Mailing Address 1954 Hwy 16		FEC Identification Number C H4MT00050
City Glendive	State MT	Zip Code 59330
Purpose of Disbursement Loan Payment		Amount of Each Disbursement this Period 20000.00
Candidate Name		Transaction ID : SB19A.7939
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MT	District: 00	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	20000.00
TOTAL This Period (last page this line number only).....▶	20000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 17			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
MATT ROSENDALE FOR MONTANA

Full Name (Last, First, Middle Initial) A. GREG FOR MONTANA			Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2017		
Mailing Address PO BOX 877			FEC Identification Number C C00631945		
City HELENA	State MT	Zip Code 59624	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Campaign Contribution		Category/ Type	Transaction ID : SB21.7944		
Candidate Name GIANFORTE, GREG, R., ,		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MT District: 01				
Memo Item					

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				
Memo Item					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				
Memo Item					

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **MATT ROSENDALE FOR MONTANA** Transaction ID : **SC/10.4377**

LOAN SOURCE Full Name (Last, First, Middle Initial) Rosendale, Matt, , ,		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1954 Hwy 16			
City Glendive	State MT	ZIP Code 59330	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	30000.00	16694.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 07 / D 31 / Y 2013	M M / D D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	16694.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4377

(Previous loan balance of \$50000 was reduced by \$3306.80 because the campaign granted the candidate, in his personal capacity, rights to the campaign's email list valued at \$3306.80)

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **MATT ROSENDALE FOR MONTANA** Transaction ID : **SC/10.4371**

LOAN SOURCE Full Name (Last, First, Middle Initial) Rosendale, Matt, , ,		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1954 Hwy 16			
City Glendive	State MT	ZIP Code 59330	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 200000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 200000.00
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TERMS	Date Incurred M 09 / D 05 / Y 2013	Date Due M M / D D / Y None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	200000.00
TOTALS This Period (last page in this line only).....▶	216694.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.