

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

Check if different than previously reported. (ACC)

GLENDIVE

MT

59330

2. FEC IDENTIFICATION NUMBER ▼

C C00548289

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 01 / 2014

through

M M / D D / Y Y Y Y
09 / 30 / 2014

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 Mr. Bill VanCanagan

Signature of Treasurer Mr. Bill VanCanagan

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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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))....	0.00	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)).....	0.00	187232.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	540.38	1324615.43
(b) Total Offsets to Operating Expenditures (from Line 14).....	2530.94	16126.49
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	-1990.56	1308488.94
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2243.95	
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).....	254942.17	

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 12/2003)

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).....	0.00	164748.00
(ii) Unitemized.....	0.00	29363.95
(iii) TOTAL of contributions from individuals ▶	0.00	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))..	0.00	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.)	2530.94	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)..... ▶	2530.94	1355309.38

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	540.38	1324615.43
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	10000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	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	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	540.38	1353065.43

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	253.39
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2530.94
25. SUBTOTAL (add Line 23 and Line 24).....	2784.33
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	540.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2243.95

**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 5 OF 12
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 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)
American Express

Mailing Address P.O. Box 650448

City State Zip Code
Dallas TX 75265-0448

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA14.7802

Amount of Each Receipt this Period

Refund for excessive credit card fees

B. Full Name (Last, First, Middle Initial)
CoRental Property Management

Mailing Address 435 Main Street

City State Zip Code
Kalispell MT 59901

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA14.7813

Amount of Each Receipt this Period

Refund for overpayment of rent

C. Full Name (Last, First, Middle Initial)
Grand Avenue Development, Inc.

Mailing Address P.O. Box 80945

City State Zip Code
Billings MT 59108

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA14.7805

Amount of Each Receipt this Period

Refund security deposit

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

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 6 OF 12
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MATT ROSENDALE FOR MONTANA

A. Full Name (Last, First, Middle Initial)
Martin's Property Management, LLC

Mailing Address PO Box 245

City State Zip Code
Stevensville MT 59870

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA14.7809

Amount of Each Receipt this Period

Refund security deposit

B. Full Name (Last, First, Middle Initial)
MT Unemployment Insurance Division

Mailing Address P.O. Box 6339

City State Zip Code
Helena MT 59604-6339

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA14.7808

Amount of Each Receipt this Period

Refund for overpayment of payroll tax

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Amount of Each Receipt this Period

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

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 7 OF 12			
	<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. American Express		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address P.O. Box 650448		Amount of Each Disbursement this Period 314.06
City Dallas	State TX	
Zip Code 75265-0448	Purpose of Disbursement Credit card fees	Transaction ID : SB17.7824
Candidate Name	Category/ Type	
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. American Water Technologies		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 134 Regal St.		Amount of Each Disbursement this Period 26.50
City Billings	State MT	
Zip Code 59101-3131	Purpose of Disbursement Office supplies	Transaction ID : SB17.7796
Candidate Name	Category/ Type	
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. Google		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 1600 Ampitheatre Pkwy.		Amount of Each Disbursement this Period 62.82
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Subscription	Transaction ID : SB17.7795
Candidate Name	Category/ Type	
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).....	403.38
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 8 OF 12	
	<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. Google		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 1600 Ampitheatre Pkwy.		Amount of Each Disbursement this Period 10.00
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Subscription	Transaction ID : SB17.7797
Candidate Name	Category/ Type	
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. Google		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 1600 Ampitheatre Pkwy.		Amount of Each Disbursement this Period 10.00
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Subscription	Transaction ID : SB17.7799
Candidate Name	Category/ Type	
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. Transxt, LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 190 Monroe Ave. NW, Ste. 500		Amount of Each Disbursement this Period 90.00
City Grand Rapids	State MI	
Zip Code 49503	Purpose of Disbursement Credit card fees	Transaction ID : SB17.7800
Candidate Name	Category/ Type	
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).....	110.00
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 9 OF 12	
	<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. Wells Fargo Bank, NA		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 111 Congress Ave.		Amount of Each Disbursement this Period 24.00
City Austin State TX Zip Code 78701	Purpose of Disbursement Bank service fee	
Candidate Name		Transaction ID : SB17.7794
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank, NA		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 111 Congress Ave.		Amount of Each Disbursement this Period 3.00
City Austin State TX Zip Code 78701	Purpose of Disbursement Bank service fee	
Candidate Name		Transaction ID : SB17.7798
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:	Category/Type	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name		
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	27.00
TOTAL This Period (last page this line number only).....	540.38

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) Matt Rosendale	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1954 Hwy 16		

City	State	ZIP Code
Glendive	MT	59330

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS	Date Incurred	Date Due	Interest Rate	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).....	▶	50000.00
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.		

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) Matt Rosendale	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1954 Hwy 16		

City	State	ZIP Code
Glendive	MT	59330

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200000.00	0.00	200000.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 09	D 05	Y 2013 Y	M / 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).....	▶	200000.00
TOTALS This Period (last page in this line only).....	▶	250000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 12
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

MATT ROSENDALE FOR MONTANA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Credit card charges 03/26/14 - 05/14/14
Mailing Address P.O. Box 650448		
City	State	Zip Code
Dallas	TX	75265-0448

Outstanding Balance Beginning This Period	Transaction ID : SD10.6435	
<input type="text" value="314.06"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="314.06"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers, PLLC		Nature of Debt (Purpose): Legal and compliance services
Mailing Address 1005 Congress Ave., Ste. 350		
City	State	Zip Code
Austin	TX	78701

Outstanding Balance Beginning This Period	Transaction ID : SD10.7819	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="4445.00"/>	<input type="text" value="0.00"/>	<input type="text" value="4445.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Prosper Group Corporation		Nature of Debt (Purpose): Genius mailer
Mailing Address 435 East Main St., Ste. 250		
City	State	Zip Code
Greenwood	IN	46143

Outstanding Balance Beginning This Period	Transaction ID : SD10.7814	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="497.17"/>	<input type="text" value="0.00"/>	<input type="text" value="497.17"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="4942.17"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="4942.17"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="250000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="254942.17"/>