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SECRETARY OF THE SENATE  
PUBLIC RECORDS  
2017 OCT 13 PM 1:43

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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Matt Rosendale for Montana

ADDRESS (number and street) PO Box 4907

(Check if address is changed)

Helena MT 59604-4907  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) COMPLIANCE@RIGHTSIDECOMPLIANCE.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) WWW.MATTFORMONTANA.COM

2. DATE 10 / 11 / 2017

3. FEC IDENTIFICATION NUMBER C C00548289

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 is true, correct and complete.

Type or Print Name of Treasurer HOBBS, CABELL, . . .

Signature of Treasurer HOBBS, CABELL, *Cabell Hobbs*

Date 10 / 13 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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5. 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 candidate information below.)

Name of Candidate Rosendale, Matt, , Mr.,

Candidate Party Affiliation  REP  Office Sought:  House  Senate  President State  MT  District

- (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  (Democratic, Republican, 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 Organization
  - Membership Organization  Trade Association  Cooperative
  - 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 fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  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.
- (h)  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

1. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

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Write or Type Committee Name

# Matt Rosendale for Montana

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

2018 REPUBLICAN CHALLENGERS FUND

Mailing Address 901 N WASHINGTON ST STE 700

ALEXANDRIA

VA

22314

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

Full Name HOBBS, CABELL, , ,

Mailing Address PO BOX 4907

HELENA

MT

59604

Title or Position

CITY

STATE

ZIP CODE

ASSISTANT TREASURER

Telephone number

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 GALT, ERROL, , ,

Mailing Address 4071 RANCH LANE

MARTINSDALE

MT

59053

CITY

STATE

ZIP CODE

Title or Position  
TREASURER

Telephone number

406

572

3312

201710150200287293

Full Name of Designated Agent

HOBBS, CABELL, , ,

Mailing Address

PO BOX 4907

HELENA

CITY

MT

STATE

59604

ZIP CODE

Title or Position

ASSISTANT TREASURER

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.

BANK OF AMERICA

Mailing Address

600 N WASHINGTON

ALEXANDRIA

CITY

VA

STATE

22314

ZIP CODE

Name of Bank, Depository, etc.

BB&T BANK

Mailing Address

1901 FORT MEYER DR

ARLINGTON

CITY

VA

STATE

22209

ZIP CODE

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5(g) or (h). Joint Fundraising Participant:

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_

FEC ID number C \_\_\_\_\_  
 FEC ID number C \_\_\_\_\_  
 FEC ID number C \_\_\_\_\_  
 FEC ID number C \_\_\_\_\_

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

\_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Relationship: \_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲  
 Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TITLE OR POSITION ▼ \_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲  
 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. WELLS FARGO BANK NA \_\_\_\_\_

Mailing Address 111 CONGRESS AVE \_\_\_\_\_  
 \_\_\_\_\_  
 AUSTIN TX 78701 \_\_\_\_\_  
 CITY ▲ STATE ▲ ZIP CODE ▲

201710130200287295

Faxed  
or  
Hand Delivered

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 10-13-17  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

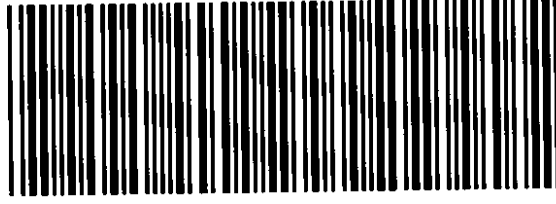
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

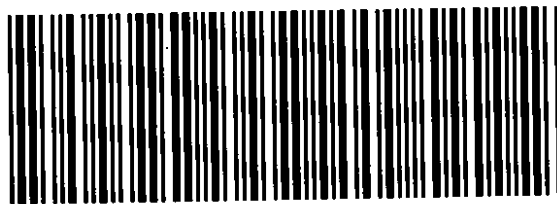
OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 10-13-17

201710130200287297



SEN PATCH



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