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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. MATT ROSENDALE FOR MONTANA PO Box 4907 ADDRESS (number and street) (Check if address is changed) Helena 59604-4907 MT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@rightsidecompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.mattformontantasenate.com (Check if address is changed) DATE 2017 C00548289 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. Galt, Errol, , Mr., Type or Print Name of Treasurer Galt, Errol, , Mr., [Electronically Filed] 07 2017 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530 Only

Local 202-694-1100

(Revised 06/2012)

	FEC Fo	orm 1 (Revised 02/2009)	Page 2			
		COMMITTEE e 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 th information below.) Rosendale, Matt, , ,	e candida	ate		
Can	didate didate y Affiliatio	tion REP Office Sought: House X Senate President	ate	MT 00		
(c) Nam Can	e of didate	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Par	ty Con	mmittee:				
(d)		This committee is a (National, State (Democratic, Republican, etc.) Party.				
Poli	itical A	Action Committee (PAC):				
(e)	e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organizat					
		Corporation Corporation w/o Capital Stock Labor	Organiza	ation		
		Membership Organization Trade Association Coope	erative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d 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.)				
Join	t Fund	draising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo-	ore politica	al		
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo committees/organizations, none of which is an authorized committee of a federal candidate.	re politica	al		
	Com	nmittees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

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Write or Type Committee Name		-
MATT ROSEND	ALE FOR MONTANA	
6. Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	p PAC Sponsor
NONE		
	<u> </u>	<u> </u>
Mailing Address		
	CTATE 7	 :- 2225
	CITY STATE Z	IP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person in posse	ession of committee
Rennaker, I	Nancy, , ,	1
Full Name	PO Box 91061	
Mailing Address		
	Austin , TX , 78709	
	Austin TX 78709	
Title or Position	CITY STATE ZI	IP CODE
Assistant Treasurer	Telephone number 512 - 34	48 6680
Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	e and address of
Full Name Galt, Errol, , of Treasurer	Mr.,	
Mailing Address	4071 Ranch Lane	
	<u> </u>	
	Martinsdale MT 59053	
Title or Position	CITY STATE ZI	P CODE
Treasurer		72 - 3312

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Full Name of Designated Agent	Rennaker, Nancy, , ,						
Mailing Address	PO Box 91061						
	Austin TX 78709 CITY STATE ZIF	P CODE					
Title or Position Assistant Treast	urer	3 _ _ _ 6680					
safety deposit bo	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.						
Mailing Address	Wells Fargo Bank, NA 111 Congress Ave.						
	Austin TX 78701						
	CITY STATE ZIF	P CODE					
Name of Bank, [Name of Bank, Depository, etc.						
Mailing Address	BB&T Bank 1901 Fort Myer Dr.						
	Arlington VA 22209-1606	3 -					
	CITY STATE ZIF	P CODE					