FEC

Only

STATEMENT OF

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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 ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address COMPLIANCE@RIGHTSIDECOMPLIANCE.COM is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.MATTFORMONTANA.COM (Check if address is changed) DATE 2024 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. Type or Print Name of Treasurer HOBBS, CABELL, , HOBBS, CABELL, , , Date 02 13 2024 Signature of Treasurer 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	C Form 1 (Revised 03/2022)	age 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 candi information below.)	idate
	Name of Candidate Rosendale, Matt, , Mr.,	
	Candidate Party Affiliation REP Office Sought: House X Senate President Dist	trict MT
	(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 Republican, etc.) F	arty
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organ	nization is a:
	Corporation Corporation w/o Capital Stock Labor Organiza	ition
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee. (i.e., nonconnected committee)	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:	
	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.	
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	political
	Committees Participating in Joint Fundraiser	
	1	

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٧	Vrite or Type Committee Name	<u> </u>	
	Matt Rosendale	for Montana	
6.	Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising Representative,	, or Leadership PAC Sponsor
	ROSENDALE GAET	Z 2024	, , , , , , , , , , , , , , , , , , ,
	Mailing Address	PO BOX 4907	
		, MT	, 59604
		TILLE VA	59604
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Represent	ative Leadership PAC Spons
	_		_
7.	Custodian of Records: Ident books and records.	fy by name, address (phone number optional) and position of the person	n in possession of committee
	HOBBS, C	ABELL, , ,	
	Tuli Name	PO BOX 4907	
	Mailing Address		
		HELENA	59604
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	TREASURER		
	TREASURER	Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee assistant treasurer).	e; and the name and address of
	Full Name HOBBS, C	ABELL, , ,	
	of Treasurer		
	Mailing Address	PO BOX 4907	
		HELENA MT	59604
		OITV A	710 0005 4
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	TREASURER		
	INCAGONER	Telephone number	

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Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE ▲	ZIP CODE ▲
		Telephone number	
Banks or Other Dep safety deposit boxes	ositories: List all banks or other depositories in whor maintains funds.	nich the committee deposits fu	nds, holds accounts, rents
Name of Bank, Depo	sitory, etc.		
CH	HAIN BRIDGE BANK		
Mailing Address	1445A LAUGHLIN AVE		
	MCLEAN	VA VA	22101
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depo	sitory, etc.		
TF	RUIST		
Mailing Address	2200 WILSON BLVD STE 100		
	ARLINGTON	VA V	22201
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
ROSENDALE MAJO	PRITY FUND		
Mailing Address	PO BOX 4907		
	HELENA 	MT	59604
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Join fy by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC Sp
Connecte		nt Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identi		nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and the second control of the	fy by name, address (phone number – optional) CITY CITY pries: 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 Ories: List all banks or other depositories in which anintains funds. DWSTONE BANK	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

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	sing Participant:		
1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connect	ed Organization, Affiliated Committee, Joint Fu	ındraising Representativ	e, or Leadership PAC Spons
ROSENDALE VIC	TORY FUND		
Mailing Address	1390 CHAIN BRIDGE ROAD #515		
Mailing Address			
	MCLEAN	1/0	22101
-		VA	22101
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
esignated Agent: Iden	ntify by name, address (phone number - optional)	
Pesignated Agent: Ide	ntify by name, address (phone number – optional)	
Designated Agent: Iden	ntify by name, address (phone number – optional		
Pesignated Agent: Ide	ntify by name, address (phone number – optional		
Pesignated Agent: Ide			7/0.0005
Pesignated Agent: Ide	CITY	STATE A	ZIP CODE A