

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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)).... | 20.00 | 20.00 |
| (b) Total Contribution Refunds (from Line 20(d)) | 35490.00 | 72490.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | - 35470.00 | - 72470.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 111887.50 | 213321.02 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 111887.50 | 213321.02 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 76178.38 | |
| 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)..... | 157831.00 | |

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: M M / D D / Y Y Y Y 11 / 27 / 2018 To: M M / D D / Y Y Y Y 12 / 31 / 2018

| 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)..... | 100.00 | 100.00 |
| (ii) Unitemized..... | - 80.00 | - 80.00 |
| (iii) TOTAL of contributions from individuals ▶ | 20.00 | 20.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 20.00 | 20.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 39323.11 | 39323.11 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 32.58 | 32.58 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 39375.69 | 39375.69 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 111887.50 | 213321.02 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 51863.00 | 51863.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 51863.00 | 51863.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 35490.00 | 72490.00 |
| (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))..... | 35490.00 | 72490.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 199240.50 | 337674.02 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 236043.19 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 39375.69 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 275418.88 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 199240.50 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 76178.38 |

**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 46
(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)
WALLACE, DAVID, , MR.,

Mailing Address 11800 HARMONY CHURCH RD

City WEST FRANKFORT State IL Zip Code 62896-7011

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

Name of Employer WALLACE ELECTRICAL SYSTEMS LLC Occupation BUSINESS OWNER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 30 2018

Transaction ID : SA11A.17363

Amount of Each Receipt this Period
5300.00

Memo Item
CONTRIBUTION
SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
WALLACE, DAVID, , MR.,

Mailing Address 11800 HARMONY CHURCH RD

City WEST FRANKFORT State IL Zip Code 62896-7011

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

Name of Employer WALLACE ELECTRICAL SYSTEMS LLC Occupation BUSINESS OWNER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 29 2018

Transaction ID : SA11A.30615

Amount of Each Receipt this Period
- 2600.00

Memo Item
CONTRIBUTION
REDESIGNATION TO PRIMARY

C. Full Name (Last, First, Middle Initial)
WALLACE, DAVID, , MR.,

Mailing Address 11800 HARMONY CHURCH RD

City WEST FRANKFORT State IL Zip Code 62896-7011

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

Name of Employer WALLACE ELECTRICAL SYSTEMS LLC Occupation BUSINESS OWNER

Receipt For: 2014
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 29 2018

Transaction ID : SA11A.30616

Amount of Each Receipt this Period
2600.00

Memo Item
CONTRIBUTION
; DEBT RETIREMENT

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 6 OF 46 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
Matt Rosendale for Montana

A. Full Name (Last, First, Middle Initial)
WALLACE, REBECCA, K., MRS.,

Mailing Address 11800 HARMONY CHURCH RD

| | | |
|------------------------|-------------|------------------------|
| City WEST FRANKFORT | State IL | Zip Code 62896-7011 |
|------------------------|-------------|------------------------|

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

| | |
|--|------------------------------|
| Name of Employer WALLACE ELECTRICAL SYSTEMS LLC | Occupation BUSINESS OWNER |
|--|------------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2018

Transaction ID : SA11A.17364

Amount of Each Receipt this Period
5300.00

Memo Item CONTRIBUTION
SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
WALLACE, REBECCA, K., MRS.,

Mailing Address 11800 HARMONY CHURCH RD

| | | |
|------------------------|-------------|------------------------|
| City WEST FRANKFORT | State IL | Zip Code 62896-7011 |
|------------------------|-------------|------------------------|

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

| | |
|--|------------------------------|
| Name of Employer WALLACE ELECTRICAL SYSTEMS LLC | Occupation BUSINESS OWNER |
|--|------------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 29 / 2018

Transaction ID : SA11A.30613

Amount of Each Receipt this Period
- 2600.00

Memo Item CONTRIBUTION
REDESIGNATION TO PRIMARY

C. Full Name (Last, First, Middle Initial)
WALLACE, REBECCA, K., MRS.,

Mailing Address 11800 HARMONY CHURCH RD

| | | |
|------------------------|-------------|------------------------|
| City WEST FRANKFORT | State IL | Zip Code 62896-7011 |
|------------------------|-------------|------------------------|

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

| | |
|--|------------------------------|
| Name of Employer WALLACE ELECTRICAL SYSTEMS LLC | Occupation BUSINESS OWNER |
|--|------------------------------|

Receipt For: 2014
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 29 / 2018

Transaction ID : SA11A.30614

Amount of Each Receipt this Period
2600.00

Memo Item CONTRIBUTION
; DEBT RETIREMENT

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 0.00 |
| 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 46 | |
| <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"/> 15 | |

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NAME OF COMMITTEE (In Full)
Matt Rosendale for Montana

A. Full Name (Last, First, Middle Initial)
FERRI, PAUL, J., ,

Mailing Address **20 EAST SNAPPER POINT DRIVE**

| | | |
|--------------------------|--------------------|-------------------------------|
| City KEY LARGO | State FL | Zip Code 33037-3734 |
|--------------------------|--------------------|-------------------------------|

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

| | |
|-----------------------------------|-------------------------------|
| Name of Employer MATRIX | Occupation INVESTOR |
|-----------------------------------|-------------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 10 / 07 / 2018 |

Transaction ID : SA11A.17645

Amount of Each Receipt this Period

| |
|---------|
| 1000.00 |
|---------|

Memo Item
CONTRIBUTION
SEE REATTRIBUTION

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

Mailing Address **20 EAST SNAPPER POINT DRIVE**

| | | |
|--------------------------|--------------------|-------------------------------|
| City KEY LARGO | State FL | Zip Code 33037-3734 |
|--------------------------|--------------------|-------------------------------|

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

| | |
|--|---|
| Name of Employer INFORMATION REQUESTED PER BEST EFFC | Occupation INFORMATION REQUESTED PER BEST EFF |
|--|---|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 12 / 02 / 2018 |

Transaction ID : SA11A.30610

Amount of Each Receipt this Period

| |
|--------|
| 300.00 |
|--------|

Memo Item
CONTRIBUTION
REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
FERRI, PAUL, J., ,

Mailing Address **20 EAST SNAPPER POINT DRIVE**

| | | |
|--------------------------|--------------------|-------------------------------|
| City KEY LARGO | State FL | Zip Code 33037-3734 |
|--------------------------|--------------------|-------------------------------|

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

| | |
|-----------------------------------|-------------------------------|
| Name of Employer MATRIX | Occupation INVESTOR |
|-----------------------------------|-------------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 12 / 02 / 2018 |

Transaction ID : SA11A.30611

Amount of Each Receipt this Period

| |
|----------|
| - 300.00 |
|----------|

Memo Item
CONTRIBUTION
REATTRIBUTION TO SPOUSE

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 46
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Matt Rosendale for Montana

A. Full Name (Last, First, Middle Initial)
BOWERS, GUY, M., MR.,

Mailing Address 8635 W SAHARA AVE #70

City LAS VEGAS State NV Zip Code 89117-5858

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2018

Transaction ID : SA11A.30580

Amount of Each Receipt this Period
 100.00

Memo Item
CONTRIBUTION

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).....▶ | 100.00 |
| TOTAL This Period (last page this line number only).....▶ | 100.00 |

**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 9 OF 46 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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)
ROSENDALE VICTORY FUND

Mailing Address 1390 CHAIN BRIDGE RD STE 515

| | | |
|----------------|-------------|------------------------|
| City MCLEAN | State VA | Zip Code 22101-3904 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00681007

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
305690.30

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 06 / 2018

Transaction ID : SA12.30581

Amount of Each Receipt this Period
37471.40

Memo Item
TRANSFER
TRANSFER OF JOINT FUNDRAISING PROCEEDS

B. Full Name (Last, First, Middle Initial)
BERUFF, CARLOS, , MR.,

Mailing Address 1651 WHITFIELD AVENUE

| | | |
|------------------|-------------|------------------------|
| City SARASOTA | State FL | Zip Code 34243-3945 |
|------------------|-------------|------------------------|

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

| | |
|-----------------------------------|----------------------------|
| Name of Employer MEDALLIONHOME | Occupation HOMEBUILDERS |
|-----------------------------------|----------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 01 / 2018

Transaction ID : SA12.30599

Amount of Each Receipt this Period
2700.00

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

C. Full Name (Last, First, Middle Initial)
CASTELLINI, R.H., , MR.,

Mailing Address 312 ELM STREET STE 2600

| | | |
|--------------------|-------------|------------------------|
| City CINCINNATI | State OH | Zip Code 45202-2728 |
|--------------------|-------------|------------------------|

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

| | |
|---|------------------------|
| Name of Employer CASTELLINI GROUP OF COMPANIES | Occupation CHAIRMAN |
|---|------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2018

Transaction ID : SA12.30582

Amount of Each Receipt this Period
2700.00

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 37471.40 |
| 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 10 OF 46 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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)
CROW, HARLAN, R., MR.,

Mailing Address 3819 MAPLE LN

| | | |
|----------------|-------------|------------------------|
| City DALLAS | State TX | Zip Code 75219-3913 |
|----------------|-------------|------------------------|

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

| | |
|-----------------------------------|------------------------|
| Name of Employer CROW HOLDINGS | Occupation INVESTOR |
|-----------------------------------|------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 11 / 05 / 2018 |

Transaction ID : SA12.30587

Amount of Each Receipt this Period
2700.00

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

B. Full Name (Last, First, Middle Initial)
ECHEVERRY, AYDE, MARCILE, MS.,

Mailing Address 5460 FLYHIGH COURT

| | | |
|----------------------|-------------|------------------------|
| City STEVENSVILLE | State MT | Zip Code 59870-3701 |
|----------------------|-------------|------------------------|

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

| | |
|---|--------------------------|
| Name of Employer INFORMATION REQUESTED PER BEST EFFC | Occupation ACCOUNTANT |
|---|--------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 10 / 30 / 2018 |

Transaction ID : SA12.30593

Amount of Each Receipt this Period
500.00

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

C. Full Name (Last, First, Middle Initial)
FOX, TIMOTHY, , MR.,

Mailing Address 6 ARROWHEAD LANE

| | | |
|----------------|-------------|------------------------|
| City CLANCY | State MT | Zip Code 59634-9733 |
|----------------|-------------|------------------------|

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

| | |
|--------------------------------------|------------------------|
| Name of Employer STATE OF MONTANA | Occupation ATTORNEY |
|--------------------------------------|------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 10 / 30 / 2018 |

Transaction ID : SA12.30592

Amount of Each Receipt this Period
500.00

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

| | |
|---|------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 0.00 |
| 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 11 OF 46 |
| | <input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 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)
GUILL, BEN, , MR.,

Mailing Address 1912 LARCHMONT

| | | |
|-----------------|-------------|------------------------|
| City HOUSTON | State TX | Zip Code 77019-3122 |
|-----------------|-------------|------------------------|

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

| | |
|---------------------------------------|------------------------|
| Name of Employer WHITE DEER ENERGY | Occupation INVESTOR |
|---------------------------------------|------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 11 / 01 / 2018 |

Transaction ID : SA12.30600

Amount of Each Receipt this Period
2700.00

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

B. Full Name (Last, First, Middle Initial)
HUGHES, ROSE, M., MS.,

Mailing Address 52 CLOVERVIEW DRIVE

| | | |
|----------------|-------------|------------------------|
| City HELENA | State MT | Zip Code 59601-0251 |
|----------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer SELF - RMS MANAGEMENT | Occupation ASSOCIATION MANAGEMENT/CONSULTAN |
|---|--|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5150.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 11 / 06 / 2018 |

Transaction ID : SA12.30608

Amount of Each Receipt this Period
2700.00

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

C. Full Name (Last, First, Middle Initial)
LOWRANCE, DAN, , MR.,

Mailing Address 2008 FOUR OAKS LN

| | | |
|--------------------|-------------|------------------------|
| City FORT WORTH | State TX | Zip Code 76107-3614 |
|--------------------|-------------|------------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer RETIRED | Occupation RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 10 / 30 / 2018 |

Transaction ID : SA12.30595

Amount of Each Receipt this Period
500.00

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

| | |
|---|------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 0.00 |
| 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 12 OF 46 |
| | <input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 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)
MEZZALINGUA, DANIEL, , MR.,

Mailing Address P.O. BOX 962081111 BAY COLONY DR.

| | | |
|----------------|-------------|--------------------|
| City NAPLES | State FL | Zip Code 34108- |
|----------------|-------------|--------------------|

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

| | |
|--|--|
| Name of Employer INFORMATION REQUESTED PER BEST EFF | Occupation INFORMATION REQUESTED PER BEST EFF |
|--|--|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2018

Transaction ID : SA12.30588

Amount of Each Receipt this Period
2700.00

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

B. Full Name (Last, First, Middle Initial)
MEZZALINGUA, KATHLEEN, , MRS.,

Mailing Address P.O. BOX 962081111 BAY COLONY DR.

| | | |
|----------------|-------------|--------------------|
| City NAPLES | State FL | Zip Code 34108- |
|----------------|-------------|--------------------|

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

| | |
|--|--|
| Name of Employer INFORMATION REQUESTED PER BEST EFF | Occupation INFORMATION REQUESTED PER BEST EFF |
|--|--|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2018

Transaction ID : SA12.30589

Amount of Each Receipt this Period
2700.00

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

C. Full Name (Last, First, Middle Initial)
MOSBACHER, MICHELE, , MS.,

Mailing Address 1155 23RD STREET NORTHWEST

| | | |
|--------------------|-------------|------------------------|
| City WASHINGTON | State DC | Zip Code 20037-3301 |
|--------------------|-------------|------------------------|

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

| | |
|---|---------------------|
| Name of Employer MOSBACHER INTERESTS | Occupation OWNER |
|---|---------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 03 / 2018

Transaction ID : SA12.30606

Amount of Each Receipt this Period
500.00

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

| | |
|---|------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 0.00 |
| 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 13 OF 46
(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)
MOYES, JERRY, , MR.,

Mailing Address 20001 NORTH 19TH AVENUE

City PHOENIX State AZ Zip Code 85027-4210

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

Name of Employer SWIFT Occupation CHAIRMAN

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 01 / 2018

Transaction ID : SA12.30602

Amount of Each Receipt this Period
2500.00

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

B. Full Name (Last, First, Middle Initial)
MOYES, VICKI, , MS.,

Mailing Address 20001 NORTH 19TH AVENUE

City PHOENIX State AZ Zip Code 85027-4210

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 01 / 2018

Transaction ID : SA12.30601

Amount of Each Receipt this Period
2500.00

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

C. Full Name (Last, First, Middle Initial)
NEELEMAN, DAVID, , MR.,

Mailing Address 57 ROSEBROOK ROAD

City NEW CANAAN State CT Zip Code 06840-3722

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

Name of Employer AZUL Occupation CHAIRMAN

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2018

Transaction ID : SA12.30598

Amount of Each Receipt this Period
1000.00

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 14 OF 46 |
| | <input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 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)
NELSON, CHERYL, , MS.,

Mailing Address 4 SUNSET PLAZA

| | | |
|-------------------|-------------|------------------------|
| City KALISPELL | State MT | Zip Code 59901-3663 |
|-------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer XPRESS EMPLOYMENT AND PROFESSIONS | Occupation FRANCHISEE AND DEVELOPER |
|---|--|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2018

Transaction ID : SA12.30594

Amount of Each Receipt this Period
250.00

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

B. Full Name (Last, First, Middle Initial)
NISTLER, JOSEPH, , MR.,

Mailing Address 7415 CLAUSEN RD.

| | | |
|----------------|-------------|------------------------|
| City HELENA | State MT | Zip Code 59601-9627 |
|----------------|-------------|------------------------|

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

| | |
|--------------------------|---------------------------|
| Name of Employer SELF | Occupation REAL ESTATE |
|--------------------------|---------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2018

Transaction ID : SA12.30607

Amount of Each Receipt this Period
500.00

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

C. Full Name (Last, First, Middle Initial)
NISTLER, ROSE, , MRS.,

Mailing Address 7691 HWY 12 WEST

| | | |
|----------------|-------------|------------------------|
| City HELENA | State MT | Zip Code 59601-9779 |
|----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer INFORMATION REQUESTED PER BEST EFF | Occupation INFORMATION REQUESTED PER BEST EFF |
|--|--|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2018

Transaction ID : SA12.30591

Amount of Each Receipt this Period
500.00

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

| | |
|---|------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 0.00 |
| 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 15 OF 46 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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)
NISTLER, STEVE, , MR.,

Mailing Address 7691 WEST U.S. HIGHWAY 12

| | | |
|----------------|-------------|------------------------|
| City HELENA | State MT | Zip Code 59601-9779 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee.

| | |
|-------------------------------|-----------------------|
| Name of Employer TOUCHMARK | Occupation MANAGER |
|-------------------------------|-----------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA12.30590

Amount of Each Receipt this Period

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

B. Full Name (Last, First, Middle Initial)
RICHARDS, JIM, , MR.,

Mailing Address 20338 CLIFTONS POINT

| | | |
|-----------------------|-------------|------------------------|
| City POTOMAC FALLS | State VA | Zip Code 20165-3103 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee.

| | |
|--|------------------------|
| Name of Employer CORNERSTONE GOVERNMENT AFFAIRS | Occupation DIRECTOR |
|--|------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA12.30597

Amount of Each Receipt this Period

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

C. Full Name (Last, First, Middle Initial)
SKINNER, SAMUEL, , MR.,

Mailing Address 11 INDIAN HILL ROAD

| | | |
|------------------|-------------|------------------------|
| City WINNETKA | State IL | Zip Code 60093-3923 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee.

| | |
|--|-----------------------------------|
| Name of Employer GREENBERG TRAUERIG | Occupation ATTORNEY/OF COUNSEL |
|--|-----------------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA12.30603

Amount of Each Receipt this Period

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

| | |
|---|-----------------------------------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | <input type="text" value="0.00"/> |
| TOTAL This Period (last page this line number only)..... ▶ | <input type="text" value="0.00"/> |

**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 16 OF 46 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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)
SLATER, ELLEN, , MRS.,

Mailing Address 639 E OCEAN AVE #309

| | | |
|-----------------------|-------------|------------------------|
| City BOYNTON BEACH | State FL | Zip Code 33435-5016 |
|-----------------------|-------------|------------------------|

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

| | |
|--------------------------------------|-----------------------|
| Name of Employer TREMONT PARTNERS | Occupation MANAGER |
|--------------------------------------|-----------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2018

Transaction ID : SA12.30586

Amount of Each Receipt this Period
2500.00

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

B. Full Name (Last, First, Middle Initial)
SLATER, KENNETH, , MR.,

Mailing Address 639 E OCEAN AVE #309

| | | |
|-----------------------|-------------|------------------------|
| City BOYNTON BEACH | State FL | Zip Code 33435-5016 |
|-----------------------|-------------|------------------------|

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

| | |
|--------------------------------------|-------------------------|
| Name of Employer TREMONT PARTNERS | Occupation PRESIDENT |
|--------------------------------------|-------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2018

Transaction ID : SA12.30585

Amount of Each Receipt this Period
2500.00

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

C. Full Name (Last, First, Middle Initial)
SPEARS, WILLIAM, S., DR.,

Mailing Address 5950 SHERRY LANE STE 900

| | | |
|----------------|-------------|------------------------|
| City DALLAS | State TX | Zip Code 75225-6546 |
|----------------|-------------|------------------------|

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

| | |
|---------------------------------|---------------------------------|
| Name of Employer CERERGISTIU | Occupation CHAIRMAN- FOUNDER |
|---------------------------------|---------------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2018

Transaction ID : SA12.30583

Amount of Each Receipt this Period
1000.00

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 0.00 |
| 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 17 OF 46 |
| | <input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 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)
ULM, WILLIAM, L., MR.,

Mailing Address 1240 RAMSER DR.

| | | |
|----------------------|-------------|------------------------|
| City WATKINSVILLE | State GA | Zip Code 30677-6972 |
|----------------------|-------------|------------------------|

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

| | |
|---------------------------------------|-----------------------------|
| Name of Employer SPECIALTY TRAILER | Occupation SELF-EMPLOYED |
|---------------------------------------|-----------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2018

Transaction ID : SA12.30584

Amount of Each Receipt this Period
2700.00

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

B. Full Name (Last, First, Middle Initial)
VAN AMERONGEN, LEWIS, , MR.,

Mailing Address 509 MADISON AVENUE

| | | |
|------------------|-------------|------------------------|
| City NEW YORK | State NY | Zip Code 10022-5501 |
|------------------|-------------|------------------------|

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

| | |
|-----------------------------------|------------------------|
| Name of Employer SELF-EMPLOYED | Occupation INVESTOR |
|-----------------------------------|------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2018

Transaction ID : SA12.30605

Amount of Each Receipt this Period
250.00

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

C. Full Name (Last, First, Middle Initial)
WILKINSON, BRUCE, , MR.,

Mailing Address 715 HUNTERS GROVE LANE

| | | |
|-----------------|-------------|------------------------|
| City HOUSTON | State TX | Zip Code 77024-5505 |
|-----------------|-------------|------------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer RETIRED | Occupation RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2018

Transaction ID : SA12.30604

Amount of Each Receipt this Period
1000.00

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

| | |
|---|------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 0.00 |
| 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 18 OF 46 |
| | <input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 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)
ZAPPALA, JOSEPH, , MR.,

Mailing Address 19955 NORTHEAST 38TH COURT

| | | |
|------------------|-------------|------------------------|
| City AVENTURA | State FL | Zip Code 33180-3427 |
|------------------|-------------|------------------------|

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

| | |
|-----------------------------------|-------------------------|
| Name of Employer SELF-EMPLOYED | Occupation INVESTORS |
|-----------------------------------|-------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2018

Transaction ID : SA12.30596

Amount of Each Receipt this Period
250.00

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

B. Full Name (Last, First, Middle Initial)
NEW MAJORITY FEDERAL PAC

Mailing Address 2350 KERNER BLVD., STE 250

| | | |
|--------------------|-------------|------------------------|
| City SAN RAFAEL | State CA | Zip Code 94901-5596 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00387274

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2018

Transaction ID : SA12.30609

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER
JFC ATTRIB: ROSENDALE VICTORY FUND

C. Full Name (Last, First, Middle Initial)
THE FOUNDERS COMMITTEE

Mailing Address 228 S WASHINGTON STREET SUITE 115

| | | |
|--------------------|-------------|------------------------|
| City ALEXANDRIA | State VA | Zip Code 22314-5404 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00689471

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
21979.55

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2018

Transaction ID : SA12.30612

Amount of Each Receipt this Period
546.02

Memo Item
TRANSFER OF NET JFC PROCEEDS
ALL DONORS PREVIOUSLY DISCLOSED

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 546.02 |
| 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 19 OF 46
(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)
GIANFORTE-ROSENDALE FUND

Mailing Address 1390 CHAIN BRIDGE RD

City MCLEAN State VA Zip Code 22101-3904

FEC ID number of contributing federal political committee. **C** C00682518

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
44225.15

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2018

Transaction ID : SA12.30640

Amount of Each Receipt this Period
1305.69

Memo Item
TRANSFER OF NET JFC PROCEEDS
DONORS PREVIOUSLY DISCLOSED

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).....▶ | 1305.69 |
| TOTAL This Period (last page this line number only).....▶ | 39323.11 |

**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 20 OF 46 | | | |
| | <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

A. USPS

Full Name (Last, First, Middle Initial)
Mailing Address 8300 NE Underground Dr. Pillar 210

City Kansas City State MO Zip Code 64144-0001

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 27 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 13.10

Transaction ID : SB17001

Memo Item

B. COOPER, SAMUEL, , ,

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 4907

City HELENA State MT Zip Code 59604

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 30 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 5757.87

Transaction ID : SB17002

Memo Item

C. COTTON, KENDALL, , ,

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 4907

City HELENA State MT Zip Code 59604

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 30 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 4388.29

Transaction ID : SB17003

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 10159.26

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 21 OF 46 | | | |
| | <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. NOVAK, MILES, , , | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2018 | | |
| Mailing Address PO BOX 4907 | | | FEC Identification Number C | | |
| City HELENA | State MT | Zip Code 59604 | Amount of Each Disbursement this Period 1626.37 | | |
| Purpose of Disbursement PAYROLL | | Category/ Type | Transaction ID : SB17004 | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2018 | | |
| Mailing Address 200 VESEY ST | | | FEC Identification Number C | | |
| City NEW YORK | State NY | Zip Code 10285 | Amount of Each Disbursement this Period 83.55 | | |
| Purpose of Disbursement CREDIT CARD PROCESSING FEE | | Category/ Type | Transaction ID : SB17005 | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. AP INTEGO | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2018 | | |
| Mailing Address 333 W COMMERCIAL ST STE 2500 | | | FEC Identification Number C | | |
| City EAST ROCHESTER | State NY | Zip Code 14445 | Amount of Each Disbursement this Period 101.76 | | |
| Purpose of Disbursement INSURANCE | | Category/ Type | Transaction ID : SB17008 | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1811.68 |
| 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 22 OF 46 | | | |
| | <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. BB&T BANK | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2018 | | |
| Mailing Address 1901 FORT MEYER DR | | | FEC Identification Number C | | |
| City ARLINGTON | State VA | Zip Code 22209 | Amount of Each Disbursement this Period 17.00 | | |
| Purpose of Disbursement BANK FEE | | Category/Type | Transaction ID : SB17007 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. USPS | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2018 | | |
| Mailing Address 8300 NE Underground Dr. Pillar 210 | | | FEC Identification Number C | | |
| City Kansas City | State MO | Zip Code 64144-0001 | Amount of Each Disbursement this Period 13.10 | | |
| Purpose of Disbursement POSTAGE | | Category/Type | Transaction ID : SB17006 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. ANEDOT.COM | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2018 | | |
| Mailing Address PO BOX 84314 | | | FEC Identification Number C | | |
| City BATON ROUGE | State LA | Zip Code 70884 | Amount of Each Disbursement this Period 15.00 | | |
| Purpose of Disbursement CREDIT CARD PROCESSING FEE | | Category/Type | Transaction ID : SB17009 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 45.10 |
| 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 23 OF 46 | |
| | <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. INTUIT | | Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2018 |
| Mailing Address 2700 COAST AVE | | FEC Identification Number C |
| City MOUNTAIN VIEW | State CA | Zip Code 94043 |
| Purpose of Disbursement SUBSCRIPTION | | Amount of Each Disbursement this Period 60.00 |
| Candidate Name | | Transaction ID : SB17011 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. USPS | | Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2018 |
| Mailing Address 8300 NE Underground Dr. Pillar 210 | | FEC Identification Number C |
| City Kansas City | State MO | Zip Code 64144-0001 |
| Purpose of Disbursement POSTAGE | | Amount of Each Disbursement this Period 6.55 |
| Candidate Name | | Transaction ID : SB17010 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. FEDEX | | Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2018 |
| Mailing Address 942 S SHADY GROVE RD | | FEC Identification Number C |
| City MEMPHIS | State TN | Zip Code 38120 |
| Purpose of Disbursement DELIVERY | | Amount of Each Disbursement this Period 7.65 |
| Candidate Name | | Transaction ID : SB17012 |
| 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: | | |

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|--|-------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 74.20 |
| 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 24 OF 46 | |
| | <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

A. AP INTEGO

Full Name (Last, First, Middle Initial)
Mailing Address 333 W COMMERCIAL ST STE 2500

City EAST ROCHESTER State NY Zip Code 14445

Purpose of Disbursement INSURANCE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 117.55

Transaction ID : SB17018

Memo Item

B. CMDI

Full Name (Last, First, Middle Initial)
Mailing Address 1593 SPRING HILL RD STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT SERVICE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 4223.91

Transaction ID : SB17019

Memo Item

C. RIGHTSIDE COMPLIANCE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 341027

City AUSTIN State TX Zip Code 78734

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 8404.50

Transaction ID : SB17013

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 12745.96

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 25 OF 46 | |
| | <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. STANDARD CONSULTING | | Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2018 |
| Mailing Address 1820 N LAST CHANCE GULCH | | FEC Identification Number C |
| City HELENA | State MT | Zip Code 59601 |
| Purpose of Disbursement FINANCE CONSULTING | | Amount of Each Disbursement this Period 7615.15 |
| Candidate Name | | Transaction ID : SB17014 |
| 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: _____ | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. THE GOBER GROUP PLLC | | Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2018 |
| Mailing Address PO BOX 341016 | | FEC Identification Number C |
| City AUSTIN | State TX | Zip Code 78734 |
| Purpose of Disbursement LEGAL CONSULTING | | Amount of Each Disbursement this Period 4449.50 |
| Candidate Name | | Transaction ID : SB17015 |
| 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: _____ | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. THE LUKENS COMPANY | | Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2018 |
| Mailing Address 2800 SHIRLINGTON ROAD, 9TH FL | | FEC Identification Number C |
| City ARLINGTON | State VA | Zip Code 22030 |
| Purpose of Disbursement PRINTING/POSTAGE | | Amount of Each Disbursement this Period 44073.93 |
| Candidate Name | | Transaction ID : SB17016 |
| 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: _____ | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 56138.58 |
| 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 26 OF 46 | | | |
| | <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. USPS | | Date of Disbursement |
| Mailing Address 8300 NE Underground Dr. Pillar 210 | | M M / D D / Y Y Y Y 12 / 10 / 2018 |
| City Kansas City | State MO | Zip Code 64144-0001 |
| Purpose of Disbursement POSTAGE | | FEC Identification Number C |
| Candidate Name | | Amount of Each Disbursement this Period |
| 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) ▼ | 6.55 |
| State: District: | | Transaction ID : SB17017 |
| | | <input type="checkbox"/> Memo Item |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. USPS | | Date of Disbursement |
| Mailing Address 8300 NE Underground Dr. Pillar 210 | | M M / D D / Y Y Y Y 12 / 13 / 2018 |
| City Kansas City | State MO | Zip Code 64144-0001 |
| Purpose of Disbursement POSTAGE | | FEC Identification Number C |
| Candidate Name | | Amount of Each Disbursement this Period |
| 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) ▼ | 6.55 |
| State: District: | | Transaction ID : SB17020 |
| | | <input type="checkbox"/> Memo Item |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. USPS | | Date of Disbursement |
| Mailing Address 8300 NE Underground Dr. Pillar 210 | | M M / D D / Y Y Y Y 12 / 14 / 2018 |
| City Kansas City | State MO | Zip Code 64144-0001 |
| Purpose of Disbursement POSTAGE | | FEC Identification Number C |
| Candidate Name | | Amount of Each Disbursement this Period |
| 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) ▼ | 6.55 |
| State: District: | | Transaction ID : SB17021 |
| | | <input type="checkbox"/> Memo Item |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 19.65 |
| 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 27 OF 46 | | | |
| | <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. ANEDOT.COM | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2018 | | |
| Mailing Address PO BOX 84314 | | | FEC Identification Number C | | |
| City BATON ROUGE | State LA | Zip Code 70884 | Amount of Each Disbursement this Period 38.00 | | |
| Purpose of Disbursement CREDIT CARD PROCESSING FEE | | Category/ Type | Transaction ID : SB17024 | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. BB&T BANK | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2018 | | |
| Mailing Address 1901 FORT MEYER DR | | | FEC Identification Number C | | |
| City ARLINGTON | State VA | Zip Code 22209 | Amount of Each Disbursement this Period 1.00 | | |
| Purpose of Disbursement BANK FEE | | Category/ Type | Transaction ID : SB17023 | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. HOLLOWAY CONSULTING INC | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2018 | | |
| Mailing Address 1530 WILSON BLVD STE 440 | | | FEC Identification Number C | | |
| City ARLINGTON | State VA | Zip Code 22209 | Amount of Each Disbursement this Period 13613.05 | | |
| Purpose of Disbursement FINANCE CONSULTING | | Category/ Type | Transaction ID : SB17022 | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 13652.05 |
| 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 28 OF 46 | | | |
| | <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. IRS | | Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2018 |
| Mailing Address PO BOX 12192 | | FEC Identification Number C |
| City COVINGTON | State KY | Zip Code 41012 |
| Purpose of Disbursement PAYROLL TAXES | | Amount of Each Disbursement this Period 7433.26 |
| Candidate Name | | Transaction ID : SB17026 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. MT DEPARTMENT OF REVENUE | | Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2018 |
| Mailing Address 125 N ROBERTS 3RD FL | | FEC Identification Number C |
| City HELENA | State MT | Zip Code 59620 |
| Purpose of Disbursement PAYROLL TAXES | | Amount of Each Disbursement this Period 1289.00 |
| Candidate Name | | Transaction ID : SB17025 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. USPS | | Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2018 |
| Mailing Address 8300 NE Underground Dr. Pillar 210 | | FEC Identification Number C |
| City Kansas City | State MO | Zip Code 64144-0001 |
| Purpose of Disbursement POSTAGE | | Amount of Each Disbursement this Period 6.55 |
| Candidate Name | | Transaction ID : SB17027 |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 8728.81 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 46 | | | |
| | <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. BB&T BANK | | Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2018 |
| Mailing Address 1901 FORT MEYER DR | | FEC Identification Number C |
| City ARLINGTON | State VA | Zip Code 22209 |
| Purpose of Disbursement BANK FEE | | Amount of Each Disbursement this Period 19.00 |
| Candidate Name | Category/Type | Transaction ID : SB17028 |
| 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. BB&T BANK | | Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2018 |
| Mailing Address 1901 FORT MEYER DR | | FEC Identification Number C |
| City ARLINGTON | State VA | Zip Code 22209 |
| Purpose of Disbursement BANK FEE | | Amount of Each Disbursement this Period 58.45 |
| Candidate Name | Category/Type | Transaction ID : SB17029 |
| 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. BB&T BANK | | Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2018 |
| Mailing Address 1901 FORT MEYER DR | | FEC Identification Number C |
| City ARLINGTON | State VA | Zip Code 22209 |
| Purpose of Disbursement BANK FEE | | Amount of Each Disbursement this Period 320.00 |
| Candidate Name | Category/Type | Transaction ID : SB17030 |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 397.45 |
| 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 30 OF 46 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. USPS | | Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2018 |
| Mailing Address 8300 NE Underground Dr. Pillar 210 | | FEC Identification Number C |
| City Kansas City | State MO | Zip Code 64144-0001 |
| Purpose of Disbursement POSTAGE | | Amount of Each Disbursement this Period 6.55 |
| Candidate Name | | Transaction ID : SB17031 |
| 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. BB&T VISA | | Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2018 |
| Mailing Address PO BOX 580340 | | FEC Identification Number C |
| City CHARLOTTE | State NC | Zip Code 28258 |
| Purpose of Disbursement CREDIT CARD PAYMENT | | Amount of Each Disbursement this Period 8108.21 |
| Candidate Name | | Transaction ID : SB17032 |
| 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. ACTION PRINT | | Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2018 |
| Mailing Address 110 W 13TH ST | | FEC Identification Number C |
| City HELENA | State MT | Zip Code 69601 |
| Purpose of Disbursement PRINTING | | Amount of Each Disbursement this Period 280.00 |
| Candidate Name | | Transaction ID : SB17CC001 |
| 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 checked="" type="checkbox"/> Memo Item |
| State: _____ | District: _____ | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 8114.76 |
| 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 31 OF 46 | |
| | <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. AMAZON.COM | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2018 | |
| Mailing Address 410 TERRY AVE N | | | FEC Identification Number C | |
| City SEATTLE | State WA | Zip Code 98109 | Amount of Each Disbursement this Period 53.67 | |
| Purpose of Disbursement OFFICE SUPPLIES | | Category/Type | Transaction ID : SB17CC002 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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. BB&T BANK | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2018 | |
| Mailing Address 1901 FORT MEYER DR | | | FEC Identification Number C | |
| City ARLINGTON | State VA | Zip Code 22209 | Amount of Each Disbursement this Period 108.96 | |
| Purpose of Disbursement BANK FEE | | Category/Type | Transaction ID : SB17CC007 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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. BEST WESTERN | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2018 | |
| Mailing Address PO BOX 10203 | | | FEC Identification Number C | |
| City PHOENIX | State AZ | Zip Code 85064 | Amount of Each Disbursement this Period 1788.12 | |
| Purpose of Disbursement TRAVEL | | Category/Type | Transaction ID : SB17CC003 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 32 OF 46 | |
| | <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. CHARTER COMMUNICATIONS

Mailing Address PO BOX 742617

City CINCINNATI State OH Zip Code 45274-2617

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 17 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 174.86

Transaction ID : SB17CC004

Memo Item

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

Mailing Address 7930 JONES BRANCH DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 17 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 149.66

Transaction ID : SB17CC016

Memo Item

Full Name (Last, First, Middle Initial)
C. ENTERPRISE RENTAL CAR

Mailing Address 600 CORPORATE PARK DR ST

City ST LOUIS State MO Zip Code 63105

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 17 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 2527.23

Transaction ID : SB17CC005

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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 33 OF 46 | |
| | <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. EXXON MOBILE | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2018 | |
| Mailing Address 5959 LAS COLINAS BLVD | | | FEC Identification Number C | |
| City IRVING | State TX | Zip Code 75039 | Amount of Each Disbursement this Period 35.30 | |
| Purpose of Disbursement TRAVEL | | Category/ Type | Transaction ID : SB17CC006 | |
| Candidate Name | | <input checked="" 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. GOOGLE | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2018 | |
| Mailing Address 1600 AMPHITHEATRE PARKWAY | | | FEC Identification Number C | |
| City MOUNTAIN VIEW | State CA | Zip Code 94043 | Amount of Each Disbursement this Period 227.92 | |
| Purpose of Disbursement SUBSCRIPTION | | Category/ Type | Transaction ID : SB17CC009 | |
| Candidate Name | | <input checked="" 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. HOPS DOWNTOWN GRILL | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2018 | |
| Mailing Address 121 S MAIN ST | | | FEC Identification Number C | |
| City KALISPELL | State MT | Zip Code 59901 | Amount of Each Disbursement this Period 464.36 | |
| Purpose of Disbursement FOOD/BEVERAGE | | Category/ Type | Transaction ID : SB17CC010 | |
| Candidate Name | | <input checked="" 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 34 OF 46 | |
| | <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

A. MAILCHIMP

Full Name (Last, First, Middle Initial)
Mailing Address 675 ONCE DE LEON AVE NE STE 5000

City ATLANTA State GA Zip Code 30308

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 17 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 50.00

Transaction ID : SB17CC011

Memo Item

B. MARRIOTT HOTELS

Full Name (Last, First, Middle Initial)
Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement VENDOR REFUND- TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 17 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: - 391.40

Transaction ID : SB17CC017

Memo Item

C. SINCLAIR FRIENDLY'S

Full Name (Last, First, Middle Initial)
Mailing Address 1831 11TH AVE

City HELENA State MT Zip Code 59601

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 17 / 2018

FEC Identification Number: C

Amount of Each Disbursement this Period: 58.31

Transaction ID : SB17CC012

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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 35 OF 46 | |
| | <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. SLACK | | Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2018 |
| Mailing Address 500 HOWARD ST | | FEC Identification Number C |
| City SAN FRANCISCO | State CA | Zip Code 94105 |
| Purpose of Disbursement SUBSCRIPTION | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 120.99 | |
| 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) ▼ | Transaction ID : SB17CC013 |
| State: District: | <input checked="" type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. SPRINGHILL SUITES | | Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2018 |
| Mailing Address 10400 FERNWOOD RD | | FEC Identification Number C |
| City BETHESDA | State MD | Zip Code 20817 |
| Purpose of Disbursement TRAVEL | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 1982.45 | |
| 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) ▼ | Transaction ID : SB17CC014 |
| State: District: | <input checked="" type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. SUBWAY | | Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2018 |
| Mailing Address 325 SUB WAY | | FEC Identification Number C |
| City MILFORD | State CT | Zip Code 06461 |
| Purpose of Disbursement FOOD/BEVERAGE | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 73.08 | |
| 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) ▼ | Transaction ID : SB17CC015 |
| State: District: | <input checked="" type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | 111887.50 |

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

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|---|--------------------------------------|------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 36 OF 46 | |
| | <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 12 / 04 / 2018 | |
| Mailing Address PO BOX 4907 | | | FEC Identification Number C S8MT00234 | |
| City HELENA | State MT | Zip Code 59604 | Amount of Each Disbursement this Period 51863.00 | |
| Purpose of Disbursement LOAN PAYMENT | | Category/ Type | Transaction ID : SB19001 | |
| Candidate Name ROSENDALE, MATT, , , | | Memo Item <input type="checkbox"/> | | |
| 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) ▼ | | | |
| State: MT | District: | | | |

| | | | | |
|---|------------------|---|---|--|
| 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 <input type="checkbox"/> | |
| 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: | | | |

| | | | | |
|---|------------------|---|---|--|
| 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 <input type="checkbox"/> | |
| 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: | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 51863.00 |
| TOTAL This Period (last page this line number only).....▶ | 51863.00 |

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

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|---|--|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 46 | | | |
| | <input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 | |

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NAME OF COMMITTEE (In Full)
Matt Rosendale for Montana

| | | | | | |
|---|---|--|---|--|--|
| Full Name (Last, First, Middle Initial) A. WHEELER, STEVEN, , , | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2018 | | |
| Mailing Address 13 STRAIGHT RD | | | | | |
| City OKATIE | State SC | Zip Code 29909 | FEC Identification Number C | | |
| Purpose of Disbursement CONTRIBUTION REFUND | | | Amount of Each Disbursement this Period 2700.00 | | |
| Candidate Name | | Category/ Type | Transaction ID : SB20A001 | | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item | | |
| State: | District: | | | | |

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|--|---|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. BLANKENSHIP, JAMES, , , | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2018 | | |
| Mailing Address 4753 RAGGEDY POINT RD | | | | | |
| City FLAMING ISLAND | State FL | Zip Code 32003-7845 | FEC Identification Number C | | |
| Purpose of Disbursement CONTRIBUTION REFUND | | | Amount of Each Disbursement this Period 2700.00 | | |
| Candidate Name | | Category/ Type | Transaction ID : SB20A002 | | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item | | |
| State: | District: | | | | |

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|---|---|--|---|--|--|
| Full Name (Last, First, Middle Initial) C. GOBLE, GEOFFREY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2018 | | |
| Mailing Address 387 E BOULDER RD | | | | | |
| City MCLEOD | State MT | Zip Code 59052 | FEC Identification Number C | | |
| Purpose of Disbursement CONTRIBUTION REFUND | | | Amount of Each Disbursement this Period 2700.00 | | |
| Candidate Name | | Category/ Type | Transaction ID : SB20A003 | | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item | | |
| State: | District: | | | | |

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

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

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|---|--|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 46 | | | |
| | <input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21 | | | | |

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NAME OF COMMITTEE (In Full)
Matt Rosendale for Montana

| | | | | | |
|---|--|------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. INGRAM, KEITH, MICHAEL, , | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2018 | | |
| Mailing Address 6094 E CHOLLA DR | | | FEC Identification Number C | | |
| City PARADISE VALLEY | State AZ | Zip Code 85253-3032 | | | |
| Purpose of Disbursement CONTRIBUTION REFUND | | | Transaction ID : SB20A004 | | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. OREN, DONALD, , , | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2018 | | |
| Mailing Address 3105 SANDY HOOK DR | | | FEC Identification Number C | | |
| City ROSEVILLE | State MN | Zip Code 55113-2128 | | | |
| Purpose of Disbursement CONTRIBUTION REFUND | | | Transaction ID : SB20A005 | | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. ROWLAND, HERMAN, , , SR | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2018 | | |
| Mailing Address 1 JELLY BELLY LN | | | FEC Identification Number C | | |
| City FAIRFIELD | State CA | Zip Code 94533 | | | |
| Purpose of Disbursement CONTRIBUTION REFUND | | | Transaction ID : SB20A006 | | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 5400.00 |
| 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 39 OF 46 | | | |
| | <input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21 | | | | |

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NAME OF COMMITTEE (In Full)
Matt Rosendale for Montana

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. SWANSON, MARC, , , | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2018 | | |
| Mailing Address 724 8TH AVENUE N | | | FEC Identification Number C | | |
| City GLASGOW | State MT | Zip Code 59230 | | | |
| Purpose of Disbursement CONTRIBUTION REFUND | | | Transaction ID : SB20A007 | | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. UNDERRINER, WILLIAM, , , | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2018 | | |
| Mailing Address 2605 WESTFIELD DR | | | FEC Identification Number C | | |
| City BILLINGS | State MT | Zip Code 59106 | | | |
| Purpose of Disbursement CONTRIBUTION REFUND | | | Transaction ID : SB20A008 | | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. KIRKPATRICK, ROBERT, , , | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2018 | | |
| Mailing Address 28817 OXFORD RD | | | FEC Identification Number C | | |
| City LOUISBURG | State KS | Zip Code 66053 | | | |
| Purpose of Disbursement CONTRIBUTION REFUND | | | Transaction ID : SB20A009 | | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 4250.00 |
| 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 40 OF 46 | | | |
| | <input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21 | | | | |

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NAME OF COMMITTEE (In Full)
Matt Rosendale for Montana

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. SLAWEK, JOSEPH, , , | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2018 | | |
| Mailing Address 1662 JACOBS DR | | | FEC Identification Number C | | |
| City GALLATIN | State TN | Zip Code 37066 | | | |
| Purpose of Disbursement CONTRIBUTION REFUND | | | Transaction ID : SB20A010 | | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. COORS, JEFFERY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2018 | | |
| Mailing Address 16126 WEST 32ND AVE | | | FEC Identification Number C | | |
| City GOLDEN | State CO | Zip Code 80401 | | | |
| Purpose of Disbursement CONTRIBUTION REFUND | | | Transaction ID : SB20A012 | | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. KELSO, ROBERT, , , | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2018 | | |
| Mailing Address 640 IVY LN | | | FEC Identification Number C | | |
| City SAN ANTONIO | State TX | Zip Code 78209 | | | |
| Purpose of Disbursement CONTRIBUTION REFUND | | | Transaction ID : SB20A011 | | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 4600.00 |
| 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 41 OF 46 | | | |
| | <input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21 | | | | |

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NAME OF COMMITTEE (In Full)
Matt Rosendale for Montana

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. SCHWAB, ROBERT, , , | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2018 | | |
| Mailing Address 5123 E CALLE DEL NORTE | | | FEC Identification Number C | | |
| City PHOENIX | State AZ | Zip Code 85018 | | | |
| Purpose of Disbursement CONTRIBUTION REFUND | | | Amount of Each Disbursement this Period 3200.00 | | |
| Candidate Name | | | Transaction ID : SB20A013 | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> | | |
| State: _____ | District: _____ | | | | |

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. KLINGENSTEIN, THOMAS, , , | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2018 | | |
| Mailing Address 580 W EAST END AVE #3 | | | FEC Identification Number C | | |
| City NEW YORK | State NY | Zip Code 10024 | | | |
| Purpose of Disbursement CONTRIBUTION REFUND | | | Amount of Each Disbursement this Period 2700.00 | | |
| Candidate Name | | | Transaction ID : SB20A019 | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> | | |
| State: _____ | District: _____ | | | | |

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. DIEFENTHAL, EDWARD, , , | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2018 | | |
| Mailing Address 131 AIRLINE DR STE 202 | | | FEC Identification Number C | | |
| City MATAIRIE | State LA | Zip Code 70001 | | | |
| Purpose of Disbursement CONTRIBUTION REFUND | | | Amount of Each Disbursement this Period 2700.00 | | |
| Candidate Name | | | Transaction ID : SB20A014 | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> | | |
| State: _____ | District: _____ | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 8600.00 |
| 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 42 OF 46 | | | |
| | <input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21 | | | | |

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NAME OF COMMITTEE (In Full)
Matt Rosendale for Montana

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. FRANZEN, PAUL, , , | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 25 / 2018 | | |
| Mailing Address 11 E LAMME ST | | | FEC Identification Number C | | |
| City BOZEMAN | State MT | Zip Code 59715 | Amount of Each Disbursement this Period 1700.00 | | |
| Purpose of Disbursement CONTRIBUTION REFUND | | Category/Type | Transaction ID : SB20A018 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. GILHOUSEN, KAREN, , , | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2018 | | |
| Mailing Address 599 HIGH TOWER RD | | | FEC Identification Number C | | |
| City BOZEMAN | State MT | Zip Code 59718 | Amount of Each Disbursement this Period 1115.00 | | |
| Purpose of Disbursement CONTRIBUTION REFUND | | Category/Type | Transaction ID : SB20A015 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. POOLE, LATHIE, , , | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2018 | | |
| Mailing Address 496 MATHEW BIRD CIR | | | FEC Identification Number C | | |
| City BOZEMAN | State MT | Zip Code 59715 | Amount of Each Disbursement this Period 1225.00 | | |
| Purpose of Disbursement CONTRIBUTION REFUND | | Category/Type | Transaction ID : SB20A016 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 4040.00 |
| 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)
 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. SNIDER, JOHN, , ,

Mailing Address 830 N ST PETER ST

City SOUTH BEND State IN Zip Code 46617

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
12 / 31 / 2018

FEC Identification Number
C

Amount of Each Disbursement this Period
500.00

Transaction ID : SB20A017

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 500.00 |
| TOTAL This Period (last page this line number only).....▶ | 35490.00 |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4371
 Matt Rosendale for Montana

| | | |
|---|-------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Rosendale, Matt, , , | | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO Box 4907 | | |
| City Helena | State MT | ZIP Code 59604-4907 |
| | | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

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

| | | | | |
|--------------|---|----------------------------------|--|---|
| TERMS | Date Incurred M 09 / D 05 / Y 2013 Y | Date Due M M / D D / Y NONE Y | Interest Rate (If none, enter 0) NONE % (apr) | Secured: <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: <input style="width: 100%;" type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |

| | |
|--|--|
| SUBTOTALS This Period This Page (optional).....▶ | <input style="width: 100%;" type="text" value="0.00"/> |
| TOTALS This Period (last page in this line only)▶ | <input style="width: 100%;" type="text"/> |

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) **Transaction ID : SC/10.51518**
Matt Rosendale for Montana

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENDALE, MATT, , , | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO BOX 4907 | | | |
| City HELENA | State MT | ZIP Code 59604-4907 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 32831.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 32831.00 |
|-------------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|--------------------------------|--|---|
| TERMS | Date Incurred M 05 / D 15 / Y 2018 | Date Due M M / D D / Y NONE | Interest Rate (If none, enter 0) NONE % (apr) | Secured: <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).....▶ | [] 32831.00 |
| 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) **Transaction ID : SC/10.51518_B**
Matt Rosendale for Montana

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) ROSENDALE, MATT, , , | | <input type="checkbox"/> Memo Item | Election: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO BOX 4907 | | | |
| City HELENA | State MT | ZIP Code 59604-4907 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|--------------------------------------|------------------------------------|--|
| Original Amount of Loan 125000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 125000.00 |
|--------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|--------------------------------|--|---|
| TERMS | Date Incurred M 10 / D 10 / Y 2018 | Date Due M M / D D / Y NONE | Interest Rate (If none, enter 0) NONE % (apr) | Secured: <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).....▶ | 125000.00 |
| TOTALS This Period (last page in this line only).....▶ | 157831.00 |

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