PAGE 1/8 =

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Matt Rosendale for Montana PO Box 4907 ADDRESS (number and street) (Check if address is changed) Helena 59604-4907 MT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS COMPLIANCE@RIGHTSIDECOMPLIANCE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.MATTFORMONTANA.COM (Check if address is changed) DATE 09 2018 C00548289 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. HOBBS, CABELL, , , Type or Print Name of Treasurer HOBBS, CABELL, , , [Electronically Filed] 10 10 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

| ı | FEC Fo i | rm 1 (Revised 02/2009) | Page 2 |
|-------------|------------------------|---|---------------------------|
| | | OMMITTEE • Committee: | |
| (a) | x | This committee is a principal campaign committee. (Complete the candidate information below. |) |
| (b) | | This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.) | • |
| Nam Cand | e of lidate | Rosendale, Matt, , Mr., | |
| | lidate ⁄ Affiliatio | on REP Office Sought: House X Senate President | State MT District |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Nam Cand | e of lidate | | |
| Par | ty Con | nmittee: (National, State | (Democratic, |
| (d) | | This committee is a or subordinate) committee of the | Republican, etc.) Party. |
| Poli | tical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nnected organization is a |
| | | Corporation Corporation w/o Capital Stock | Labor Organization |
| | | Membership Organization Trade Association | Cooperative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee) | egregated fund or party |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Join | t Fund | raising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate. | |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate. | vo or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | | |
| | | | |

| FEC Form 1 (Revised 02/2009) | | Page 3 |
|--|---|---------------------------------------|
| Write or Type Committee Name | | Tage • |
| Matt Rosendale for Mo | ontana | |
| | Affiliated Committee, Joint Fundraising Represen | tativo or Londorchin DAC Spancor |
| | | tative, or Leadership PAC Sportsor |
| GIANFORTE-ROSENDALE FU | ND | |
| | | |
| Mailing Address 1390 CHAIN | I BRIDGE RD STE 515 | |
| | | |
| MCLEAN | | A 22101 |
| | CITY ST/ | ATE ZIP CODE |
| Relationship: Connected Organization | Affiliated Committee X Joint Fundraising Repr | Leadership PAC Sponsor |
| Custodian of Records: Identify by name, books and records. | address (phone number optional) and position of | the person in possession of committee |
| HOBBS, CABELL, , , | | |
| Full Name PO BOX 49 | 07 | |
| Mailing Address | | |
| L HELENA | | T59604 |
| TILLLINA | | |
| Title or Position | CITY STAT | TE ZIP CODE |
| ASSISTANT TREASURER | Telephone number | |
| Treasurer: List the name and address (ph any designated agent (e.g., assistant treasurer). | none number optional) of the treasurer of the com- surer). | mittee; and the name and address of |
| Full Name GALT, ERROL, , , | | ı |
| of Treasurer | LUANE | |
| Mailing Address 4071 RANC | LAIVE | |
| | | |
| MARTINSD | | T 59053 |
| Title or Position | CITY STAT | |
| INLAGUNEN | Telephone number | 406 572 3312 |

| | n 1 (Revised 02/2009) | Page 4 |
|--|---|---------------------------------------|
| | | |
| Full Name of Designated Agent | HOBBS, CABELL, , , | |
| Mailing Address | PO BOX 4907 | |
| | LIELENA | |
| | HELENA MT 59604 CITY STATE ZI | IP CODE |
| Title or Position ASSISTANT TR | REASURER Telephone number | |
| Banks or Other safety deposit bo Name of Bank, I | Depositories: List all banks or other depositories in which the committee deposits funds, holds a oxes or maintains funds. Depository, etc. | accounts, rents |
| | BANK OF AMERICA | , , , , , , , , , , , , , , , , , , , |
| Mailing Address | BANK OF AMERICA 600 N WASHINGTON | |
| Mailing Address | | |
| Mailing Address | | |
| Mailing Address | 600 N WASHINGTON ALEXANDRIA VA 22314 | IP CODE |
| Mailing Address Name of Bank, I | 600 N WASHINGTON ALEXANDRIA CITY STATE Z | IP CODE |
| | 600 N WASHINGTON ALEXANDRIA CITY STATE ZI Depository, etc. | IP CODE |
| | 600 N WASHINGTON ALEXANDRIA CITY STATE ZI Depository, etc. BB&T BANK 1901 FORT MEYER DR | IP CODE |
| Name of Bank, I | 600 N WASHINGTON ALEXANDRIA CITY STATE ZI Depository, etc. BB&T BANK 1901 FORT MEYER DR | IP CODE |

FEC Form 1S (Revised 02/2017)

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

| 1 | | FEC ID number | С |
|-------------------------|--|-------------------------------|----------------------------|
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| Name of Any Connecte | d Organization, Affiliated Committee, Joint Fund | draising Representative | e, or Leadership PAC Spons |
| ROSENDALE VI | CTORY FUND | | |
| | | | |
| Mailing Address | 1390 CHAIN BRIDGE RD STE 515 | | |
| | | | |
| | MCLEAN | VA VA | 22101 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Connect | ed Organization Affiliated Committee X Join | nt Fundraising Representa | ative Leadership PAC Sp |
| | Affiliated Committee Join Join Join Join Join Join Join Joi | nt Fundraising Representa | ative Leadership PAC Sp |
| esignated Agent: Ident | | nt Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Ident | | nt Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Ident | ify by name, address (phone number – optional) | | |
| Pesignated Agent: Ident | ify by name, address (phone number – optional) | nt Fundraising Representation | Leadership PAC Sp |

FEC Form 1S (Revised 02/2017)

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

| 1. | g Participant: | | |
|--|---|--------------------------|----------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | С |
| 3. | <u> </u> | FEC ID number | С |
| 4. | | FEC ID number | С |
| | | | |
| | Organization, Affiliated Committee, Joint Fu HE SENATE MAJORITY 2018 | ndraising Representative | e, or Leadersnip PAC Spons |
| | | | |
| | | | |
| Mailing Address | PO BOX 9891 | | |
| | | | |
| | ARLINGTON | | 22219 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| Designated Agent: Identify | by name, address (phone number – optional |) | |
| Full Name | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | | 07477 | |
| TITLE OR POSITION | ▼ CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| TITLE OR POSITION | CITY A | Telephone Number | ZIP CODE A |
| | ries: List all banks or other depositories in wh | Telephone Number | |
| Banks or Other Depositor cafety deposit boxes or many Name of Bank, Depository, etc. | ries: List all banks or other depositories in wh | Telephone Number | |

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

FEC Form 1S (Revised 02/2017)

| Banks safety | TILE OR POSITION | es: List all banks | CITY A or other depositories in w | Telephone Num | | ZIP COI | unts, rents |
|-----------------|--|-------------------------------|------------------------------------|---------------------------------------|---------------|-----------------|----------------|
| Banks safety | or Other Depositori deposit boxes or mai of Bank, sitory, etc. | es: List all banks | | Telephone Num | ber | | |
| Banks safety | or Other Depositori deposit boxes or mai of Bank, sitory, etc. | es: List all banks | | Telephone Num | ber | | |
| Banks safety | or Other Depositori deposit boxes or mai of Bank, sitory, etc. | es: List all banks | | Telephone Num | ber | | |
| Banks safety | or Other Depositorideposit boxes or mai | es: List all banks | | Telephone Num | ber | | |
| | | L | CITY A | | | ZIP COI | - L L L L |
| | | | CITY A | ST | ATE A | ZIP COI | - L |
| Ma | | | | | | | - |
| Ma | aming / tadiooc | | | | | | |
| Ma | aming / tadi 000 | | | | | | |
| | ailing Address | 1 | | | | | |
| Fu | ıll Name | | | | | | |
| Desig | | Organization by name, address | Affiliated Committee | Joint Fundraising F | epresentative | e Leadersh | ip PAC Sponsor |
| 1 | Relationship: | | CITY A | · · · · · · · · · · · · · · · · · · · | TATE A | ZIP C | ODE A |
| | | ALEXANDRIA | | I | VA | 22314 | - , , , |
| · | mailing / taurooo | | | | | | |
| | Mailing Address | 901 N WASHING | GTON ST STE 700 | | 1 1 1 1 | | |
| | | | | | | | |
| | of Any Connected C | | liated Committee, Joint F | undraising Repre | sentative, o | or Leadership P | AC Sponsor |
| 4. | | | | FEC ID r | umber C | , | |
| | | | | FEC ID r | | | |
| 3. | | | | FEC ID r | | | |
| 2. 3. | | | | FEC ID r | | | |
| | | | | | | ` | |

FEC Form 1S (Revised 02/2017)

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

| h). Joint Fundraisi | | | |
|---|---|--------------------------|---------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | C |
| | | 5 | |
| WINSOME LEAD | I Organization, Affiliated Committee, Joint Fund DERS II | raising Representative | e, or Leadersnip PAC Spon |
| | | | |
| | | | |
| Mailing Address | 901 N WASHINGTON ST STE 700 | | |
| J | | | |
| | ALEXANDRIA | ı ı VA ı | 22314 |
| Relationship: | | | |
| neiationship. | CITY A | STATE ▲ | ZIP CODE ▲ |
| | Affiliated Committee Join Join fy by name, address (phone number – optional) | t Fundraising Representa | ative Leadership PAC Sp |
| esignated Agent: Identi | | t Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identi | | t Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identi | | t Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identi | | t Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identi | fy by name, address (phone number – optional) | t Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) CITY | | |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY To | STATE A | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or market | fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank, | fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which | STATE A | ZIP CODE A |