

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 MATT ROSENDALE FOR MONTANA

ADDRESS (number and street) 1954 HWY 16 GLENDIVE MT 59330 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00548289 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT MT 00

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 05 / 15 / 2014 through 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Bill VanCanagan

Signature of Treasurer Mr. Bill VanCanagan [Electronically Filed] Date 10 / 06 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

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))....	40665.00	205682.19
(b) Total Contribution Refunds (from Line 20(d)) .....	17250.00	18450.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	23415.00	187232.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	311158.14	1324075.05
(b) Total Offsets to Operating Expenditures (from Line 14).....	13348.79	13595.55
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	297809.35	1310479.50
8. Cash on Hand at Close of Reporting Period (from Line 27).....	253.39	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	250314.06	

**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 12/2003)

Write or Type Committee Name

**MATT ROSENDALE FOR MONTANA**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	33008.00	164748.00
(ii) Unitemized.....	6657.00	29363.95
(iii) TOTAL of contributions from individuals ▶	39665.00	194111.95
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	8524.00
(d) The Candidate.....	0.00	3046.24
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	40665.00	205682.19
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	133500.70	1133500.70
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	133500.70	1133500.70
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	13348.79	13595.55
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	187514.49	1352778.44

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	311158.14	1324075.05
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	10000.00	10000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	10000.00	10000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	17250.00	18450.00
(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)).....	17250.00	18450.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	338408.14	1352525.05

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	151147.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	187514.49
25. SUBTOTAL (add Line 23 and Line 24).....	338661.53
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	338408.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	253.39

: 97 `A =G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`G7 <98I @ `CF `H9A =N5 HCB

Form/Schedule: F3A

Transaction ID :

The Matt Rosendale for Montana committee is in receipt of your Request for Additional Information dated September 1, 2014. Please note that the committee is filing a separate Form 99 in addition to this amendment as response to the RFAI.

Form/Schedule:

Transaction ID:

**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 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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) <b>A. Scott Aspenlieder</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 3254 Granger Ave E, Apt B2		<b>Transaction ID : SA11AI.7337</b>	
City Billings	State MT	Zip Code 59102-7060	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer WWC	Occupation Civil Engineer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. james atwell</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2014	
Mailing Address p.o. box 9768		<b>Transaction ID : SA11AI.7206</b>	
City kalispell	State MT	Zip Code 59904	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 150.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) <b>C. sabine atwell</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2014	
Mailing Address p.o. box 9768		<b>Transaction ID : SA11AI.7207</b>	
City kalispell	State MT	Zip Code 59904	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 150.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MATT ROSENDALE FOR MONTANA**

**A.** Full Name (Last, First, Middle Initial)  
**Shelby L. Baldrige**

Mailing Address P.O. Box 607

City State Zip Code  
Whitefish MT 59937-2238

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

Name of Employer Occupation  
Samarah Fine Framing Artist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : SA11AI.7178**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Lonny Bergstrom**

Mailing Address 234 A St

City State Zip Code  
Lewistown MT 59457

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

Name of Employer Occupation  
Self Employed Restaurant Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : SA11AI.7305**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Greg Bervy**

Mailing Address 104 Turtle Road

City State Zip Code  
Twin Bridges MT 59754

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

Name of Employer Occupation  
Self Employed Farm/Ranch

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 25 / 2014

**Transaction ID : SA11AI.7164**

Amount of Each Receipt this Period  
2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3700.00

**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 8 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MATT ROSENDALE FOR MONTANA**

**A.** Full Name (Last, First, Middle Initial)  
**Jack A. Boon**

Mailing Address **PO Box 255**

City **Kalispell** State **MT** Zip Code **59901**

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

Name of Employer **Self Employed** Occupation **Diesel Mechanic**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 29 / 2014**

**Transaction ID : SA11AI.7362**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Hank Bouma**

Mailing Address **1100 Bridger Canyon Spur Rd.**

City **Bozeman** State **MT** Zip Code **59715**

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

Name of Employer **H Lazy 6 Ranch** Occupation **Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 22 / 2014**

**Transaction ID : SA11AI.7329**

Amount of Each Receipt this Period  
**300.00**

**C.** Full Name (Last, First, Middle Initial)  
**Donald E. Brutlag**

Mailing Address **433 Beverly Hill Blvd.**

City **Billings** State **MT** Zip Code **59101**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : SA11AI.7236**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**600.00**



**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 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MATT ROSENDALE FOR MONTANA**

Full Name (Last, First, Middle Initial) <b>A. Doug Chapman</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address 5915 Estate Lane		<b>Transaction ID : SA11AI.7230</b>
City Belgrade	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Montana Aircraft, Inc.	Occupation Aviation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. C.M. Clark</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address PO Box 986		<b>Transaction ID : SA11AI.7310</b>
City Kalispell	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Rancher/Investor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00	

Full Name (Last, First, Middle Initial) <b>C. C.M. Clark</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address PO Box 986		<b>Transaction ID : SA11AI.7411</b>
City Kalispell	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 468.00
Name of Employer Self Employed	Occupation Rancher/Investor	In-kind - lodging
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1268.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1218.00
<b>TOTAL</b> 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 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Brittan O. Ellingson**

Mailing Address 529 Karrow Ave.

City State Zip Code  
Whitefish MT 59937

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

Name of Employer Occupation  
Notice Snowboard Co-owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : SA11AI.7180**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Lauren L. Ellingson**

Mailing Address 529 Karrow Estates Rd.

City State Zip Code  
Whitefish MT 59937

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

Name of Employer Occupation  
Notice Snowboard Co-owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : SA11AI.7182**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Jolynne Flatness**

Mailing Address 4665 East Baseline Rd.

City State Zip Code  
Belgrade MT 59714

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

Name of Employer Occupation  
Squire Lounge Office Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : SA11AI.7385**

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3400.00

**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 11 OF 145	
	<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)  
**Neal Ganser**

Mailing Address 32408 Frontage Rd.

City Bozeman State MT Zip Code 59715

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

Name of Employer Self Employed Occupation Construction

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : SA11A1.7316**

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
**Beth Hinebauch**

Mailing Address 610 Road 118

City Wibaux State MT Zip Code 59353

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

Name of Employer Self Employed Occupation Rancher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11A1.7286**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Dennis Hoffmann**

Mailing Address 2628 Skinner Rd.

City Belgrade State MT Zip Code 59714

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

Name of Employer Dennis E. Hoffman Trustee Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11A1.7269**

Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

700.00

**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 12 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MATT ROSENDALE FOR MONTANA**

Full Name (Last, First, Middle Initial) <b>A. Samuel S. Holmes</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address PO Box 111		<b>Transaction ID : SA11AI.7393</b>
City Grass Range	State MT	Zip Code 59032
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Retired	Occupation Retired	Postmarked 06/03/2014
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Hope</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 2215 Arrowleaf Hills Dr.		<b>Transaction ID : SA11AI.7404</b>
City Bozeman	State MT	Zip Code 59715
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer RJM Technologies	Occupation Management	In-kind - food & beverage
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Bertram C. Hopeman</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address PO Box 1860		<b>Transaction ID : SA11AI.7314</b>
City Bozeman	State MT	Zip Code 59771
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Sharbert Enterprises, Inc.	Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> 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 13 OF 145	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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)  
**Tom Hougan**

Mailing Address **PO Box 3445**

City **Bozeman** State **MT** Zip Code **59772**

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

Name of Employer **Cat's Paw** Occupation **Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11AI.7379**

Amount of Each Receipt this Period  
**400.00**

**B.** Full Name (Last, First, Middle Initial)  
**Rose Hughes**

Mailing Address **52 Cloverview Drive**

City **Helena** State **MO** Zip Code **59601**

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

Name of Employer **RMS Management Services** Occupation **Owner/Partner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 31 / 2014**

**Transaction ID : SA11AI.7213**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Curtis Johnson**

Mailing Address **507 N. 20th**

City **Bozeman** State **MT** Zip Code **59718**

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

Name of Employer **Remax Realty** Occupation **Real Estate**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : SA11AI.7277**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1000.00**

**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 14 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MATT ROSENDALE FOR MONTANA**

**A.** Full Name (Last, First, Middle Initial)  
**Travis Joyner**

Mailing Address 5472 Klements Ln

City Florence State MT Zip Code 59833

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

Name of Employer Self Employed Occupation Entrepreneur

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : SA11AI.7184**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Elliot Justin**

Mailing Address 618 Autumn Ridge

City Bozeman State MT Zip Code 59715

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

Name of Employer Pegasus Emergency Group Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : SA11AI.7155**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mary Ellen Lantis**

Mailing Address P.O. Box 699

City Spearfish State SD Zip Code 57783

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

Name of Employer Self-Employed Occupation Nursing Home Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : SA11AI.7332**

Amount of Each Receipt this Period  
 600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2600.00

**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 15 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Jennifer Linse**

Mailing Address 3429 Prestwick Rd

City Billings State MT Zip Code 59101

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

Name of Employer Big Sky Communications Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : SA11AI.7186**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Shane G. Linse**

Mailing Address 3429 Prestwick Rd

City Billings State MT Zip Code 59101

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

Name of Employer Big Sky Communications Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : SA11AI.7188**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Beth Lohman**

Mailing Address 401 Park Place

City Bozeman State MT Zip Code 59715

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11AI.5509**

Amount of Each Receipt this Period  
 2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7800.00

**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 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MATT ROSENDALE FOR MONTANA**

Full Name (Last, First, Middle Initial) <b>A. David Mangold</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 100 Mont Pac Lane		<b>Transaction ID : SA11AI.7168</b>	
City Whitefish	State MT	Zip Code 59937	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer The Allergy & Asthma Center	Occupation Physicians Assistant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2100.00		

Full Name (Last, First, Middle Initial) <b>B. Ron Marlenee</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014	
Mailing Address PO Box 6489		<b>Transaction ID : SA11AI.7325</b>	
City Bozeman	State MT	Zip Code 59771	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) <b>C. Viola Mitchell</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014	
Mailing Address PO Box 388		<b>Transaction ID : SA11AI.7293</b>	
City Glendive	State MT	Zip Code 59330	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2850.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]



**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 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Frederick Moore**

Mailing Address 487 Signal Butte Road

City	State	Zip Code
Miles City	MT	59301

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

Name of Employer	Occupation
Solaris Feeders	Feedlot Owner/Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2014

**Transaction ID : SA11AI.7259**

Amount of Each Receipt this Period

500.00
--------

**B.** Full Name (Last, First, Middle Initial)  
**Alayne Nicol**

Mailing Address PO Box 2411

City	State	Zip Code
Red Lodge	MT	59068

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		28		2014

**Transaction ID : SA11AI.7353**

Amount of Each Receipt this Period

100.00
--------

**C.** Full Name (Last, First, Middle Initial)  
**Mark Noland**

Mailing Address P.O. Box 7606

City	State	Zip Code
Kalispell	MT	59904

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

Name of Employer	Occupation
Self	Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		20		2014

**Transaction ID : SA11AI.7252**

Amount of Each Receipt this Period

500.00
--------

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1100.00
---------

**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 18 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MATT ROSENDALE FOR MONTANA**

Full Name (Last, First, Middle Initial) <b>A. Guy J. Ossello</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 75 Burning Tree Lane		<b>Transaction ID : SA11AI.7320</b>
City Butte	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Ann Pasha</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address PO Box 1387		<b>Transaction ID : SA11AI.7294</b>
City Fort Benton	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Farmer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

Full Name (Last, First, Middle Initial) <b>C. Peterson Financial Inc.</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 9650 Hatton Ln.		<b>Transaction ID : SA11AI.7375</b>
City Lolo	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Refunded 05/30/14
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> 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)  
 11a 12     11b 13a     11c 13b     11d 14     11e 15  
 PAGE 19 OF 145

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NAME OF COMMITTEE (In Full)  
**MATT ROSENDALE FOR MONTANA**

**A.** Full Name (Last, First, Middle Initial)  
**John R. Reynolds**

Mailing Address 1204 14th St. SW

City State Zip Code  
 Sidney MT 59270

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

Name of Employer Occupation  
 Self-Employed Grocer

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 31 / 2014

**Transaction ID : SA11AI.7214**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**James Royan**

Mailing Address 824 Whitaker

City State Zip Code  
 Missoula MT 59803

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

Name of Employer Occupation  
 Wells Fargo Advisor

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 700.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : SA11AI.7373**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Wendy L. Soulek**

Mailing Address P.O. Box 699

City State Zip Code  
 Spearfish SD 57783-0699

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

Name of Employer Occupation  
 Lantis Enterprises VP of Operations

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : SA11AI.7156**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

**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 20 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Carol McKeever Stevens**

Mailing Address 550 Lindsey Ln

City Kalispell State MT Zip Code 59901

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

Name of Employer Flathead Valley Lighting, Inc. Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : SA11A1.7346**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Michele G. Stinnett**

Mailing Address 385 Meadowlark Dr.

City Bozeman State MT Zip Code 59718

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 26 / 2014

**Transaction ID : SA11A1.7169**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Christopher Warden**

Mailing Address 5848 Prospect Drive

City Missoula State MT Zip Code 59808

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

Name of Employer Washington Corporations Occupation IT Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11A1.7218**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

**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 21 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MATT ROSENDALE FOR MONTANA**

Full Name (Last, First, Middle Initial) <b>Herb Weiss</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 18 / 2014
Mailing Address 229 River Road		<b>Transaction ID : SA11A1.7257</b>
City Glendive	State MT	Zip Code 59330
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 900.00	

Full Name (Last, First, Middle Initial) <b>Herb Weiss</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 25 / 2014
Mailing Address 229 River Road		<b>Transaction ID : SA11A1.7235</b>
City Glendive	State MT	Zip Code 59330
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00	

Full Name (Last, First, Middle Initial) <b>Farris Wilks</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address PO Box 1644		<b>Transaction ID : SA11A1.7308</b>
City Cisco	State TX	Zip Code 76437
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 320.00	
Name of Employer Frac Tech	Occupation Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	720.00
<b>TOTAL</b> 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 22 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MATT ROSENDALE FOR MONTANA**

Full Name (Last, First, Middle Initial) <b>Jo Ann Wilks</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address PO Box 1644		<b>Transaction ID : SA11AI.7296</b>
City Cisco	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 320.00
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 320.00	

Full Name (Last, First, Middle Initial) <b>William Wilson</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 10995 Horseback Ridge Rd.		<b>Transaction ID : SA11AI.7338</b>
City Missoula	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) <b>Arthur V. Wittich</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 3116 Sourdough Rd.		<b>Transaction ID : SA11AI.7276</b>
City Bozeman	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	920.00
<b>TOTAL</b> 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 23 OF 145
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Arthur V. Wittich**

Mailing Address 3116 Sourdough Rd.

City Bozeman State MT Zip Code 59715

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : SA11AI.7333**

Amount of Each Receipt this Period  
250.00

**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

**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

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

250.00

33008.00

**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 24 OF 145
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**OUR COUNTRY DESERVES BETTER PAC - TEAPARTYEXPRESS.ORG**

Mailing Address **PO BOX 984**

City **WILLOWS** State **CA** Zip Code **95988**

FEC ID number of contributing federal political committee. **C C00454074**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11C.7174**

Amount of Each Receipt this Period  
 1000.00

**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

**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

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

1000.00



**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 25 OF 145
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MATT ROSENDALE FOR MONTANA**

Full Name (Last, First, Middle Initial) <b>A. Matt Rosendale</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2014	
Mailing Address 1954 Hwy 16		<b>Transaction ID : SA13A.7158</b>	
City Glendive	State MT	Zip Code 59330	
FEC ID number of contributing federal political committee. C H4MT00050		Amount of Each Receipt this Period 40000.00	
Name of Employer State of Montanta	Occupation State Senator		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1043046.24		

Full Name (Last, First, Middle Initial) <b>B. Matt Rosendale</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2014	
Mailing Address 1954 Hwy 16		<b>Transaction ID : SA13A.7648</b>	
City Glendive	State MT	Zip Code 59330	
FEC ID number of contributing federal political committee. C H4MT00050		Amount of Each Receipt this Period 10000.00	
Name of Employer State of Montanta	Occupation State Senator		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1053046.24		

Full Name (Last, First, Middle Initial) <b>C. Matt Rosendale</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2014	
Mailing Address 1954 Hwy 16		<b>Transaction ID : SA13A.7777</b>	
City Glendive	State MT	Zip Code 59330	
FEC ID number of contributing federal political committee. C H4MT00050		Amount of Each Receipt this Period 25000.00	
Name of Employer State of Montanta	Occupation State Senator		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1078046.24		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75000.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA13A

Transaction ID : SA13A.7158

(Current loan amount of 40000.00 from a balance of 40000.00 has been forgiven)

Form/Schedule: SA13A

Transaction ID: SA13A.7777

(Current loan amount of 25000.00 from a balance of 25000.00 has been forgiven)

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 145  
(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)  
**Matt Rosendale**

Mailing Address 1954 Hwy 16

City State Zip Code  
Glendive MT 59330

FEC ID number of contributing federal political committee. **C H4MT00050**

Name of Employer Occupation  
State of Montanta State Senator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1136546.94**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 25 / 2014**

**Transaction ID : SA13A.7778**

Amount of Each Receipt this Period  
**58500.70**

Loan from personal funds

**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

**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

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**58500.70**

**133500.70**

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA13A

Transaction ID : SA13A.7778

(Current loan amount of 58500.70 from a balance of 58500.70 has been forgiven)

Form/Schedule:

Transaction ID:

**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 29 OF 145
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 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)  
**The Prosper Group Corporation**

Mailing Address 435 East Main St., Ste. 250

City Greenwood State IN Zip Code 46143

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
13289.43

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : SA14.7779**

Amount of Each Receipt this Period  
13289.43

Refund for media overpayment

**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

**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

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

13289.43

13289.43

**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 145	
	<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) <b>A. 360 Office Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address P.O. Box 30598		Amount of Each Disbursement this Period 351.62
City Billings	State MT	
Zip Code 59107-0598	Purpose of Disbursement Equipment rental	Transaction ID : SB17.7662
Candidate Name	Category/Type	
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>B. 3 G's Convenience Store</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 1425 US Hwy 87 E.		Amount of Each Disbursement this Period 95.00
City Billings	State MT	
Zip Code 59101	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7423
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Advanced Litho Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 226 Ninth Ave. South		Amount of Each Disbursement this Period 208.00
City Great Falls	State MT	
Zip Code 59405	Purpose of Disbursement Mail processing	Transaction ID : SB17.7623
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	559.62
<b>TOTAL</b> 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 145			
	<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) <b>A. Albertsons</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014		
Mailing Address 611 North 27th St.			Amount of Each Disbursement this Period 11.69		
City Billings	State MT	Zip Code 59101	Transaction ID : <b>SB17.7421</b>		
Purpose of Disbursement Food & beverage (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
Candidate Name					
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>B. Albertsons</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014		
Mailing Address 611 North 27th St.			Amount of Each Disbursement this Period 83.20		
City Billings	State MT	Zip Code 59101	Transaction ID : <b>SB17.7422</b>		
Purpose of Disbursement Food & beverage (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
Candidate Name					
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>c. Albertsons</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014		
Mailing Address 3800 Russell St.			Amount of Each Disbursement this Period 89.35		
City Missoula	State MT	Zip Code 59801	Transaction ID : <b>SB17.7420</b>		
Purpose of Disbursement Food & beverage (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
Candidate Name					
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 32 OF 145	
	<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) <b>A. ALLARD'S GENERAL STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address Hwy 93 South		Amount of Each Disbursement this Period 43.90
City St. Ignatius	State MT	
Zip Code 59865	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : <b>SB17.7425</b>
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2014
Mailing Address P.O. Box 650448		Amount of Each Disbursement this Period 35.00
City Dallas	State TX	
Zip Code 75265-0448	Purpose of Disbursement Credit card fees (see transaction SB17.7419)	Transaction ID : <b>SB17.7539</b>
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address P.O. Box 650448		Amount of Each Disbursement this Period 578.62
City Dallas	State TX	
Zip Code 75265-0448	Purpose of Disbursement Credit card fees (see transaction SB17.7419)	Transaction ID : <b>SB17.7519</b>
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 145			
	<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) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2014
Mailing Address P.O. Box 650448		Amount of Each Disbursement this Period 545.88
City Dallas	State TX	
Zip Code 75265-0448	Purpose of Disbursement Credit card fees (see transaction SB17.7419)	Transaction ID : SB17.7520  [MEMO ITEM]
Candidate Name	Category/Type	
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>B. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address P.O. Box 650448		Amount of Each Disbursement this Period 24116.66
City Dallas	State TX	
Zip Code 75265-0448	Purpose of Disbursement Lodging, fuel, supplies, vehicle rental, meal expense, food & bev, fees (see memo items if itemized)	Transaction ID : SB17.7419
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address P.O. Box 650448		Amount of Each Disbursement this Period -100.00
City Dallas	State TX	
Zip Code 75265-0448	Purpose of Disbursement Credit adjustment (see transaction SB17.7419)	Transaction ID : SB17.7443  [MEMO ITEM]
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	24116.66
<b>TOTAL</b> 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 34 OF 145	
	<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) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address P.O. Box 650448		Amount of Each Disbursement this Period 100.00
City Dallas	State TX	
Zip Code 75265-0448	Purpose of Disbursement Credit card fees (see transaction SB17.7419)	Transaction ID : <b>SB17.7521</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Water Technologies</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 134 Regal St.		Amount of Each Disbursement this Period 56.00
City Billings	State MT	
Zip Code 59101-3131	Purpose of Disbursement Office supplies	Transaction ID : <b>SB17.7663</b>
Candidate Name	Category/ Type	
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>c. AP Intego</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 333 West Commercial St., Ste. 2500		Amount of Each Disbursement this Period 46.95
City East Rochester	State NY	
Zip Code 14445	Purpose of Disbursement Workers' comp insurance	Transaction ID : <b>SB17.7679</b>
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	102.95
<b>TOTAL</b> 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 145			
	<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) <b>A. AP Intego</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 333 West Commercial St., Ste. 2500		Amount of Each Disbursement this Period 129.70
City East Rochester	State NY	
Zip Code 14445		
Purpose of Disbursement Workers' comp insurance	Category/Type	
Candidate Name		
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>B. Arby's</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 1210 US Hwy 2 W.		Amount of Each Disbursement this Period 8.60
City Kalispell	State MT	
Zip Code 59901		
Purpose of Disbursement Meal expense (see transaction SB17.7419)	Category/Type	
Candidate Name		
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>c. Beans N Things</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 319 Main St.		Amount of Each Disbursement this Period 113.00
City Lewiston	State MT	
Zip Code 59457		
Purpose of Disbursement Meal expense (see transaction SB17.7419)	Category/Type	
Candidate Name		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	129.70
<b>TOTAL</b> 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 36 OF 145	
	<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) <b>A. Best Western Plus Great Northern Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 1345 1st St.		Amount of Each Disbursement this Period 103.07
City Havre	State MT	
Zip Code 59501-3803	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7505</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Best Western Plus Great Northern Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 1345 1st St.		Amount of Each Disbursement this Period 103.07
City Havre	State MT	
Zip Code 59501-3803	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7506</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bigfork Stage Stop</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 8263 Montana 35		Amount of Each Disbursement this Period 51.69
City Bigfork	State MT	
Zip Code 59911	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : <b>SB17.7428</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 37 OF 145			
	<input checked="" type="checkbox"/> 17 <input 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) <b>A. Big Sky Youth Education Foundation</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 3031 Grand Ave. Ste. 100-106			Amount of Each Disbursement this Period 220.00
City Billings	State MT	Zip Code 59102	
Purpose of Disbursement Program expense - banquet tickets (see transaction SB17.7419)		Category/ Type	<b>Transaction ID : SB17.7429</b>  <b>[MEMO ITEM]</b>
Candidate Name			
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>B. Billings Hardware</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 3175 Grave Ave.			Amount of Each Disbursement this Period 18.98
City Billings	State MT	Zip Code 59102	
Purpose of Disbursement Hardware for signs (see transaction SB17.7419)		Category/ Type	<b>Transaction ID : SB17.7430</b>  <b>[MEMO ITEM]</b>
Candidate Name			
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>c. Blondy's</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 1125 S. 27th St.			Amount of Each Disbursement this Period 27.50
City Billings	State MT	Zip Code 59101	
Purpose of Disbursement Meal expense (see transaction SB17.7419)		Category/ Type	<b>Transaction ID : SB17.7431</b>  <b>[MEMO ITEM]</b>
Candidate Name			
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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 38 OF 145			
	<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) <b>A. Budget Truck Rental</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2014		
Mailing Address 700 W. Madison Ave.			Amount of Each Disbursement this Period 3431.57		
City Belgrade	State MT	Zip Code 59714	Transaction ID : SB17.7432		
Purpose of Disbursement Truck rental (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
Candidate Name					
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>B. Capitol Strategy Group, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014		
Mailing Address 2700 Cumberland Pkwy., Ste. 150			Amount of Each Disbursement this Period 2556.45		
City Atlanta	State GA	Zip Code 30339	Transaction ID : SB17.7634		
Purpose of Disbursement Consulting - fundraising		Category/ Type			
Candidate Name					
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>C. Cenex</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014		
Mailing Address 5500 Cenex Dr.			Amount of Each Disbursement this Period 99.00		
City Inver Grove Heights	State MN	Zip Code 55077-1721	Transaction ID : SB17.7435		
Purpose of Disbursement Fuel (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
Candidate Name					
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2556.45
<b>TOTAL</b> 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 145			
	<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) <b>A. Cenex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2014
Mailing Address 5500 Cenex Dr.		Amount of Each Disbursement this Period 99.00
City Inver Grove Heights	State MN	
Zip Code 55077-1721	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7434
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cenex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2014
Mailing Address 5500 Cenex Dr.		Amount of Each Disbursement this Period 99.00
City Inver Grove Heights	State MN	
Zip Code 55077-1721	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7436
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Cenex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 5500 Cenex Dr.		Amount of Each Disbursement this Period 53.43
City Inver Grove Heights	State MN	
Zip Code 55077-1721	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7437
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 145			
	<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) <b>A. Cenex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 5500 Cenex Dr.		Amount of Each Disbursement this Period 99.00
City Inver Grove Heights	State MN	
Zip Code 55077-1721	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7433
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Charter Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address P.O. Box 742617		Amount of Each Disbursement this Period 54.95
City Cincinnati	State OH	
Zip Code 45274-2617	Purpose of Disbursement Telephone service	Transaction ID : SB17.7628
Candidate Name	Category/ Type	
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>c. Charter Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address P.O. Box 742617		Amount of Each Disbursement this Period 54.95
City Cincinnati	State OH	
Zip Code 45274-2617	Purpose of Disbursement Telephone service	Transaction ID : SB17.7629
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	109.90
<b>TOTAL</b> 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 145			
	<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) <b>A. Charter Communications</b>		Date of Disbursement
Mailing Address P.O. Box 742617		M M / D D / Y Y Y Y 05 / 19 / 2014
City Cincinnati	State OH	Zip Code 45274-2617
Purpose of Disbursement Telephone & internet service	Amount of Each Disbursement this Period 129.72	
Candidate Name	Transaction ID : SB17.7630	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Cielo Cocina</b>		Date of Disbursement
Mailing Address E 6th Ave.		M M / D D / Y Y Y Y 04 / 10 / 2014
City Helena	State MT	Zip Code 59601
Purpose of Disbursement Meal expense (see transaction SB17.7419)	Amount of Each Disbursement this Period 19.50	
Candidate Name	Transaction ID : SB17.7438	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. Cielo Cocina</b>		Date of Disbursement
Mailing Address E 6th Ave.		M M / D D / Y Y Y Y 04 / 19 / 2014
City Helena	State MT	Zip Code 59601
Purpose of Disbursement Meal expense (see transaction SB17.7419)	Amount of Each Disbursement this Period 14.00	
Candidate Name	Transaction ID : SB17.7439	
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:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	129.72
<b>TOTAL</b> 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 145			
	<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) <b>A. Cielo Cocina</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2014
Mailing Address E 6th Ave.		Amount of Each Disbursement this Period 17.50
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Transaction ID : SB17.7440
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. C.M. Clark</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address PO Box 986		Amount of Each Disbursement this Period 468.00
City KalisPELL	State MT	
Zip Code 59903	Purpose of Disbursement In-kind - lodging	Transaction ID : SB17.7412
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>c. Matthew T. Connell</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 1362.25
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Salary	Transaction ID : SB17.7687
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1830.25
<b>TOTAL</b> 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 43 OF 145			
	<input checked="" type="checkbox"/> 17 <input 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) <b>A. Matthew T. Connell</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 242.79
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Salary	Transaction ID : SB17.7721
Candidate Name	Category/ Type	
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>B. CoRental Property Management</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address 435 Main Street		Amount of Each Disbursement this Period 625.00
City Kalispell	State MT	
Zip Code 59901	Purpose of Disbursement Office rent	Transaction ID : SB17.7631
Candidate Name	Category/ Type	
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>C. Costco</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 2290 King Ave West		Amount of Each Disbursement this Period 85.67
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Food & beverage (see transaction SB17.7419)	Transaction ID : SB17.7441
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	867.79
<b>TOTAL</b> 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 44 OF 145			
	<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) <b>A. Costco</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 2505 Catron St.		Amount of Each Disbursement this Period 26.65
City Bozeman	State MT	
Zip Code 59718	Purpose of Disbursement Food & beverage (see transaction SB17.7419)	[MEMO ITEM]
Candidate Name	Category/Type	
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>B. Kendall K. Cotton</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 515.40
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Reimbursement - mileage, fuel, meals, supplies (see below if itemized)	[MEMO ITEM]
Candidate Name	Category/Type	
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>c. Kendall K. Cotton</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 239.01
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Mileage reimbursement (see transaction SB17.7766)	[MEMO ITEM]
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	515.40
<b>TOTAL</b> 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 45 OF 145			
	<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) <b>A. Kendall K. Cotton</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 2014 1859.74 <b>Transaction ID : SB17.7688</b>
City Billings	State MT Zip Code 59102	
Purpose of Disbursement Salary	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kendall K. Cotton</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 2014 218.94 <b>Transaction ID : SB17.7714</b>
City Billings	State MT Zip Code 59102	
Purpose of Disbursement Salary	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. CSV Kalispell</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 50 5th Ave.		Amount of Each Disbursement this Period 2014 100.00 <b>Transaction ID : SB17.7444</b> <b>[MEMO ITEM]</b>
City Kalispell	State MT Zip Code 59901	
Purpose of Disbursement Fuel (see transaction SB17.7419)	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2078.68
<b>TOTAL</b> 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 46 OF 145			
	<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) <b>A. Dollar Tree</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 2355 US 93 #3146		Amount of Each Disbursement this Period 33.58
City Kalspell	State MT	
Zip Code 59901	Purpose of Disbursement Decorations for fundraiser (see transaction SB17.7419)	Transaction ID : <b>SB17.7446</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Dollar Tree, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 2704 Brooks St. A		Amount of Each Disbursement this Period 10.00
City Missoula	State MT	
Zip Code 59801	Purpose of Disbursement Decorations for fundraiser (see transaction SB17.7419)	Transaction ID : <b>SB17.7445</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Dons C/W &amp; Exp Lube</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 1125 Grand Ave.		Amount of Each Disbursement this Period 100.00
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : <b>SB17.7448</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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**

**A. Dons C/W & Exp Lube**

Full Name (Last, First, Middle Initial)  
Mailing Address 1125 Grand Ave.

City Billings State MT Zip Code 59102

Purpose of Disbursement  
Fuel (see transaction SB17.7419)

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  
05 / 27 / 2014

Amount of Each Disbursement this Period  
65.53

Transaction ID : SB17.7449

[MEMO ITEM]

**B. Eddie's Corner Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address 65000 US 87

City Moore State MT Zip Code 59464

Purpose of Disbursement  
Fuel (see transaction SB17.7419)

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  
03 / 25 / 2014

Amount of Each Disbursement this Period  
100.00

Transaction ID : SB17.7450

[MEMO ITEM]

**C. Elliston Store**

Full Name (Last, First, Middle Initial)  
Mailing Address 104 E. Front St.

City Elliston State MT Zip Code 59728

Purpose of Disbursement  
Meal expense (see transaction SB17.7419)

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  
04 / 11 / 2014

Amount of Each Disbursement this Period  
33.62

Transaction ID : SB17.7451

[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 48 OF 145	
	<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) <b>A. Emporium Food &amp; Fuel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 1415 1st St.		Amount of Each Disbursement this Period 100.00
City Havre	State MT	
Zip Code 59501	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7452
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 1901 Terminal Cit		Amount of Each Disbursement this Period 156.54
City Billings	State MT	
Zip Code 59105	Purpose of Disbursement Vehicle rental (see transaction SB17.7419)	Transaction ID : SB17.7457
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 1901 Terminal Cit		Amount of Each Disbursement this Period 135.95
City Billings	State MT	
Zip Code 59105	Purpose of Disbursement Vehicle rental (see transaction SB17.7419)	Transaction ID : SB17.7458
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 49 OF 145			
	<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) <b>A. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 2117 US Hwy 2 E		Amount of Each Disbursement this Period -65.00
City Kalispell	State MT	
Zip Code 59901	Purpose of Disbursement Vehicle rental (see transaction SB17.7419)	Transaction ID : <b>SB17.7470</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2014
Mailing Address 850 Gallatin Field Rd #7		Amount of Each Disbursement this Period 97.20
City Belgrade	State MT	
Zip Code 59714	Purpose of Disbursement Vehicle rental (see transaction SB17.7419)	Transaction ID : <b>SB17.7453</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2014
Mailing Address 1901 Terminal Cit		Amount of Each Disbursement this Period 70.74
City Billings	State MT	
Zip Code 59105	Purpose of Disbursement Vehicle rental (see transaction SB17.7419)	Transaction ID : <b>SB17.7459</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 50 OF 145			
	<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) <b>A. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 3015 Prospect Ave.		Amount of Each Disbursement this Period 168.01
City Helena	State MT	Zip Code 59601
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Transaction ID : <b>SB17.7467</b>  <b>[MEMO ITEM]</b>
Candidate Name		
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 2117 US Hwy 2 E		Amount of Each Disbursement this Period 97.45
City Kalispell	State MT	Zip Code 59901
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Transaction ID : <b>SB17.7471</b>  <b>[MEMO ITEM]</b>
Candidate Name		
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>c. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 5225 US Hwy 10 West		Amount of Each Disbursement this Period 60.16
City Missoula	State MT	Zip Code 59808
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Transaction ID : <b>SB17.7475</b>  <b>[MEMO ITEM]</b>
Candidate Name		
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: _____	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 51 OF 145	
	<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) <b>A. Enterprise Rent-A-Car</b>		Date of Disbursement																				
Mailing Address 850 Gallatin Field Rd #7		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>4</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	1		2	0	1	4													
City	State	Zip Code																				
Belgrade	MT	59714																				
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 108.60																				
Office Sought:		Transaction ID : SB17.7454																				
<input type="checkbox"/> House	Disbursement For:																					
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General																					
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)																					
State:	District:	[MEMO ITEM]																				

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent-A-Car</b>		Date of Disbursement																				
Mailing Address 1901 Terminal Cit		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>4</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	2		2	0	1	4													
City	State	Zip Code																				
Billings	MT	59105																				
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 145.29																				
Office Sought:		Transaction ID : SB17.7460																				
<input type="checkbox"/> House	Disbursement For:																					
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General																					
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)																					
State:	District:	[MEMO ITEM]																				

Full Name (Last, First, Middle Initial) <b>C. Enterprise Rent-A-Car</b>		Date of Disbursement																				
Mailing Address 5225 US Hwy 10 West		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>4</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	5		2	0	1	4													
City	State	Zip Code																				
Missoula	MT	59808																				
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 44.56																				
Office Sought:		Transaction ID : SB17.7476																				
<input type="checkbox"/> House	Disbursement For:																					
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General																					
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)																					
State:	District:	[MEMO ITEM]																				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 0.00																				
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				

**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 52 OF 145	
	<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) <b>A. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 850 Gallatin Field Rd #7		Amount of Each Disbursement this Period 131.49
City Belgrade	State MT	
Zip Code 59714	Purpose of Disbursement Vehicle rental (see transaction SB17.7419)	Transaction ID : SB17.7455
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 1901 Terminal Cit		Amount of Each Disbursement this Period 394.07
City Billings	State MT	
Zip Code 59105	Purpose of Disbursement Vehicle rental (see transaction SB17.7419)	Transaction ID : SB17.7456
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 1901 Terminal Cit		Amount of Each Disbursement this Period 155.69
City Billings	State MT	
Zip Code 59105	Purpose of Disbursement Vehicle rental (see transaction SB17.7419)	Transaction ID : SB17.7461
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 53 OF 145	
	<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) <b>A. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 3015 Prospect Ave.		Amount of Each Disbursement this Period 254.07
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Vehicle rental (see transaction SB17.7419)	Transaction ID : <b>SB17.7468</b>
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 5225 US Hwy 10 West		Amount of Each Disbursement this Period 44.56
City Missoula	State MT	
Zip Code 59808	Purpose of Disbursement Vehicle rental (see transaction SB17.7419)	Transaction ID : <b>SB17.7477</b>
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 1901 Terminal Cit		Amount of Each Disbursement this Period 444.45
City Billings	State MT	
Zip Code 59105	Purpose of Disbursement Vehicle rental (see transaction SB17.7419)	Transaction ID : <b>SB17.7462</b>
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 54 OF 145			
	<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) <b>A. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 2117 US Hwy 2 E		Amount of Each Disbursement this Period 48.72
City Kalispell	State MT Zip Code 59901	
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Transaction ID : SB17.7472
Candidate Name		
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 1238 W. Main St.		Amount of Each Disbursement this Period 289.69
City Bozeman	State MT Zip Code 59715	
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Transaction ID : SB17.7466
Candidate Name		
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 3015 Prospect Ave.		Amount of Each Disbursement this Period 97.45
City Helena	State MT Zip Code 59601	
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Transaction ID : SB17.7469
Candidate Name		
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 55 OF 145			
	<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) <b>A. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 2117 US Hwy 2 E		Amount of Each Disbursement this Period 65.36
City Kalispell	State MT Zip Code 59901	
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Transaction ID : SB17.7473
Candidate Name		
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 1901 Terminal Cit		Amount of Each Disbursement this Period 153.93
City Billings	State MT Zip Code 59105	
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Transaction ID : SB17.7463
Candidate Name		
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2014
Mailing Address 5225 US Hwy 10 West		Amount of Each Disbursement this Period 120.33
City Missoula	State MT Zip Code 59808	
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Transaction ID : SB17.7478
Candidate Name		
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)	[MEMO ITEM]
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 56 OF 145			
	<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) <b>A. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 2117 US Hwy 2 E		Amount of Each Disbursement this Period 146.17
City Kalispell	State MT	Zip Code 59901
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Category/ Type
Candidate Name		
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:		

Transaction ID : SB17.7474  
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 1901 Terminal Cit		Amount of Each Disbursement this Period 125.45
City Billings	State MT	Zip Code 59105
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Category/ Type
Candidate Name		
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:		

Transaction ID : SB17.7464  
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>c. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 1901 Terminal Cit		Amount of Each Disbursement this Period 130.73
City Billings	State MT	Zip Code 59105
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Category/ Type
Candidate Name		
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:		

Transaction ID : SB17.7465  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 57 OF 145	
	<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) <b>A. Executive Mailing Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 221 E Mendenhall St.		Amount of Each Disbursement this Period 2017.38
City Bozeman	State MT	
Zip Code 59715	Purpose of Disbursement Printing (see transaction SB17.7419)	Transaction ID : SB17.7479
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ExxonMobil</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 3120 US 12		Amount of Each Disbursement this Period 96.46
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7485
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ExxonMobil</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 7985 Hwy 200		Amount of Each Disbursement this Period 50.28
City Milltown	State MT	
Zip Code 59851	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7495
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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)

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**MATT ROSENDALE FOR MONTANA**

Full Name (Last, First, Middle Initial)

**A. ExxonMobil**

Mailing Address 312 S. 1st Ave.

Date of Disbursement

M M / D D / Y Y Y Y
04 / 01 / 2014

City State Zip Code  
 Laurel MT 59044

Amount of Each Disbursement this Period

100.00
--------

Purpose of Disbursement  
 Fuel (see transaction SB17.7419)

Category/ Type
-------------------

Transaction ID : SB17.7493

Candidate Name

[MEMO ITEM]

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

State: District:

Full Name (Last, First, Middle Initial)

**B. ExxonMobil**

Mailing Address 602 8th Avenue North

Date of Disbursement

M M / D D / Y Y Y Y
04 / 03 / 2014

City State Zip Code  
 Columbus MT 59019

Amount of Each Disbursement this Period

44.47
-------

Purpose of Disbursement  
 Fuel (see transaction SB17.7419)

Category/ Type
-------------------

Transaction ID : SB17.7484

Candidate Name

[MEMO ITEM]

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

State: District:

Full Name (Last, First, Middle Initial)

**C. ExxonMobil**

Mailing Address 3120 US 12

Date of Disbursement

M M / D D / Y Y Y Y
04 / 19 / 2014

City State Zip Code  
 Helena MT 59601

Amount of Each Disbursement this Period

71.81
-------

Purpose of Disbursement  
 Fuel (see transaction SB17.7419)

Category/ Type
-------------------

Transaction ID : SB17.7486

Candidate Name

[MEMO ITEM]

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

State: District:

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00
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**TOTAL** This Period (last page this line number only) .....

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**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 59 OF 145			
	<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) <b>A. ExxonMobil</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 3120 US 12		Amount of Each Disbursement this Period 98.95
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : <b>SB17.7487</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ExxonMobil</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 1035 Reeves Rd W		Amount of Each Disbursement this Period 100.00
City Bozeman	State MT	
Zip Code 59715	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : <b>SB17.7482</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ExxonMobil</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 3120 US 12		Amount of Each Disbursement this Period 91.61
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : <b>SB17.7488</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 60 OF 145			
	<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) <b>A. ExxonMobil</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2014
Mailing Address 10800 US Hwy 287		Amount of Each Disbursement this Period 100.00
City Three Forks	State MT Zip Code 59752	
Purpose of Disbursement Fuel (see transaction SB17.7419)	Category/Type	<b>Transaction ID : SB17.7497</b>
Candidate Name		
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)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ExxonMobil</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address 3120 US 12		Amount of Each Disbursement this Period 100.00
City Helena	State MT Zip Code 59601	
Purpose of Disbursement Fuel (see transaction SB17.7419)	Category/Type	<b>Transaction ID : SB17.7489</b>
Candidate Name		
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)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Exxon Mobil</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 3700 Harrison Ave.		Amount of Each Disbursement this Period 100.00
City Butte	State MT Zip Code 59701	
Purpose of Disbursement Fuel (see transaction SB17.7419)	Category/Type	<b>Transaction ID : SB17.7481</b>
Candidate Name		
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)	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 61 OF 145	
	<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) <b>A. ExxonMobil</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 2605 US Hwy 2 E		Amount of Each Disbursement this Period 96.07
City Kalispell	State MT Zip Code 59901	
Purpose of Disbursement Fuel (see transaction SB17.7419)	Category/Type	<b>Transaction ID : SB17.7491</b> <b>[MEMO ITEM]</b>
Candidate Name		
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>B. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 3875 Airways Blvd		Amount of Each Disbursement this Period 4.99
City Memphis	State TN Zip Code 38116	
Purpose of Disbursement Express shipping (see transaction SB17.7419)	Category/Type	<b>Transaction ID : SB17.7500</b> <b>[MEMO ITEM]</b>
Candidate Name		
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>c. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 3875 Airways Blvd		Amount of Each Disbursement this Period 15.99
City Memphis	State TN Zip Code 38116	
Purpose of Disbursement Express shipping (see transaction SB17.7419)	Category/Type	<b>Transaction ID : SB17.7498</b> <b>[MEMO ITEM]</b>
Candidate Name		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 62 OF 145			
	<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) <b>A. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 3875 Airways Blvd		Amount of Each Disbursement this Period 21.85
City Memphis	State TN	
Zip Code 38116	Purpose of Disbursement Express shipping (see transaction SB17.7419)	Transaction ID : SB17.7499
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Finest Oil Co</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 3665 Grant Creek Rd.		Amount of Each Disbursement this Period 32.49
City Missoula	State MT	
Zip Code 59808	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7502
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Flo's Conoco</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 410 E Front St		Amount of Each Disbursement this Period 31.03
City Drummond	State MT	
Zip Code 59832	Purpose of Disbursement Fuel (see transaction SB17.7766)	Transaction ID : SB17.7771
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 63 OF 145			
	<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) <b>A. Friendly's</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 1831 11th Ave.		Amount of Each Disbursement this Period 311.96
City Helena	State MT	
Purpose of Disbursement Fuel (see transaction SB17.7419)		Transaction ID : SB17.7503
Candidate Name		
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)	[MEMO ITEM]
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Global Net</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address 421 W. Griffin, Suite 4		Amount of Each Disbursement this Period 163.48
City Bozeman	State MT	
Purpose of Disbursement Internet service		Transaction ID : SB17.7635
Candidate Name		
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)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Global Net</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 421 W. Griffin, Suite 4		Amount of Each Disbursement this Period 148.48
City Bozeman	State MT	
Purpose of Disbursement Internet service		Transaction ID : SB17.7665
Candidate Name		
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)	Category/ Type
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	311.96
<b>TOTAL</b> 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 64 OF 145			
	<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) <b>A. Gober Hilgers, PLLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014		
Mailing Address 1005 Congress Ave., Ste. 350			Amount of Each Disbursement this Period 2599.90		
City Austin	State TX	Zip Code 78701	Transaction ID : SB17.7621		
Purpose of Disbursement Legal and accounting services		Category/ Type			
Candidate Name					
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>B. Gober Hilgers, PLLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014		
Mailing Address 1005 Congress Ave., Ste. 350			Amount of Each Disbursement this Period 2573.77		
City Austin	State TX	Zip Code 78701	Transaction ID : SB17.7622		
Purpose of Disbursement Legal and accounting services		Category/ Type			
Candidate Name					
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>c. Gober Hilgers, PLLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014		
Mailing Address 1005 Congress Ave., Ste. 350			Amount of Each Disbursement this Period 2061.45		
City Austin	State TX	Zip Code 78701	Transaction ID : SB17.7672		
Purpose of Disbursement Legal and accounting services		Category/ Type			
Candidate Name					
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: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7235.12
<b>TOTAL</b> 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 65 OF 145			
	<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) <b>A. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 1600 Ampitheatre Pkwy.		Amount of Each Disbursement this Period 85.00
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Subscription	Transaction ID : SB17.7697
Candidate Name	Category/ Type	
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>B. Grand Avenue Development, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address P.O. Box 80945		Amount of Each Disbursement this Period 650.00
City Billings	State MT	
Zip Code 59108	Purpose of Disbursement Office rent	Transaction ID : SB17.7682
Candidate Name	Category/ Type	
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>c. Hellgate Service Center</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 711 E Broadway St.		Amount of Each Disbursement this Period 22.29
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Fuel (see transaction SB17.7766)	Transaction ID : SB17.7775
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	735.00
<b>TOTAL</b> 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 66 OF 145			
	<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) <b>A. Ethan J. Heverly</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 4308.19
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Salary	Transaction ID : SB17.7673
Candidate Name	Category/ Type	
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>B. Ethan J. Heverly</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 955.48
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Reimbursement - lodging, meals, mileage, postage, supplies (see below if itemized)	Transaction ID : SB17.7751
Candidate Name	Category/ Type	
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>C. Ethan J. Heverly</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 476.17
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Mileage reimbursement	Transaction ID : SB17.7751.0
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5263.67
<b>TOTAL</b> 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 67 OF 145	
	<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) <b>A. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 841 S 26th St		Amount of Each Disbursement this Period 21.89
City Billings	State MT	
Zip Code 59101	Purpose of Disbursement Postage	Transaction ID : SB17.7751.4
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Max</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 2649 Kings Ave West		Amount of Each Disbursement this Period 84.34
City Billings	State MT	
Zip Code 59101	Purpose of Disbursement Batteries, speakers	Transaction ID : SB17.7751.6
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Residence Inn Bozeman</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 6195 East Valley Center Rd.		Amount of Each Disbursement this Period 175.00
City Bozeman	State MT	
Zip Code 59718	Purpose of Disbursement Lodging	Transaction ID : SB17.7751.8
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 68 OF 145			
	<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) <b>A. Ethan J. Heverly</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014		
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 571.15		
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.7720		
Purpose of Disbursement Salary		Category/ Type			
Candidate Name					
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>B. Holiday Inn Bozeman</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014		
Mailing Address 5 East Baxter Lane			Amount of Each Disbursement this Period 106.52		
City Bozeman	State MT	Zip Code 59715	Transaction ID : SB17.7698		
Purpose of Disbursement Lodging		Category/ Type			
Candidate Name					
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>c. Holiday Inn Bozeman</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014		
Mailing Address 5 East Baxter Lane			Amount of Each Disbursement this Period 95.35		
City Bozeman	State MT	Zip Code 59715	Transaction ID : SB17.7699		
Purpose of Disbursement Lodging		Category/ Type			
Candidate Name					
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	773.02
<b>TOTAL</b> 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 69 OF 145			
	<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) <b>A. Holiday Stationstore</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 500 Fee St.		Amount of Each Disbursement this Period 37.21
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7508 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
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>B. Holiday Stationstore</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 401 Euclid Ave		Amount of Each Disbursement this Period 80.38
City Helena	State MT	
Zip Code 59601-2855	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7514 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
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>c. Holiday Stationstore</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 790 S Billings Blvd		Amount of Each Disbursement this Period 100.00
City Billings	State MT	
Zip Code 59101	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7512 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 70 OF 145			
	<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) <b>A. Holiday Stationstore</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 401 Euclid Ave		Amount of Each Disbursement this Period 94.12
City Helena	State MT	
Zip Code 59601-2855	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : <b>SB17.7515</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Holiday Stationstore</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 601 Northwest Bypass		Amount of Each Disbursement this Period 100.00
City Great Falls	State MT	
Zip Code 59404-2480	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : <b>SB17.7509</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Holiday Stationstore</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 790 S Billings Blvd		Amount of Each Disbursement this Period 72.83
City Billings	State MT	
Zip Code 59101	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : <b>SB17.7513</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 71 OF 145			
	<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) <b>A. Holiday Stationstore</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2014
Mailing Address 790 S Billings Blvd		Amount of Each Disbursement this Period 39.00
City Billings	State MT	
Zip Code 59101	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7510 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
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>B. Holiday Stationstore</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 401 Euclid Ave		Amount of Each Disbursement this Period 41.26
City Helena	State MT	
Zip Code 59601-2855	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7516 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
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>c. Holiday Stationstore</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 790 S Billings Blvd		Amount of Each Disbursement this Period 39.61
City Billings	State MT	
Zip Code 59101	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7511 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 72 OF 145			
	<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) <b>A. Home Depot</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 2784 King Ave W			Amount of Each Disbursement this Period 839.76
City Billings	State MT	Zip Code 59102-6430	
Purpose of Disbursement Hardware for signs (see transaction SB17.7419)		Category/ Type	<b>Transaction ID : SB17.7582</b>
Candidate Name			
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)		<b>[MEMO ITEM]</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Home Depot</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 2784 King Ave W			Amount of Each Disbursement this Period -788.00
City Billings	State MT	Zip Code 59102-6430	
Purpose of Disbursement Credit for return-hardware for signs (see transaction SB17.7419)		Category/ Type	<b>Transaction ID : SB17.7583</b>
Candidate Name			
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)		<b>[MEMO ITEM]</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. i360, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address P.O. Box 37046			Amount of Each Disbursement this Period 350.00
City Baltimore	State MD	Zip Code 21297-3046	
Purpose of Disbursement Monthly canvassing app, subscription		Category/ Type	<b>Transaction ID : SB17.7788</b>
Candidate Name			
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	350.00
<b>TOTAL</b> 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 73 OF 145			
	<input checked="" type="checkbox"/> 17 <input 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) <b>A. IHOP</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 2425 US Hwy 93		Amount of Each Disbursement this Period 0.00
City Kalispell	State MT	
Zip Code 59901	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Transaction ID : <b>SB17.7518</b> <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
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>B. IHOP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 1687 N 19th Ave.		Amount of Each Disbursement this Period 50.00
City Bozeman	State MT	
Zip Code 59718	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Transaction ID : <b>SB17.7517</b> <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
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>c. JJ's Bakery</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address 112 Central Ave.		Amount of Each Disbursement this Period 56.00
City Great Falls	State MT	
Zip Code 59401	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Transaction ID : <b>SB17.7522</b> <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 74 OF 145			
	<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) <b>A. Jorgenson's Inn &amp; Suites</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014		
Mailing Address 1714 11th Avenue			Amount of Each Disbursement this Period 95.16		
City Helena	State MT	Zip Code 59601	Transaction ID : SB17.7523		
Purpose of Disbursement Lodging (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
Candidate Name					
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>B. Jorgenson's Inn &amp; Suites</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014		
Mailing Address 1714 11th Avenue			Amount of Each Disbursement this Period 95.16		
City Helena	State MT	Zip Code 59601	Transaction ID : SB17.7524		
Purpose of Disbursement Lodging (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
Candidate Name					
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>c. Jorgenson's Inn &amp; Suites</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014		
Mailing Address 1714 11th Avenue			Amount of Each Disbursement this Period 380.64		
City Helena	State MT	Zip Code 59601	Transaction ID : SB17.7525		
Purpose of Disbursement Lodging (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
Candidate Name					
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 75 OF 145			
	<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) <b>A. Jorgenson's Inn &amp; Suites</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2014		
Mailing Address 1714 11th Avenue			Amount of Each Disbursement this Period 95.16		
City Helena	State MT	Zip Code 59601	Transaction ID : SB17.7526		
Purpose of Disbursement Lodging (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
Candidate Name					
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>B. Jorgenson's Inn &amp; Suites</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2014		
Mailing Address 1714 11th Avenue			Amount of Each Disbursement this Period 95.16		
City Helena	State MT	Zip Code 59601	Transaction ID : SB17.7527		
Purpose of Disbursement Lodging (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
Candidate Name					
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>c. Jorgenson's Inn &amp; Suites</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014		
Mailing Address 1714 11th Avenue			Amount of Each Disbursement this Period 95.16		
City Helena	State MT	Zip Code 59601	Transaction ID : SB17.7528		
Purpose of Disbursement Lodging (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
Candidate Name					
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: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 76 OF 145	
	<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) <b>A. Jorgenson's Inn &amp; Suites</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014	
Mailing Address 1714 11th Avenue			Amount of Each Disbursement this Period 95.16	
City Helena	State MT	Zip Code 59601	Transaction ID : SB17.7529	
Purpose of Disbursement Lodging (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]	
Candidate Name				
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>B. Kalispell Grand Hotel</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 100 Main St.			Amount of Each Disbursement this Period 243.40	
City Kalispell	State MT	Zip Code 59901-4452	Transaction ID : SB17.7530	
Purpose of Disbursement Lodging (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]	
Candidate Name				
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>c. Kalispell Grand Hotel</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014	
Mailing Address 100 Main St.			Amount of Each Disbursement this Period 68.34	
City Kalispell	State MT	Zip Code 59901-4452	Transaction ID : SB17.7531	
Purpose of Disbursement Lodging (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]	
Candidate Name				
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 77 OF 145			
	<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) <b>A. Kalispell Grand Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2014
Mailing Address 100 Main St.		Amount of Each Disbursement this Period 162.36
City Kalispell	State MT	
Zip Code 59901-4452	Purpose of Disbursement Lodging (see transaction SB17.7419)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Kalispell Grand Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2014
Mailing Address 100 Main St.		Amount of Each Disbursement this Period 82.25
City Kalispell	State MT	
Zip Code 59901-4452	Purpose of Disbursement Lodging (see transaction SB17.7419)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Kalispell Grand Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 100 Main St.		Amount of Each Disbursement this Period 246.75
City Kalispell	State MT	
Zip Code 59901-4452	Purpose of Disbursement Lodging (see transaction SB17.7419)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 78 OF 145	
	<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) <b>A. Kalispell Grand Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 100 Main St.		Amount of Each Disbursement this Period 82.25
City Kalispell	State MT	
Zip Code 59901-4452	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7535</b>
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kalispell Grand Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2014
Mailing Address 100 Main St.		Amount of Each Disbursement this Period 121.70
City Kalispell	State MT	
Zip Code 59901-4452	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7536</b>
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Kwik Stop Sinclair</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 505 Highton St.		Amount of Each Disbursement this Period 4.36
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Transaction ID : <b>SB17.7537</b>
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 79 OF 145			
	<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) <b>A. Alana M. Lake</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014	
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 1230.56	
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.7689	
Purpose of Disbursement Salary		Candidate Name	Category/ Type	
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>B. Alana M. Lake</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 242.79	
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.7719	
Purpose of Disbursement Salary		Candidate Name	Category/ Type	
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>c. Alex S. Lamping</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014	
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 1801.36	
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.7690	
Purpose of Disbursement Salary		Candidate Name	Category/ Type	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3274.71
<b>TOTAL</b> 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 80 OF 145			
	<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) <b>A. Alex S. Lamping</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014		
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 218.94		
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.7716		
Purpose of Disbursement Salary		Category/ Type			
Candidate Name					
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>B. La Parilla</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014		
Mailing Address 1624 Babcock St.			Amount of Each Disbursement this Period 25.96		
City Bozeman	State MT	Zip Code 59715	Transaction ID : SB17.7538		
Purpose of Disbursement Meal expense (see transaction SB17.7419)		Category/ Type			
Candidate Name					
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>c. Lithia Chrysler Dodge</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014		
Mailing Address 2229 King W. Ave.			Amount of Each Disbursement this Period 109.95		
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.7540		
Purpose of Disbursement Vehicle maintenance (see transaction SB17.7419)		Category/ Type			
Candidate Name					
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: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	218.94
<b>TOTAL</b> 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 81 OF 145			
	<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) <b>A. Lithia Chrysler Dodge</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 3377 US 12		Amount of Each Disbursement this Period 124.05
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Vehicle maintenance (see transaction SB17.7419)	Transaction ID : SB17.7541
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Loaf N Jug</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 1910 West Main		Amount of Each Disbursement this Period 125.29
City Bozeman	State MT	
Zip Code 59718	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7542
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Lowe's Home Improvement</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 2360 Hwy 93 North		Amount of Each Disbursement this Period 105.48
City Kalispell	State MT	
Zip Code 59901	Purpose of Disbursement Hardware for signs (see transaction SB17.7419)	Transaction ID : SB17.7546
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 82 OF 145			
	<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) <b>A. Lowe's Home Improvement</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 2717 King Ave. W		Amount of Each Disbursement this Period 1200.72
City Billings	State MT Zip Code 59102	
Purpose of Disbursement Hardware for signs (see transaction SB17.7419)		Transaction ID : SB17.7543
Candidate Name		
Office Sought:	Disbursement For:	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Lowe's Home Improvement</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 2360 Hwy 93 North		Amount of Each Disbursement this Period 427.32
City Kalispell	State MT Zip Code 59901	
Purpose of Disbursement Hardware for signs (see transaction SB17.7419)		Transaction ID : SB17.7547
Candidate Name		
Office Sought:	Disbursement For:	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Lowe's Home Improvement</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 3291 N Sanders St		Amount of Each Disbursement this Period -233.48
City Helena	State MT Zip Code 59602	
Purpose of Disbursement Credit for return-hardware for signs (see transaction SB17.7419)		Transaction ID : SB17.7544
Candidate Name		
Office Sought:	Disbursement For:	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 83 OF 145			
	<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) <b>A. Lowe's Home Improvement</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014		
Mailing Address 3291 N Sanders St			Amount of Each Disbursement this Period 19.98		
City Helena	State MT	Zip Code 59602	Transaction ID : SB17.7545		
Purpose of Disbursement Hardware for signs (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
Candidate Name					
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>B. Zachary MacQuarrie</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014		
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 1801.36		
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.7691		
Purpose of Disbursement Salary		Category/ Type			
Candidate Name					
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>c. Zachary MacQuarrie</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014		
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 218.94		
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.7712		
Purpose of Disbursement Salary		Category/ Type			
Candidate Name					
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2020.30
<b>TOTAL</b> 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 84 OF 145			
	<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) <b>A. Marathon Strategic Communications, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 3771 Vinecrest Drive		Amount of Each Disbursement this Period 19866.31 <b>Transaction ID : SB17.7785</b>
City Dallas State TX Zip Code 75229	Purpose of Disbursement Direct mail postage	
Candidate Name	Category/Type	
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>B. Marathon Strategic Communications, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 3771 Vinecrest Drive		Amount of Each Disbursement this Period 39076.90 <b>Transaction ID : SB17.7636</b>
City Dallas State TX Zip Code 75229	Purpose of Disbursement Direct mail printing & postage	
Candidate Name	Category/Type	
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>C. Marathon Strategic Communications, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 3771 Vinecrest Drive		Amount of Each Disbursement this Period 9200.00 <b>Transaction ID : SB17.7646</b>
City Dallas State TX Zip Code 75229	Purpose of Disbursement Direct mail printing	
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	68143.21
<b>TOTAL</b> 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 85 OF 145			
	<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) <b>A. Marathon Strategic Communications, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 3771 Vinecrest Drive			Amount of Each Disbursement this Period 12470.97 <b>Transaction ID : SB17.7666</b>
City Dallas	State TX	Zip Code 75229	
Purpose of Disbursement Direct mail printing		Category/ Type	
Candidate Name			
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>B. Martin's Property Management, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address PO Box 245			Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.7632</b>
City Stevensville	State MT	Zip Code 59870	
Purpose of Disbursement Office rent		Category/ Type	
Candidate Name			
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>c. McDonald's</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 3060 Montana Ave.			Amount of Each Disbursement this Period 27.43 <b>Transaction ID : SB17.7548</b> <b>[MEMO ITEM]</b>
City Helena	State MT	Zip Code 59601	
Purpose of Disbursement Meal expense (see transaction SB17.7419)		Category/ Type	
Candidate Name			
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13270.97
<b>TOTAL</b> 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 86 OF 145			
	<input checked="" type="checkbox"/> 17 <input 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				

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) <b>A. Wes McElhinny</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 2300.81 <b>Transaction ID : SB17.7692</b>
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Salary	Category/ Type
Candidate Name	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>B. Wes McElhinny</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 285.58 <b>Transaction ID : SB17.7713</b>
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Salary	Category/ Type
Candidate Name	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>c. Monroe's High Country Travel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 3122 US 12		Amount of Each Disbursement this Period 49.47 <b>Transaction ID : SB17.7507</b> <b>[MEMO ITEM]</b>
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Fuel (see transaction SB17.7419)	Category/ Type
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2586.39
<b>TOTAL</b> 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 87 OF 145			
	<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) <b>A. Montana Ace - Eastgate</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 905 E Broadway St.		Amount of Each Disbursement this Period 9.99
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Hardware for signs (see transaction SB17.7419)	Transaction ID : <b>SB17.7549</b>
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MT Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address PO Box 5835		Amount of Each Disbursement this Period 400.00
City Helena	State MT	
Zip Code 59604	Purpose of Disbursement Payroll tax	Transaction ID : <b>SB17.7784</b>
Candidate Name	Category/Type	
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>C. MT Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address PO Box 5835		Amount of Each Disbursement this Period 846.00
City Helena	State MT	
Zip Code 59604	Purpose of Disbursement Payroll tax	Transaction ID : <b>SB17.7684</b>
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1246.00
<b>TOTAL</b> 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 88 OF 145			
	<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) <b>A. MT Unemployment Insurance Division</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. Box 6339		Amount of Each Disbursement this Period 634.38
City Helena	State MT	
Zip Code 59604-6339	Purpose of Disbursement Payroll tax	Transaction ID : SB17.7644
Candidate Name	Category/ Type	
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>B. MT Unemployment Insurance Division</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. Box 6339		Amount of Each Disbursement this Period 1048.79
City Helena	State MT	
Zip Code 59604-6339	Purpose of Disbursement Payroll tax	Transaction ID : SB17.7645
Candidate Name	Category/ Type	
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>c. Muralt's Travel Plaza</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 8800 Truck Stop Rd.		Amount of Each Disbursement this Period 116.59
City Missoula	State MT	
Zip Code 59808	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7550
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1683.17
<b>TOTAL</b> 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 89 OF 145			
	<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) <b>A. Murdoch's Ranch &amp; Homes Supply</b>		Date of Disbursement
Mailing Address 3050 N Montana Ave.		M M / D D / Y Y Y Y 03 / 25 / 2014
City Helena	State MT	Zip Code 59601
Purpose of Disbursement Hardware for signs (see transaction SB17.7419)	Category/ Type	Amount of Each Disbursement this Period 441.94
Candidate Name		<b>Transaction ID : SB17.7551</b>
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)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Alison R. Nearhoof</b>		Date of Disbursement
Mailing Address 1201 Grand Ave., Ste. 9		M M / D D / Y Y Y Y 05 / 31 / 2014
City Billings	State MT	Zip Code 59102
Purpose of Disbursement Salary	Category/ Type	Amount of Each Disbursement this Period 1859.74
Candidate Name		<b>Transaction ID : SB17.7693</b>
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>C. Alison R. Nearhoof</b>		Date of Disbursement
Mailing Address 1201 Grand Ave., Ste. 9		M M / D D / Y Y Y Y 06 / 30 / 2014
City Billings	State MT	Zip Code 59102
Purpose of Disbursement Salary	Category/ Type	Amount of Each Disbursement this Period 218.94
Candidate Name		<b>Transaction ID : SB17.7723</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2078.68
<b>TOTAL</b> 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 90 OF 145			
	<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) <b>A. Alison R. Nearhoof</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 607.63 <b>Transaction ID : SB17.7724</b>
City Billings	State MT Zip Code 59102	
Purpose of Disbursement Reimbursement - postage, mileage, fuel, meal expense, supplies (see below if itemized)		Category/Type
Candidate Name		
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>B. Alison R. Nearhoof</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 160.16 <b>Transaction ID : SB17.7724.0</b> <b>[MEMO ITEM]</b>
City Billings	State MT Zip Code 59102	
Purpose of Disbursement Mileage reimbursement		Category/Type
Candidate Name		
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>c. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 841 S 26th St		Amount of Each Disbursement this Period 88.75 <b>Transaction ID : SB17.7724.1</b> <b>[MEMO ITEM]</b>
City Billings	State MT Zip Code 59101	
Purpose of Disbursement Postage		Category/Type
Candidate Name		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	607.63
<b>TOTAL</b> 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 91 OF 145	
	<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) <b>A. Murdoch's Ranch &amp; Homes Supply</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 3050 N Montana Ave.		Amount of Each Disbursement this Period 4.49
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Hardware for signs	Transaction ID : SB17.7724.9
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Noons #457</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address 540 E Broadway St.		Amount of Each Disbursement this Period 27.07
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7552
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NorthStar Campaign Systems, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 11421 Davenport St.		Amount of Each Disbursement this Period 6430.16
City Omaha	State NE	
Zip Code 68154	Purpose of Disbursement VoIP phones & minutes, platform & server	Transaction ID : SB17.7667
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6430.16
<b>TOTAL</b> 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 92 OF 145			
	<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) <b>A. O'Haire Motor Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 17 7th St.		Amount of Each Disbursement this Period 69.21
City Great Falls	State MT	
Zip Code 59401	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7553</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. O'Haire Motor Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 17 7th St.		Amount of Each Disbursement this Period 69.21
City Great Falls	State MT	
Zip Code 59401	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7554</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. O'Haire Motor Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address 17 7th St.		Amount of Each Disbursement this Period 162.50
City Great Falls	State MT	
Zip Code 59401	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7555</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 93 OF 145			
	<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) <b>A. O'Haire Motor Inn</b>		Date of Disbursement
Mailing Address 17 7th St.		M M / D D / Y Y Y Y 05 / 02 / 2014
City	State	Zip Code
Great Falls	MT	59401
Purpose of Disbursement Lodging (see transaction SB17.7419)	Amount of Each Disbursement this Period	
	138.42	
Candidate Name	Transaction ID : SB17.7556	
	[MEMO ITEM]	
Office Sought:	House	Disbursement For:
	Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General
	President	<input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement
Mailing Address 2800 King Ave. W		M M / D D / Y Y Y Y 05 / 16 / 2014
City	State	Zip Code
Billings	MT	59102-7463
Purpose of Disbursement Office supplies (see transaction SB17.7419)	Amount of Each Disbursement this Period	
	176.99	
Candidate Name	Transaction ID : SB17.7558	
	[MEMO ITEM]	
Office Sought:	House	Disbursement For:
	Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General
	President	<input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Office Max</b>		Date of Disbursement
Mailing Address 2649 Kings Ave West		M M / D D / Y Y Y Y 04 / 05 / 2014
City	State	Zip Code
Billings	MT	59101
Purpose of Disbursement Office supplies (see transaction SB17.7419)	Amount of Each Disbursement this Period	
	213.56	
Candidate Name	Transaction ID : SB17.7559	
	[MEMO ITEM]	
Office Sought:	House	Disbursement For:
	Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General
	President	<input type="checkbox"/> Other (specify)
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 94 OF 145			
	<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) <b>A. Office Max</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2014
Mailing Address 2649 Kings Ave West		Amount of Each Disbursement this Period 32.73
City Billings	State MT Zip Code 59101	
Purpose of Disbursement Office supplies (see transaction SB17.7419)		Transaction ID : SB17.7560
Candidate Name		
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Office Max</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address 2649 Kings Ave West		Amount of Each Disbursement this Period 17.09
City Billings	State MT Zip Code 59101	
Purpose of Disbursement Office supplies (see transaction SB17.7419)		Transaction ID : SB17.7561
Candidate Name		
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. OnMessage, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 817 Slaters Lane		Amount of Each Disbursement this Period 37901.03
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Media buys		Transaction ID : SB17.7617
Candidate Name		
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	37901.03
<b>TOTAL</b> 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 95 OF 145			
	<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) <b>A. OnMessage, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 817 Slaters Lane		Amount of Each Disbursement this Period 1097.97
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Media production fees	<b>Transaction ID : SB17.7618</b>
Candidate Name	Category/ Type	
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>B. OnMessage, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 817 Slaters Lane		Amount of Each Disbursement this Period 29843.62
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Media production fees	<b>Transaction ID : SB17.7619</b>
Candidate Name	Category/ Type	
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>c. OnMessage, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 817 Slaters Lane		Amount of Each Disbursement this Period 6045.00
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Media production fees	<b>Transaction ID : SB17.7620</b>
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	36986.59
<b>TOTAL</b> 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 96 OF 145			
	<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) <b>A. OnMessage, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 817 Slaters Lane		Amount of Each Disbursement this Period 25000.00
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Media buy	Transaction ID : SB17.7786
Candidate Name	Category/ Type	
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>B. OnMessage, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 817 Slaters Lane		Amount of Each Disbursement this Period 31972.53
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Media buys	Transaction ID : SB17.7668
Candidate Name	Category/ Type	
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>c. Panda C Store</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 621 Bridger Dr.		Amount of Each Disbursement this Period 100.00
City Bozeman	State MT	
Zip Code 59715	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7565
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	56972.53
<b>TOTAL</b> 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 97 OF 145			
	<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) <b>A. Papa John's Pizza</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 404 N 7th Ave.		Amount of Each Disbursement this Period 24.00
City Bozeman	State MT	
Zip Code 59715	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Transaction ID : SB17.7566 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
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>B. Papa John's Pizza</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 404 N 7th Ave.		Amount of Each Disbursement this Period 71.79
City Bozeman	State MT	
Zip Code 59715	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Transaction ID : SB17.7567 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
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>C. Papa John's Pizza</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 404 N 7th Ave.		Amount of Each Disbursement this Period 43.98
City Bozeman	State MT	
Zip Code 59715	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Transaction ID : SB17.7568 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 98 OF 145			
	<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) <b>A. Phillips 66-Conoco</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 411 S. Keeler		Amount of Each Disbursement this Period 1.49
City Bartlesville	State OK	
Zip Code 74004-0001	Purpose of Disbursement Fuel (see transaction SB17.7419)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Phillips 66-Conoco</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 411 S. Keeler		Amount of Each Disbursement this Period 17.51
City Bartlesville	State OK	
Zip Code 74004-0001	Purpose of Disbursement Fuel (see transaction SB17.7419)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Pilot Travel Center</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 602 8th Ave. N		Amount of Each Disbursement this Period 100.00
City Columbus	State MT	
Zip Code 59019	Purpose of Disbursement Fuel (see transaction SB17.7419)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 99 OF 145	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**MATT ROSENDALE FOR MONTANA**

Full Name (Last, First, Middle Initial) <b>A. Platinum Property Management</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address ATTN: Sheena Kyllonen 2149 Durston Rd., Ste. 34		Amount of Each Disbursement this Period 400.00
City Bozeman	State MT	
Zip Code 59718	Purpose of Disbursement Office rent	Transaction ID : SB17.7633
Candidate Name	Category/Type	
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>B. Qboda Mexican Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 855 S 29th Ave #2		Amount of Each Disbursement this Period 17.25
City Bozeman	State MT	
Zip Code 59718	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Transaction ID : SB17.7571
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Qdoba Mexican Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 1001 E. Broadway, Ste. 4		Amount of Each Disbursement this Period 17.50
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Transaction ID : SB17.7572
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	400.00
<b>TOTAL</b> 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 100 OF 145	
	<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) <b>A. Residence Inn Bozeman</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2014
Mailing Address 6195 East Valley Center Rd.		Amount of Each Disbursement this Period 74.83
City Bozeman	State MT	
Zip Code 59718	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7573</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Residence Inn Bozeman</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2014
Mailing Address 6195 East Valley Center Rd.		Amount of Each Disbursement this Period 74.83
City Bozeman	State MT	
Zip Code 59718	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7574</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Robert A. Ricketts Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 1801.36
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Salary	Transaction ID : <b>SB17.7694</b>
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1801.36
<b>TOTAL</b> 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 101 OF 145	
	<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) <b>A. Robert A. Ricketts Jr.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 218.94	
City Billings	State MT	Zip Code 59102	Transaction ID : <b>SB17.7718</b>	
Purpose of Disbursement Salary		Category/ Type		
Candidate Name				
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>B. Rosauers Supermarkets</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 3255 Technology Blvd.			Amount of Each Disbursement this Period 9.48	
City Bozeman	State MT	Zip Code 59718	Transaction ID : <b>SB17.7575</b>	
Purpose of Disbursement Meal expense (see transaction SB17.7419)		Category/ Type		
Candidate Name			[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>c. Ryan M. Shore</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014	
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 1801.36	
City Billings	State MT	Zip Code 59102	Transaction ID : <b>SB17.7695</b>	
Purpose of Disbursement Salary		Category/ Type		
Candidate Name				
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: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2020.30
<b>TOTAL</b> 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 102 OF 145	
	<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) <b>A. Ryan M. Shore</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 218.94	
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.7722	
Purpose of Disbursement Salary		Category/ Type		
Candidate Name				
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>B. Chase B. Sick</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014	
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 1741.99	
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.7696	
Purpose of Disbursement Salary		Category/ Type		
Candidate Name				
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>c. Chase B. Sick</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 318.94	
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.7715	
Purpose of Disbursement Salary		Category/ Type		
Candidate Name				
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2279.87
<b>TOTAL</b> 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 103 OF 145	
	<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) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 2501 Brooks St.		Amount of Each Disbursement this Period 14.97
City Missoula	State MT	
Zip Code 59801	Purpose of Disbursement Office supplies (see transaction SB17.7419)	Transaction ID : <b>SB17.7576</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 2501 Brooks St.		Amount of Each Disbursement this Period 22.28
City Missoula	State MT	
Zip Code 59801	Purpose of Disbursement Office supplies (see transaction SB17.7419)	Transaction ID : <b>SB17.7577</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 2501 Brooks St.		Amount of Each Disbursement this Period 67.19
City Missoula	State MT	
Zip Code 59801	Purpose of Disbursement Office supplies (see transaction SB17.7419)	Transaction ID : <b>SB17.7578</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 104 OF 145			
	<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) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 2501 Brooks St.		Amount of Each Disbursement this Period 199.95
City Missoula	State MT	
Zip Code 59801	Purpose of Disbursement Router, copies (see transaction SB17.7766)	Transaction ID : <b>SB17.7769</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Subway</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 2750 Old Hardin Rd.		Amount of Each Disbursement this Period 35.98
City Billings	State MT	
Zip Code 59101	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Transaction ID : <b>SB17.7579</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Subway</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 426 Hwy 135		Amount of Each Disbursement this Period 23.12
City Saint Regis	State MT	
Zip Code 59866	Purpose of Disbursement Meal expense (see transaction SB17.7766)	Transaction ID : <b>SB17.7773</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 105 OF 145			
	<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) <b>A. Sykes Diner</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 202 2nd Ave. W.		Amount of Each Disbursement this Period 75.49
City Kalispell	State MT	
Zip Code 59901	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Transaction ID : <b>SB17.7580</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Target</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 2365 US Hwy 93 N.		Amount of Each Disbursement this Period 52.23
City Kalispell	State MT	
Zip Code 59901	Purpose of Disbursement Office supplies (see transaction SB17.7419)	Transaction ID : <b>SB17.7581</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Prosper Group Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 435 East Main St., Ste. 250		Amount of Each Disbursement this Period 1331.73
City Greenwood	State IN	
Zip Code 46143	Purpose of Disbursement Mailer, website maintenance, domain renewal	Transaction ID : <b>SB17.7627</b>
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1331.73
<b>TOTAL</b> 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 106 OF 145	
	<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) <b>A. The Prosper Group Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 435 East Main St., Ste. 250		Amount of Each Disbursement this Period 692.35
City Greenwood State IN Zip Code 46143	Purpose of Disbursement Mailer, account management	
Candidate Name		Category/Type
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 : SB17.7670
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The UPS Store</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 1302 24th St. West		Amount of Each Disbursement this Period 96.87
City Billings State MT Zip Code 59102	Purpose of Disbursement Printing (see transaction SB17.7419)	
Candidate Name		Category/Type
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 : SB17.7586 [MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The UPS Store</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 1302 24th St. West		Amount of Each Disbursement this Period 75.93
City Billings State MT Zip Code 59102	Purpose of Disbursement Express shipping (see transaction SB17.7419)	
Candidate Name		Category/Type
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 : SB17.7587 [MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	692.35
<b>TOTAL</b> 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 107 OF 145			
	<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) <b>A. The UPS Store</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014		
Mailing Address 1302 24th St. West			Amount of Each Disbursement this Period 221.08		
City Billings	State MT	Zip Code 59102	Transaction ID : <b>SB17.7588</b>  <b>[MEMO ITEM]</b>		
Purpose of Disbursement Printing (see transaction SB17.7419)		Category/ Type			
Candidate Name					
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>B. The UPS Store-2007</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014		
Mailing Address 1627 W. Main St.			Amount of Each Disbursement this Period 23.72		
City Bozeman	State MT	Zip Code 59715-4011	Transaction ID : <b>SB17.7585</b>  <b>[MEMO ITEM]</b>		
Purpose of Disbursement Printing (see transaction SB17.7419)		Category/ Type			
Candidate Name					
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>c. Thunderbird Motel</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014		
Mailing Address 1009 E. Broadway			Amount of Each Disbursement this Period 128.40		
City Missoula	State MT	Zip Code 59802	Transaction ID : <b>SB17.7589</b>  <b>[MEMO ITEM]</b>		
Purpose of Disbursement Lodging (see transaction SB17.7419)		Category/ Type			
Candidate Name					
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 108 OF 145	
	<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) <b>A. Thunderbird Motel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 1009 E. Broadway		Amount of Each Disbursement this Period 449.40
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7590</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Thunderbird Motel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 1009 E. Broadway		Amount of Each Disbursement this Period 69.55
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7591</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Thunderbird Motel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2014
Mailing Address 1009 E. Broadway		Amount of Each Disbursement this Period 125.20
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7592</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 109 OF 145	
	<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) <b>A. Thunderbird Motel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 1009 E. Broadway		Amount of Each Disbursement this Period 64.20
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7593</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Thunderbird Motel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 1009 E. Broadway		Amount of Each Disbursement this Period 64.20
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7594</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Thunderbird Motel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2014
Mailing Address 1009 E. Broadway		Amount of Each Disbursement this Period 64.20
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7595</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	64.20
<b>TOTAL</b> This Period (last page this line number only).....	0.00

**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 110 OF 145	
	<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) <b>A. Thunderbird Motel</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2014	
Mailing Address 1009 E. Broadway			Amount of Each Disbursement this Period 64.20	
City Missoula	State MT	Zip Code 59802	Transaction ID : SB17.7596	
Purpose of Disbursement Lodging (see transaction SB17.7419)		Candidate Name	[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:		Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Thunderbird Motel</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014	
Mailing Address 1009 E. Broadway			Amount of Each Disbursement this Period 128.40	
City Missoula	State MT	Zip Code 59802	Transaction ID : SB17.7597	
Purpose of Disbursement Lodging (see transaction SB17.7419)		Candidate Name	[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:		Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Thunderbird Motel</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 1009 E. Broadway			Amount of Each Disbursement this Period 128.40	
City Missoula	State MT	Zip Code 59802	Transaction ID : SB17.7598	
Purpose of Disbursement Lodging (see transaction SB17.7419)		Candidate Name	[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:		Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 111 OF 145	
	<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) <b>A. Town Pump</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2014
Mailing Address 531 S Montana		Amount of Each Disbursement this Period 100.00
City Butte	State MT	
Zip Code 59701	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7603 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
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>B. Town Pump</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 1202 Prospect Ave		Amount of Each Disbursement this Period 50.52
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7601 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
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>c. Town Pump #24</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address 1400 10th Ave. S		Amount of Each Disbursement this Period 100.00
City Great Falls	State MT	
Zip Code 59405	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7602 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 112 OF 145	
	<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) <b>A. Town Pump #610</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 2200 Park St. S.		Amount of Each Disbursement this Period 100.00
City Livingston	State MT	
Zip Code 59047	Purpose of Disbursement Fuel (see transaction SB17.7419)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Town Pump #6300</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 20A Big Timber Loop Rd Ste C		Amount of Each Disbursement this Period 100.00
City Big Timber	State MT	
Zip Code 59011	Purpose of Disbursement Fuel (see transaction SB17.7419)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Town Pump #6300</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 20A Big Timber Loop Rd Ste C		Amount of Each Disbursement this Period 100.00
City Big Timber	State MT	
Zip Code 59011	Purpose of Disbursement Fuel (see transaction SB17.7419)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 113 OF 145	
	<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) <b>A. Town Pump #7</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 803 E. Main St.		Amount of Each Disbursement this Period 852.44
City Bozeman	State MT	
Zip Code 59715	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7606
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Transaxt, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 190 Monroe Ave. NW, Ste. 500		Amount of Each Disbursement this Period 466.38
City Grand Rapids	State MI	
Zip Code 49503	Purpose of Disbursement Credit card fees	Transaction ID : SB17.7683
Candidate Name	Category/Type	
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>c. Transaxt, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 190 Monroe Ave. NW, Ste. 500		Amount of Each Disbursement this Period 386.06
City Grand Rapids	State MI	
Zip Code 49503	Purpose of Disbursement Credit card fees	Transaction ID : SB17.7706
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	852.44
<b>TOTAL</b> 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 114 OF 145			
	<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) <b>A. Treasure State Donuts</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 400 E. Broadway St.		Amount of Each Disbursement this Period 20.01
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Transaction ID : <b>SB17.7607</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address PO Box 37941		Amount of Each Disbursement this Period 2516.50
City Hartford	State CT	
Zip Code 06176-7941	Purpose of Disbursement Payroll tax	Transaction ID : <b>SB17.7676</b>
Candidate Name	Category/ Type	
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>c. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address PO Box 37941		Amount of Each Disbursement this Period 5868.85
City Hartford	State CT	
Zip Code 06176-7941	Purpose of Disbursement Payroll tax	Transaction ID : <b>SB17.7685</b>
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8385.35
<b>TOTAL</b> 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 115 OF 145			
	<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) <b>A. US Postmaster</b>		Date of Disbursement
Mailing Address 841 S 26th St		M M / D D / Y Y Y Y 03 / 25 / 2014
City Billings	State MT	Zip Code 59101
Purpose of Disbursement Postage (see transaction SB17.7419)		Amount of Each Disbursement this Period 271.00
Candidate Name	Category/ Type	<b>Transaction ID : SB17.7608</b>
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)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement
Mailing Address 841 S 26th St		M M / D D / Y Y Y Y 04 / 05 / 2014
City Billings	State MT	Zip Code 59101
Purpose of Disbursement Postage (see transaction SB17.7419)		Amount of Each Disbursement this Period 49.00
Candidate Name	Category/ Type	<b>Transaction ID : SB17.7610</b>
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)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. US Postmaster</b>		Date of Disbursement
Mailing Address 841 S 26th St		M M / D D / Y Y Y Y 05 / 09 / 2014
City Billings	State MT	Zip Code 59101
Purpose of Disbursement Postage (see transaction SB17.7419)		Amount of Each Disbursement this Period 498.90
Candidate Name	Category/ Type	<b>Transaction ID : SB17.7609</b>
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)	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 116 OF 145	
	<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) <b>A. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 841 S 26th St		Amount of Each Disbursement this Period 99.85
City Billings	State MT	
Zip Code 59101	Purpose of Disbursement Postage	Transaction ID : SB17.7678
Candidate Name	Category/Type	
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>B. Walmart Supercenter</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 2750 Prospect Ave.		Amount of Each Disbursement this Period 4.97
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Office supplies (see transaction SB17.7419)	Transaction ID : SB17.7615
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Walmart Supercenter</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 1500 N. 7th Ave.		Amount of Each Disbursement this Period 188.79
City Bozeman	State MT	
Zip Code 59715	Purpose of Disbursement Computer equipment (see transaction SB17.7419)	Transaction ID : SB17.7611
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	99.85
<b>TOTAL</b> 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 117 OF 145	
	<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) <b>A. Walmart Supercenter</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 1500 N. 7th Ave.		Amount of Each Disbursement this Period 7.98
City Bozeman	State MT	
Zip Code 59715	Purpose of Disbursement Office supplies (see transaction SB17.7419)	Transaction ID : <b>SB17.7612</b>
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Walmart Supercenter</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 1500 N. 7th Ave.		Amount of Each Disbursement this Period 43.35
City Bozeman	State MT	
Zip Code 59715	Purpose of Disbursement Office supplies (see transaction SB17.7419)	Transaction ID : <b>SB17.7613</b>
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Walmart Supercenter</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 1500 N. 7th Ave.		Amount of Each Disbursement this Period 45.20
City Bozeman	State MT	
Zip Code 59715	Purpose of Disbursement Office supplies (see transaction SB17.7419)	Transaction ID : <b>SB17.7614</b>
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 118 OF 145			
	<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) <b>A. Wells Fargo Bank, NA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 111 Congress Ave.		Amount of Each Disbursement this Period 30.00
City Austin State TX Zip Code 78701	Purpose of Disbursement Bank service fee	
Candidate Name		Transaction ID : SB17.7677
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo Bank, NA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 111 Congress Ave.		Amount of Each Disbursement this Period 45.00
City Austin State TX Zip Code 78701	Purpose of Disbursement Bank service fee	
Candidate Name		Transaction ID : SB17.7680
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo Bank, NA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 111 Congress Ave.		Amount of Each Disbursement this Period 30.00
City Austin State TX Zip Code 78701	Purpose of Disbursement Bank service fee	
Candidate Name		Transaction ID : SB17.7681
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	105.00
<b>TOTAL</b> 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 119 OF 145			
	<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) <b>A. Wells Fargo Bank, NA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 111 Congress Ave.		Amount of Each Disbursement this Period 30.00
City Austin State TX Zip Code 78701	Purpose of Disbursement Bank service fee	
Candidate Name		Transaction ID : SB17.7686
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo Bank, NA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 111 Congress Ave.		Amount of Each Disbursement this Period 67.50
City Austin State TX Zip Code 78701	Purpose of Disbursement Bank service fee	
Candidate Name		Transaction ID : SB17.7705
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo Bank, NA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 111 Congress Ave.		Amount of Each Disbursement this Period 10.00
City Austin State TX Zip Code 78701	Purpose of Disbursement Bank service fee	
Candidate Name		Transaction ID : SB17.7708
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	107.50
<b>TOTAL</b> 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 120 OF 145	
	<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) <b>A. Wells Fargo Bank, NA</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014	
Mailing Address 111 Congress Ave.			Amount of Each Disbursement this Period 31.00	
City Austin	State TX	Zip Code 78701	Transaction ID : SB17.7659	
Purpose of Disbursement Bank service fee		Category/ Type		
Candidate Name				
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>B. Wheat Montana Farms Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014	
Mailing Address 10778 US 287			Amount of Each Disbursement this Period 100.00	
City Three Forks	State MT	Zip Code 59752	Transaction ID : SB17.7616	
Purpose of Disbursement Fuel (see transaction SB17.7419)		Category/ Type		
Candidate Name			[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>c. Craig C. Wichman</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 1587.31	
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.7674	
Purpose of Disbursement Salary		Category/ Type		
Candidate Name				
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: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1618.31
<b>TOTAL</b> 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 121 OF 145	
	<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) <b>A. Craig C. Wichman</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 9999.99 190.38
City Billings	State MT Zip Code 59102	
Purpose of Disbursement Salary		Transaction ID : SB17.7717
Candidate Name		
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>B. Wilson Perkins Allen Opinion Research</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 1319 Classen Dr.		Amount of Each Disbursement this Period 9999.99 9600.00
City Oklahoma City	State OK Zip Code 73103	
Purpose of Disbursement Survey		Transaction ID : SB17.7624
Candidate Name		
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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period 9999.99
City	State Zip Code	
Purpose of Disbursement		Transaction ID
Candidate Name		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9999.99 9790.38
<b>TOTAL</b> This Period (last page this line number only).....	9999.99 310570.64

**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 122 OF 145	
	<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) <b>A. Matt Rosendale</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : SB19A.7649</b>
City Glendive State MT Zip Code 59330	Purpose of Disbursement Loan repayment	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	10000.00

**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 123 OF 145	
	<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) <b>A. James S. Adair</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 1325 S. Reserve St.		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB20A.7654</b>
City Missoula	State MT	
Zip Code 59801-4759	Purpose of Disbursement Refund General 2014 Election contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. james atwell</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address p.o. box 9768		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : SB20A.7710</b>
City kalispell	State MT	
Zip Code 59904	Purpose of Disbursement Contribution refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. sabine atwell</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address p.o. box 9768		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : SB20A.7711</b>
City kalispell	State MT	
Zip Code 59904	Purpose of Disbursement Contribution refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	400.00
<b>TOTAL</b> 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 124 OF 145			
	<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) <b>A. Julie M. Baldrige</b>		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>18</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	06		18		2014
M M	/	D D	/	Y Y Y Y								
06		18		2014								
Mailing Address PO Box 607		Amount of Each Disbursement this Period <table border="1"> <tr> <td>2600.00</td> </tr> </table> <b>Transaction ID : SB20A.7657</b>	2600.00									
2600.00												
City Whitefish	State MT	Zip Code 59937										
Purpose of Disbursement Refund General 2014 Election contribution		Category/ Type										
Candidate Name												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: _____	District: _____											

Full Name (Last, First, Middle Initial) <b>B. Summerfield C. Baldrige</b>		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>18</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	06		18		2014
M M	/	D D	/	Y Y Y Y								
06		18		2014								
Mailing Address PO Box 607		Amount of Each Disbursement this Period <table border="1"> <tr> <td>2600.00</td> </tr> </table> <b>Transaction ID : SB20A.7658</b>	2600.00									
2600.00												
City Whitefish	State MT	Zip Code 59937										
Purpose of Disbursement Refund General 2014 Election contribution		Category/ Type										
Candidate Name												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: _____	District: _____											

Full Name (Last, First, Middle Initial) <b>c. Rosa Cordova</b>		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>18</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	06		18		2014
M M	/	D D	/	Y Y Y Y								
06		18		2014								
Mailing Address PO Box 281		Amount of Each Disbursement this Period <table border="1"> <tr> <td>2600.00</td> </tr> </table> <b>Transaction ID : SB20A.7651</b>	2600.00									
2600.00												
City Glendive	State MT	Zip Code 59330-0281										
Purpose of Disbursement Refund General 2014 Election contribution		Category/ Type										
Candidate Name												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: _____	District: _____											

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td>7800.00</td> </tr> </table>	7800.00
7800.00		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 125 OF 145	
	<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) <b>A. Greg R. Gianforte</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 1320 Manley Road		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB20A.7655</b>
City Bozeman	State MT	
Zip Code 59715	Purpose of Disbursement Refund General 2014 Election contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. James R. Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address PO Box 1144		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB20A.7653</b>
City Troy	State MT	
Zip Code 59935	Purpose of Disbursement Refund General 2014 Election contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Toni Martini</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address P.O. Box 196		Amount of Each Disbursement this Period 1150.00 <b>Transaction ID : SB20A.7656</b>
City Sidney	State MT	
Zip Code 59270	Purpose of Disbursement Refund General 2014 Election contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2700.00
<b>TOTAL</b> 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 126 OF 145	
	<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) <b>A. Peterson Financial Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 9650 Hatton Ln.		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB20A.7641</b>
City Lolo	State MT Zip Code 59847-8506	
Purpose of Disbursement Contribution refund		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Thomas C. Ryan</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address P.O. Box 117		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB20A.7650</b>
City Billings	State MT Zip Code 59103	
Purpose of Disbursement Refund General 2014 Election contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Herb Weiss</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 229 River Road		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB20A.7787</b>
City Glendive	State MT Zip Code 59330	
Purpose of Disbursement Contribution refund		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3250.00
<b>TOTAL</b> 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 127 OF 145			
	<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) <b>A. James K. Wood</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address PO Box 281		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB20A.7652</b>
City Glendive	State MT	
Zip Code 59330-0281	Purpose of Disbursement Refund General 2014 Election contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	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>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2600.00
<b>TOTAL</b> This Period (last page this line number only).....	16750.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.4377**

**MATT ROSENDALE FOR MONTANA**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**Matt Rosendale**

Primary  
 General  
 Other (specify) ▼

Mailing Address

1954 Hwy 16

City

State

ZIP Code

Glendive

MT

59330

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

50000.00

0.00

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

07

31

2013

None

0.00

% (apr)

Yes  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)..... ▶

50000.00

**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) **MATT ROSENDALE FOR MONTANA** Transaction ID : **SC/10.4371**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Matt Rosendale</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1954 Hwy 16		

City	State	ZIP Code
Glendive	MT	59330

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

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	09 / 05 / 2013	None	0.00 % (apr)	<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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	200000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4529

**MATT ROSENDALE FOR MONTANA**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**Matt Rosendale**

Primary

General

Other (specify) ▼

Mailing Address

1954 Hwy 16

City

State

ZIP Code

Glendive

MT

59330

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

250000.00

0.00

0.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M /

D 17 D /

Y 2013 Y

M M /

D D /

Y None Y

0.00

% (apr)

Yes

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)..... ▶

0.00

**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.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4529

(Current loan amount of 250000.00 from a balance of 250000.00 has been forgiven)

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6040

**MATT ROSENDALE FOR MONTANA**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**Matt Rosendale**

Primary

General

Other (specify) ▼

Mailing Address

1954 Hwy 16

City

State

ZIP Code

Glendive

MT

59330

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

0.00

0.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

04

21

2014

None

None

None

0.00

% (apr)

Yes

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)..... ▶

0.00

**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.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.6040

(Current loan amount of 100000.00 from a balance of 100000.00 has been forgiven)

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.6041**

**MATT ROSENDALE FOR MONTANA**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**Matt Rosendale**

Primary

General

Other (specify) ▼

Mailing Address

1954 Hwy 16

City

State

ZIP Code

Glendive

MT

59330

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

400000.00

0.00

0.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 04 / D 25 / Y 2014 Y

M M / D D / Y None Y

0.00 % (apr)

Yes  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)..... ▶

0.00

**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.**

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.6041

(Current loan amount of 400000.00 from a balance of 400000.00 has been forgiven)

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7158

**MATT ROSENDALE FOR MONTANA**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**Matt Rosendale**

Primary

General

Other (specify) ▼

Mailing Address

1954 Hwy 16

City

State

ZIP Code

Glendive

MT

59330

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

40000.00

0.00

0.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 05 /

D 23 /

Y 2014 Y

M /

D /

Y None Y

0.00 % (apr)

Yes

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)..... ▶

0.00

**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.



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.7158

(Current loan amount of 40000.00 from a balance of 40000.00 has been forgiven)

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7648

**MATT ROSENDALE FOR MONTANA**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**Matt Rosendale**

Primary

General

Other (specify) ▼

Mailing Address

1954 Hwy 16

City

State

ZIP Code

Glendive

MT

59330

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

10000.00

0.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

06

16

2014

None

0.00

% (apr)

Yes

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)..... ▶

0.00

**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**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7777

**MATT ROSENDALE FOR MONTANA**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**Matt Rosendale**

Primary

General

Other (specify) ▼

Mailing Address

1954 Hwy 16

City

State

ZIP Code

Glendive

MT

59330

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

06

16

2014

Date Due

None

Interest Rate

0.00

% (apr)

Secured:

Yes

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)..... ▶

0.00

**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.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.7777

(Current loan amount of 25000.00 from a balance of 25000.00 has been forgiven)

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.7778**

**MATT ROSENDALE FOR MONTANA**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**Matt Rosendale**

Primary  
 General  
 Other (specify) ▼

Mailing Address  
1954 Hwy 16

City State ZIP Code  
Glendive MT 59330

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
58500.70 0.00 0.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
06 / 25 / 2014 None 0.00 % (apr)  Yes  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)..... 0.00  
**TOTALS** This Period (last page in this line only)..... 250000.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.7778

(Current loan amount of 58500.70 from a balance of 58500.70 has been forgiven)

Form/Schedule:

Transaction ID:

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**MATT ROSENDALE FOR MONTANA**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**American Express**

Mailing Address P.O. Box 650448

City State Zip Code  
Dallas TX 75265-0448

Nature of Debt (Purpose):  
Credit card charges 03/26/14 - 05/14/14

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.6435</b>	
21609.53		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
2821.19	24116.66	314.06

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Kendall K. Cotton**

Mailing Address 1201 Grand Ave., Ste. 9

City State Zip Code  
Billings MT 59102

Nature of Debt (Purpose):  
Reimbursement - fuel, wireless router, mileage, meal expenses

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.5643</b>	
515.40		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	515.40	0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Gober Hilgers, PLLC**

Mailing Address 1005 Congress Ave., Ste. 350

City State Zip Code  
Austin TX 78701

Nature of Debt (Purpose):  
Legal and compliance fees

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.6033</b>	
2599.90		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	2599.90	0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	314.06
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)

**MATT ROSENDALE FOR MONTANA**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers, PLLC</b>		Nature of Debt (Purpose): Legal and compliance fees
Mailing Address 1005 Congress Ave., Ste. 350		
City	State	Zip Code
Austin	TX	78701

Outstanding Balance Beginning This Period <input type="text" value="2573.77"/>	<b>Transaction ID : SD10.6437</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2573.77"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MT Unemployment Insurance Division</b>		Nature of Debt (Purpose): Payroll tax
Mailing Address P.O. Box 6339		
City	State	Zip Code
Helena	MT	59604-6339

Outstanding Balance Beginning This Period <input type="text" value="1048.79"/>	<b>Transaction ID : SD10.6042</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1048.79"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OnMessage, Inc.</b>		Nature of Debt (Purpose): Media production
Mailing Address 817 Slaters Lane		
City	State	Zip Code
Alexandria	VA	22314

Outstanding Balance Beginning This Period <input type="text" value="30941.59"/>	<b>Transaction ID : SD10.6433</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="30941.59"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>



**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**MATT ROSENDALE FOR MONTANA**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OnMessage, Inc.</b>		Nature of Debt (Purpose): Media production
Mailing Address 817 Slaters Lane		
City State	Zip Code	
Alexandria VA	22314	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.6035</b>	
<input type="text" value="6045.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="6045.00"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Prosper Group Corporation</b>		Nature of Debt (Purpose): Mailer, website expenses
Mailing Address 435 East Main St., Ste. 250		
City State	Zip Code	
Greenwood IN	46143	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.6032</b>	
<input type="text" value="1331.73"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1331.73"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="314.06"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="250000.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="250314.06"/>