

# 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  
 Check if different than previously reported. (ACC) GLEN DIVE MT 59330

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

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 M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
01 / 01 / 2014 through 03 / 31 / 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 M M / D D / Y Y Y Y  
04 / 15 / 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.

**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
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	34504.00	141674.19
(b) Total Contribution Refunds (from Line 20(d)) .....	1200.00	1200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	33304.00	140474.19
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	244296.59	418690.16
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	166.76
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	244296.59	418523.40
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	221950.79	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	500000.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**MATT ROSENDALE FOR MONTANA**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	28150.00	119300.00
(ii) Unitemized.....	5205.00	16803.95
(iii) TOTAL of contributions from individuals ▶	33355.00	136103.95
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	25.00	2524.00
(d) The Candidate.....	1124.00	3046.24
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	34504.00	141674.19
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	500000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	500000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	166.76
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	34504.00	641840.95

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	244296.59	418690.16
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	1200.00	1200.00
(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)).....	1200.00	1200.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	245496.59	419890.16

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	432943.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	34504.00
25. SUBTOTAL (add Line 23 and Line 24).....	467447.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	245496.59
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	221950.79

**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 5 OF 83
	<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. James S. Adair</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 1325 S. Reserve St.		<b>Transaction ID : SA11AI.5295</b>
City Missoula	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Adairs Jewelry Store	Occupation Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) <b>B. Julie M. Baldrige</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address PO Box 607		<b>Transaction ID : SA11AI.5301</b>
City Whitefish	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) <b>C. Summerfield C. Baldrige</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address PO Box 607		<b>Transaction ID : SA11AI.5302</b>
City Whitefish	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600.00
Name of Employer Montana Oil Properties	Occupation Oil & Gas Development	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6700.00
<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 6 OF 83
	<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)  
**Deborah L. Barrett**

Mailing Address 18580 Hwy 324

City Dillon State MT Zip Code 59725-8031

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 **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : SA11AI.5305**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Joe Billion**

Mailing Address 32 Kean Drive

City Bozeman State MT Zip Code 59718

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

Name of Employer Billion Auto Group Occupation Auto Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 11 / 2014

**Transaction ID : SA11AI.5309**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Scott D. Boulanger**

Mailing Address PO Box 733

City Darby State MT Zip Code 59829

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

Name of Employer Self-Employed Occupation Outfitter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 29 / 2014

**Transaction ID : SA11AI.5310**

Amount of Each Receipt this Period  
**150.00**

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

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

**750.00**

**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 7 OF 83
	<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)  
**DM&L Partnership**

Mailing Address 201 W. Main St., Suite 201

City Missoula State MT Zip Code 59802

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5498**

Amount of Each Receipt this Period  
1000.00

See partnership attribution below

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Bill VanCanagan**

Mailing Address 201 W Main St

City Missoula State MT Zip Code 59802

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

Name of Employer Occupation  
DM&L Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
675.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5498.0**

Amount of Each Receipt this Period  
500.00

Partnership attribution  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Lisa VanCanagan**

Mailing Address 201 W Main St

City Missoula State MT Zip Code 59802

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
675.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5498.1**

Amount of Each Receipt this Period  
500.00

Partnership attribution  
**[MEMO ITEM]**

**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 8 OF 83
	<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)  
**Elizabeth Ellsworth**

Mailing Address 1074 Golf Course Rd

City Hamilton State MT Zip Code 59641

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  
 01 / 29 / 2014

**Transaction ID : SA11AI.5332**

Amount of Each Receipt this Period  
 825.00

**B.** Full Name (Last, First, Middle Initial)  
**Jason Ellsworth**

Mailing Address 1073 Golf Course Rd

City Hamilton State MT Zip Code 59640

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

Name of Employer Country Wide Periodicals LLC Occupation General Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 29 / 2014

**Transaction ID : SA11AI.5330**

Amount of Each Receipt this Period  
 825.00

**C.** Full Name (Last, First, Middle Initial)  
**Jennifer Olsen Fielder**

Mailing Address P.O. Box 2558

City Thompson Falls State MT Zip Code 59873

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

Name of Employer State of Montana Occupation State Senator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : SA11AI.5335**

Amount of Each Receipt this Period  
 100.00

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

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

1750.00



**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 83
	<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)  
**Jeff Flatness**

Mailing Address 4665 East Baseline

City Belgrade State MT Zip Code 59714

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

Name of Employer Rocky Mountain Gaming Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11AI.5337**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Greg R. Gianforte**

Mailing Address 1320 Manley Road

City Bozeman State MT Zip Code 59715

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

Name of Employer Right Now Technologies Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : SA11AI.5342**

Amount of Each Receipt this Period  
 800.00

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

Mailing Address 1320 Manley Road

City Bozeman State MT Zip Code 59715

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

Name of Employer Right Now Technologies Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : SA11AI.5343**

Amount of Each Receipt this Period  
 1600.00

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

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

2900.00

**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 10 OF 83
	<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. Susan Gianforte</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 17 / 2014
Mailing Address 1320 Manley Road		<b>Transaction ID : SA11AI.5345</b>
City Bozeman	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Self-Employed	Occupation Entrepreneur	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>B. Spencer Guthrie</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 22 / 2014
Mailing Address 947 Azure Way		<b>Transaction ID : SA11AI.5349</b>
City Louisville	State CO	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer GlaxoSmithKline	Occupation Director fo Gov't Affairs	
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>C. Larry Heimbuch</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 27 / 2014
Mailing Address 1263 Road 261		<b>Transaction ID : SA11AI.5357</b>
City Glendive	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 Farmer	
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).....	3350.00
<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 11 OF 83
	<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)  
**Beth Hinebauch**

Mailing Address 610 Road 118

City Wibaux	State MT	Zip Code 59353
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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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2014

**Transaction ID : SA11AI.5361**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 2628 Skinner Rd.

City Belgrade	State MT	Zip Code 59714
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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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.5365**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Tom Hougan**

Mailing Address 76 Barclay Dr.

City Bozeman	State MT	Zip Code 59715
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FEC ID number of contributing federal political committee. **C**

Name of Employer Cat's Paw	Occupation Owner
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Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11AI.5367**

Amount of Each Receipt this Period  
500.00

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

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

850.00

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 12 OF 83

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

**A.** Full Name (Last, First, Middle Initial)  
**Gerald Hughes**

Mailing Address 52 Cloverview Drive

City Helena State MT Zip Code 59601

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5369**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 36 S. Last Chance Gulch, Suite A

City Helena State MO Zip Code 59601

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

Name of Employer Self-employed Occupation Association Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5371**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address PO Box 1144

City Troy State MT Zip Code 59935

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

Name of Employer Chlor Rid Occupation Marketing

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 21 / 2014

**Transaction ID : SA11AI.5377**

Amount of Each Receipt this Period  
 500.00

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

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

1250.00

**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 13 OF 83
	<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. James R. Johnson</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2014	
Mailing Address PO Box 1144		<b>Transaction ID : SA11AI.5376</b>	
City Troy	State MT	Zip Code 59935	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Chlor Rid	Occupation Marketing		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1600.00		

Full Name (Last, First, Middle Initial) <b>B. James R. Johnson</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address PO Box 1144		<b>Transaction ID : SA11AI.5375</b>	
City Troy	State MT	Zip Code 59935	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Chlor Rid	Occupation Marketing		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1850.00		

Full Name (Last, First, Middle Initial) <b>C. Austin Knudsen</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address PO Box 624		<b>Transaction ID : SA11AI.5380</b>	
City Culbertson	State MT	Zip Code 59218	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Self Employed	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<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 14 OF 83
	<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>Clint Lohman</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 401 Park Place		<b>Transaction ID : SA11AI.5393</b>
City Bozeman	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Rocky Mountain Gaming	Occupation Coin Machine Operator	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>Hertha Lund</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 984 Pin Ave.		<b>Transaction ID : SA11AI.5398</b>
City Bozeman	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
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 500.00	

Full Name (Last, First, Middle Initial) <b>Hertha Lund</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 984 Pin Ave.		<b>Transaction ID : SA11AI.5397</b>
City Bozeman	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3350.00
<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 15 OF 83
	<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. Toni Martini</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 06 / 2014	
Mailing Address P.O. Box 196		<b>Transaction ID : SA11AI.5404</b>	
City Sidney	State MT	Zip Code 59270	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Martini Siding and Windows	Occupation Contractor		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

Full Name (Last, First, Middle Initial) <b>B. Toni Martini</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2014	
Mailing Address P.O. Box 196		<b>Transaction ID : SA11AI.5405</b>	
City Sidney	State MT	Zip Code 59270	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Martini Siding and Windows	Occupation Contractor		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3250.00		

Full Name (Last, First, Middle Initial) <b>C. Thomas McGillvray</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 10 / 2014	
Mailing Address 993 S. 24th St W Suite D		<b>Transaction ID : SA11AI.5409</b>	
City Billings	State MT	Zip Code 59102	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Ameriprise Financial	Occupation Financial Advisor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> 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 16 OF 83
	<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. Tim Mort</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 29 / 2014	
Mailing Address 105 Lyndale		<b>Transaction ID : SA11AI.5413</b>	
City Glendive	State MT	Zip Code 59330	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Mort Distributing, Inc.	Occupation Owner		
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. Susan Muralt</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 5103 Pintlar Mountain Ct.		<b>Transaction ID : SA11AI.5415</b>	
City Missoula	State MT	Zip Code 59803	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self	Occupation Commercial Landlord		
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>C. Jenny Rice</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 05 / 2014	
Mailing Address 122 Road 555		<b>Transaction ID : SA11AI.5435</b>	
City Glendive	State MT	Zip Code 59330	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00	
Name of Employer MT Farm Bureau	Occupation Chair		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<b>TOTAL</b> This Period (last page this line number only).....	1150.00



**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 17 OF 83
	<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. Jerry Rilter</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 8191 Huffine Lane		<b>Transaction ID : SA11AI.5439</b>
City Bozeman	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 500.00	

Full Name (Last, First, Middle Initial) <b>B. Kenny Satra</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address PO Box 928		<b>Transaction ID : SA11AI.5455</b>
City Sidney	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Owner	Occupation Lone Tree Rentals, LLC	
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>C. Michael Schaer</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 2407 Montana Ave		<b>Transaction ID : SA11AI.5457</b>
City Billings	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Computers Unlimited	Occupation Owner	
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).....	1000.00
<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 18 OF 83
	<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)  
**Donald Steinbeisser**

Mailing Address 11918 County Rd. 348

City: Sidney State: MT Zip Code: 52970

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: 1600.00

Date of Receipt: 03 / 01 / 2014

**Transaction ID : SA11AI.5467**

Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Jason A. Vollmer**

Mailing Address 2924 Tartan Rd

City: Billings State: MT Zip Code: 59101

FEC ID number of contributing federal political committee: C

Name of Employer: Weave Management Group, Inc Occupation: President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 01 / 23 / 2014

**Transaction ID : SA11AI.5477**

Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Ed Walker**

Mailing Address 4221 Rimrock Rd.

City: Billings State: MT Zip Code: 59106

FEC ID number of contributing federal political committee: C

Name of Employer: Loebro Occupation: Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 550.00

Date of Receipt: 02 / 21 / 2014

**Transaction ID : SA11AI.5478**

Amount of Each Receipt this Period: 500.00

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

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

850.00

**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 19 OF 83
	<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. Larry Walla</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2014	
Mailing Address 114 Seven Mile Dr.		<b>Transaction ID : SA11AI.5480</b>	
City Glendive	State MT	Zip Code 59330	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Midrivers Telephone	Occupation Maintenance Man		
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. Herb Weiss</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 27 / 2014	
Mailing Address 229 River Road		<b>Transaction ID : SA11AI.5482</b>	
City Glendive	State MT	Zip Code 59330	
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 500.00		

Full Name (Last, First, Middle Initial) <b>C. Arthur V. Wittich</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2014	
Mailing Address 3116 Sourdough Rd.		<b>Transaction ID : SA11AI.5489</b>	
City Bozeman	State MT	Zip Code 59715	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00	
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 1400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1400.00
<b>TOTAL</b> This Period (last page this line number only).....	28150.00

**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 83
	<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)  
**Gary Kartevold for County Commissioner**

Mailing Address 536 Road 106

City State Zip Code  
Glendive MT 59330

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

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  
 02 / 07 / 2014

**Transaction ID : SA11C.5293**

Amount of Each Receipt this Period  
 25.00

**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).....

25.00

25.00

**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 83
	<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**

Full Name (Last, First, Middle Initial) <b>A. Matt Rosendale</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 14 / 2014	
Mailing Address 1954 Hwy 16		<b>Transaction ID : SA11D.5210</b>	
City Glendive	State MT	Zip Code 59330	
FEC ID number of contributing federal political committee. C H4MT00050		Amount of Each Receipt this Period 91.95	
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 502014.19		

Full Name (Last, First, Middle Initial) <b>B. Matt Rosendale</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 14 / 2014	
Mailing Address 1954 Hwy 16		<b>Transaction ID : SA11D.5235</b>	
City Glendive	State MT	Zip Code 59330	
FEC ID number of contributing federal political committee. C H4MT00050		Amount of Each Receipt this Period 109.74	
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 502123.93		

Full Name (Last, First, Middle Initial) <b>C. Matt Rosendale</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 14 / 2014	
Mailing Address 1954 Hwy 16		<b>Transaction ID : SA11D.5237</b>	
City Glendive	State MT	Zip Code 59330	
FEC ID number of contributing federal political committee. C H4MT00050		Amount of Each Receipt this Period 98.81	
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 502222.74		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.50
<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 22 OF 83
	<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**

Full Name (Last, First, Middle Initial) <b>A. Matt Rosendale</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2014	
Mailing Address 1954 Hwy 16		<b>Transaction ID : SA11D.5233</b>	
City Glendive	State MT	Zip Code 59330	
FEC ID number of contributing federal political committee. C H4MT00050		Amount of Each Receipt this Period 84.85 In-kind - meal expense	
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 502307.59		

Full Name (Last, First, Middle Initial) <b>B. Matt Rosendale</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 17 / 2014	
Mailing Address 1954 Hwy 16		<b>Transaction ID : SA11D.5245</b>	
City Glendive	State MT	Zip Code 59330	
FEC ID number of contributing federal political committee. C H4MT00050		Amount of Each Receipt this Period 76.29 In-kind - fuel	
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 502383.88		

Full Name (Last, First, Middle Initial) <b>C. Matt Rosendale</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 20 / 2014	
Mailing Address 1954 Hwy 16		<b>Transaction ID : SA11D.5213</b>	
City Glendive	State MT	Zip Code 59330	
FEC ID number of contributing federal political committee. C H4MT00050		Amount of Each Receipt this Period 12.97 In-kind - staff meal	
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 502396.85		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	174.11
<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 83
	<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**

Full Name (Last, First, Middle Initial) <b>A. Matt Rosendale</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 20 / 2014	
Mailing Address 1954 Hwy 16		<b>Transaction ID : SA11D.5241</b>	
City Glendive	State MT	Zip Code 59330	
FEC ID number of contributing federal political committee. C H4MT00050		Amount of Each Receipt this Period 74.05	
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 502470.90		

Full Name (Last, First, Middle Initial) <b>B. Matt Rosendale</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 22 / 2014	
Mailing Address 1954 Hwy 16		<b>Transaction ID : SA11D.5243</b>	
City Glendive	State MT	Zip Code 59330	
FEC ID number of contributing federal political committee. C H4MT00050		Amount of Each Receipt this Period 97.90	
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 502568.80		

Full Name (Last, First, Middle Initial) <b>C. Matt Rosendale</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 23 / 2014	
Mailing Address 1954 Hwy 16		<b>Transaction ID : SA11D.5219</b>	
City Glendive	State MT	Zip Code 59330	
FEC ID number of contributing federal political committee. C H4MT00050		Amount of Each Receipt this Period 90.78	
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 502659.58		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	262.73
<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 24 OF 83
	<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**

Full Name (Last, First, Middle Initial) <b>A. Matt Rosendale</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 23 / 2014	
Mailing Address 1954 Hwy 16		<b>Transaction ID : SA11D.5224</b>	
City Glendive	State MT	Zip Code 59330	Amount of Each Receipt this Period _____ 43.37 In-kind - staff meal
FEC ID number of contributing federal political committee. C H4MT00050			
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 _____ 502702.95		

Full Name (Last, First, Middle Initial) <b>B. Matt Rosendale</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 23 / 2014	
Mailing Address 1954 Hwy 16		<b>Transaction ID : SA11D.5226</b>	
City Glendive	State MT	Zip Code 59330	Amount of Each Receipt this Period _____ 89.92 In-kind - meal expense
FEC ID number of contributing federal political committee. C H4MT00050			
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 _____ 502792.87		

Full Name (Last, First, Middle Initial) <b>C. Matt Rosendale</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 23 / 2014	
Mailing Address 1954 Hwy 16		<b>Transaction ID : SA11D.5230</b>	
City Glendive	State MT	Zip Code 59330	Amount of Each Receipt this Period _____ 53.37 In-kind - meal expense
FEC ID number of contributing federal political committee. C H4MT00050			
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 _____ 502846.24		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 186.66
<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 25 OF 83
	<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**

Full Name (Last, First, Middle Initial) <b>A. Matt Rosendale</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 25 / 2014	
Mailing Address 1954 Hwy 16		<b>Transaction ID : SA11D.5239</b>	
City Glendive	State MT	Zip Code 59330	Amount of Each Receipt this Period _____ 100.00 In-kind - fuel
FEC ID number of contributing federal political committee.		C H4MT00050	
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 _____ 502946.24		

Full Name (Last, First, Middle Initial) <b>B. Matt Rosendale</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 27 / 2014	
Mailing Address 1954 Hwy 16		<b>Transaction ID : SA11D.5247</b>	
City Glendive	State MT	Zip Code 59330	Amount of Each Receipt this Period _____ 100.00 In-kind - fuel
FEC ID number of contributing federal political committee.		C H4MT00050	
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 _____ 503046.24		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee.		C	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 200.00
<b>TOTAL</b> This Period (last page this line number only).....	_____ 1124.00

**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 26 OF 83			
	<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 01 / 23 / 2014
Mailing Address P.O. Box 30598		Amount of Each Disbursement this Period 931.25 <b>Transaction ID : SB17.4857</b>
City Billings	State MT	
Zip Code 59107-0598	Purpose of Disbursement Copier lease	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. 360 Office Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address P.O. Box 30598		Amount of Each Disbursement this Period 303.76 <b>Transaction ID : SB17.4858</b>
City Billings	State MT	
Zip Code 59107-0598	Purpose of Disbursement Copier lease & maintenance	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. Advanced Litho Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 226 Ninth Ave. South		Amount of Each Disbursement this Period 8041.05 <b>Transaction ID : SB17.4859</b>
City Great Falls	State MT	
Zip Code 59405	Purpose of Disbursement Printing, postage, mail processing	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).....	9276.06
<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 27 OF 83			
	<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. Advanced Litho Printing</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014		
Mailing Address 226 Ninth Ave. South			Amount of Each Disbursement this Period 797.35		
City Great Falls	State MT	Zip Code 59405	Transaction ID : SB17.4860		
Purpose of Disbursement Printing, postage, mail processing		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. Advanced Litho Printing</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014		
Mailing Address 226 Ninth Ave. South			Amount of Each Disbursement this Period 165.80		
City Great Falls	State MT	Zip Code 59405	Transaction ID : SB17.4861		
Purpose of Disbursement Printing, shipping		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. Advanced Litho Printing</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014		
Mailing Address 226 Ninth Ave. South			Amount of Each Disbursement this Period 3132.80		
City Great Falls	State MT	Zip Code 59405	Transaction ID : SB17.4862		
Purpose of Disbursement Mail processing, 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).....	4095.95
<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 28 OF 83	
	<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 01 / 20 / 2014
Mailing Address 2120 Park St. S.		Amount of Each Disbursement this Period 12.97
City Livingston	State MT	
Zip Code 59047	Purpose of Disbursement Food & beverage (see transaction #SB17.5214)	Transaction ID : <b>SB17.5203</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. Align Media LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 921 Calvary Ride Trail		Amount of Each Disbursement this Period 1300.00
City Austin	State TX	
Zip Code 78732	Purpose of Disbursement Monthly License Fee	Transaction ID : <b>SB17.4863</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. Align Media LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 921 Calvary Ride Trail		Amount of Each Disbursement this Period 1300.00
City Austin	State TX	
Zip Code 78732	Purpose of Disbursement Monthly License Fee	Transaction ID : <b>SB17.4864</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).....	2600.00
<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 29 OF 83	
	<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. Align Media LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 921 Calvary Ride Trail			Amount of Each Disbursement this Period 1596.28	
City Austin	State TX	Zip Code 78732	Transaction ID : SB17.4865	
Purpose of Disbursement Monthly License 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. American Express</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014	
Mailing Address P.O. Box 650448			Amount of Each Disbursement this Period 2980.88	
City Dallas	State TX	Zip Code 75265-0448	Transaction ID : SB17.5146	
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. American Express</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014	
Mailing Address P.O. Box 650448			Amount of Each Disbursement this Period 150.00	
City Dallas	State TX	Zip Code 75265-0448	Transaction ID : SB17.5146.0	
Purpose of Disbursement Annual membership 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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4577.16
<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 30 OF 83	
	<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 03 / 20 / 2014
Mailing Address 100 Main St.		Amount of Each Disbursement this Period 243.40
City Kalispell	State MT	
Zip Code 59901-4452	Purpose of Disbursement Lodging	Transaction ID : SB17.5146.1
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. Jorgenson's Inn &amp; Suites</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 1714 11th Avenue		Amount of Each Disbursement this Period 272.64
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Lodging	Transaction ID : SB17.5146.5
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. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 2450 King Ave W		Amount of Each Disbursement this Period 1399.95
City Billings	State MT	
Zip Code 59102-6495	Purpose of Disbursement Computer equipment	Transaction ID : SB17.4875
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).....	1399.95
<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 31 OF 83			
	<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. Capitol Strategy Group, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 2700 Cumberland Pkwy., Ste. 150		Amount of Each Disbursement this Period 5000.00
City Atlanta	State GA Zip Code 30339	
Purpose of Disbursement Consulting - fundraising	Category/Type	<b>Transaction ID : SB17.4883</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. Casey's Corner</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 1420 North 7th Ave		Amount of Each Disbursement this Period 97.90
City Bozeman	State MT Zip Code 59715	
Purpose of Disbursement Fuel (see transaction #SB17.5244)	Category/Type	<b>Transaction ID : SB17.5256</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. Charter Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address P.O. Box 742617		Amount of Each Disbursement this Period 146.61
City Cincinnati	State OH Zip Code 45274-2617	
Purpose of Disbursement Office utilities	Category/Type	<b>Transaction ID : SB17.4888</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).....	5146.61
<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 83			
	<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 M M / D D / Y Y Y Y 02 / 02 / 2014
Mailing Address P.O. Box 742617		Amount of Each Disbursement this Period 101.90 <b>Transaction ID : SB17.4889</b>
City Cincinnati	State OH	
Zip Code 45274-2617	Purpose of Disbursement Office utilities	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. Charter Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address P.O. Box 742617		Amount of Each Disbursement this Period 54.95 <b>Transaction ID : SB17.4890</b>
City Cincinnati	State OH	
Zip Code 45274-2617	Purpose of Disbursement Office utilities	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. Charter Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address P.O. Box 742617		Amount of Each Disbursement this Period 91.19 <b>Transaction ID : SB17.4891</b>
City Cincinnati	State OH	
Zip Code 45274-2617	Purpose of Disbursement Office utilities	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).....	248.04
<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 83	
	<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 M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address P.O. Box 742617		Amount of Each Disbursement this Period 947.19 Transaction ID : SB17.4892
City Cincinnati	State OH	
Zip Code 45274-2617	Purpose of Disbursement Office utilities	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Charter Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address P.O. Box 742617		Amount of Each Disbursement this Period 101.90 Transaction ID : SB17.4893
City Cincinnati	State OH	
Zip Code 45274-2617	Purpose of Disbursement Office utilities	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CoRental Property Management</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 435 Main Street		Amount of Each Disbursement this Period 790.34 Transaction ID : SB17.4895
City Kalispell	State MT	
Zip Code 59901	Purpose of Disbursement Office rent	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	947.19
<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 83	
	<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. CoRental Property Management</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 435 Main Street		Amount of Each Disbursement this Period 625.00 <b>Transaction ID : SB17.4896</b>
City Kalispell State MT Zip Code 59901	Purpose of Disbursement Office rent	
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 02 / 25 / 2014
Mailing Address 435 Main Street		Amount of Each Disbursement this Period 625.00 <b>Transaction ID : SB17.4897</b>
City Kalispell State MT Zip Code 59901	Purpose of Disbursement Office rent	
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 01 / 31 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 1859.74 <b>Transaction ID : SB17.5031</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	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).....	3109.74
<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 83	
	<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 02 / 28 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 2199.83 <b>Transaction ID : SB17.5032</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	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 02 / 28 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 340.09 <b>Transaction ID : SB17.5139</b>
City Billings State MT Zip Code 59102	Purpose of Disbursement Reimbursement - mileage, fuel (see below if itemized)	
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 02 / 28 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 196.56 <b>Transaction ID : SB17.5139.0</b> <b>[MEMO ITEM]</b>
City Billings State MT Zip Code 59102	Purpose of Disbursement Mileage reimbursement	
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).....	2199.83
<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 83			
	<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. Crossroads Cenex</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 56 Hwy 16		Amount of Each Disbursement this Period 109.74
City Glendive	State MT	
Zip Code 59330	Purpose of Disbursement Fuel (see transaction #SB17.5236)	Transaction ID : SB17.5251
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. Crossroads Cenex</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 56 Hwy 16		Amount of Each Disbursement this Period 98.81
City Glendive	State MT	
Zip Code 59330	Purpose of Disbursement Fuel (see transaction #SB17.5238)	Transaction ID : SB17.5252
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. Custom Screen Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 3515 Schilling		Amount of Each Disbursement this Period 13090.00
City Missoula	State MT	
Zip Code 59801	Purpose of Disbursement Signs	Transaction ID : SB17.4899
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).....	13090.00
<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 83			
	<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. Durango's</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 204 4th Ave East		Amount of Each Disbursement this Period 89.92
City Superior	State MT Zip Code 59872	
Purpose of Disbursement Meal expense (see transaction #SB17.5227)		Transaction ID : SB17.5228
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. Eddie's Corner</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 65000 US Hwy 87		Amount of Each Disbursement this Period 76.29
City Moore	State MT Zip Code 59464	
Purpose of Disbursement Fuel (see transaction #SB17.5246)		Transaction ID : SB17.5258
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. ExxonMobil</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2014
Mailing Address 1035 Reeves Rd W		Amount of Each Disbursement this Period 74.05
City Bozeman	State MT Zip Code 59715	
Purpose of Disbursement Fuel (see transaction #SB17.5242)		Transaction ID : SB17.5254
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 38 OF 83	
	<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 01 / 09 / 2014
Mailing Address 2101 Cedar Springs Rd., Ste. 1050		Amount of Each Disbursement this Period 2500.00
City Dallas State TX Zip Code 75201	Purpose of Disbursement Legal and compliance fees	
Candidate Name		Transaction ID : SB17.4901
Office Sought: <input type="checkbox"/> 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. Gober Hilgers, PLLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 2101 Cedar Springs Rd., Ste. 1050		Amount of Each Disbursement this Period 7569.41
City Dallas State TX Zip Code 75201	Purpose of Disbursement Legal and compliance fees	
Candidate Name		Transaction ID : SB17.4902
Office Sought: <input type="checkbox"/> 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. Gober Hilgers PLLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 2101 Cedar Springs Rd., Ste. 1050		Amount of Each Disbursement this Period 2611.08
City Dallas State TX Zip Code 75201	Purpose of Disbursement Legal and compliance fees	
Candidate Name		Transaction ID : SB17.5506
Office Sought: <input type="checkbox"/> 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).....	12680.49
<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 83		
	<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 03 / 03 / 2014
Mailing Address 1600 Ampitheatre Pkwy.		Amount of Each Disbursement this Period 76.60
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Subscription	<b>Transaction ID : SB17.4905</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. Grand Avenue Development, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 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	<b>Transaction ID : SB17.4907</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. Grand Avenue Development, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 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	<b>Transaction ID : SB17.4908</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).....	1376.60
<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 83	
	<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. Grand Avenue Development, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address P.O. Box 80945			Amount of Each Disbursement this Period 650.00	
City Billings	State MT	Zip Code 59108	Transaction ID : SB17.4909	
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>B. Grand Avenue Development, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address P.O. Box 80945			Amount of Each Disbursement this Period 650.00	
City Billings	State MT	Zip Code 59108	Transaction ID : SB17.4910	
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. Ethan J. Heverly</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014	
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 3081.19	
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.5026	
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).....	4381.19
<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 83	
	<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 01 / 15 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 1528.00 <b>Transaction ID : SB17.5027</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. Ethan J. Heverly</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 4308.19 <b>Transaction ID : SB17.5028</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. Ethan J. Heverly</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 4308.19 <b>Transaction ID : SB17.5029</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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10144.38
<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 83	
	<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. Hilltop Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address Highway 200		Amount of Each Disbursement this Period 84.85
City Jordan	State MT	Zip Code 59337
Purpose of Disbursement Meal expense (see transaction #SB17.5234)	Transaction ID : SB17.5249	
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>B. Holiday Inn Bozeman</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 5 EBaxter Ln		Amount of Each Disbursement this Period 101.28
City Bozeman	State MT	Zip Code 59715
Purpose of Disbursement Lodging	Transaction ID : SB17.4911	
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. Holiday Inn Bozeman</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 5 EBaxter Ln		Amount of Each Disbursement this Period 90.07
City Bozeman	State MT	Zip Code 59715
Purpose of Disbursement Lodging	Transaction ID : SB17.4912	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	191.35
<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 43 OF 83		
	<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. i360, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address P.O. Box 37046		Amount of Each Disbursement this Period 850.00 <b>Transaction ID : SB17.4918</b>
City Baltimore	State MD	
Zip Code 21297-3046	Purpose of Disbursement Data management	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. Jorgenson's Inn &amp; Suites</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 1714 11th Avenue		Amount of Each Disbursement this Period 76.33 <b>Transaction ID : SB17.4919</b>
City Helena	State MT	
Zip Code 59601	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. Jorgenson's Inn &amp; Suites</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2014
Mailing Address 1714 11th Avenue		Amount of Each Disbursement this Period 95.16 <b>Transaction ID : SB17.4920</b>
City Helena	State MT	
Zip Code 59601	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).....	1021.49
<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 83			
	<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 01 / 31 / 2014		
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 1143.43		
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.5006		
Purpose of Disbursement Salary		Category/ Type			
Candidate Name					
Office Sought:	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 02 / 28 / 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 : SB17.5007		
Purpose of Disbursement Salary		Category/ Type			
Candidate Name					
Office Sought:	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. Alana M. Lake</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014		
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 217.15		
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.5060		
Purpose of Disbursement Reimbursement - fuel (see below if itemized)		Category/ Type			
Candidate Name					
Office Sought:	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).....	2591.14
<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 83	
	<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. Alex S. Lamping</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 980.76 <b>Transaction ID : SB17.5010</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	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. Alex S. Lamping</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 1801.36 <b>Transaction ID : SB17.5011</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	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 02 / 28 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 601.37 <b>Transaction ID : SB17.5119</b>
City Billings	State MT Zip Code 59102	
Purpose of Disbursement Reimbursement - mileage, meal expenses, telephone (see below if itemized)	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).....	3383.49
<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 83			
	<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. Alex S. Lamping</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 297.92	
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.5119.0  [MEMO ITEM]	
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>B. Zachary MacQuarrie</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 1669.57	
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.5041	
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 02 / 19 / 2014	
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 297.80	
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.5042	
Purpose of Disbursement 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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1967.37
<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 47 OF 83			
	<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. Zachary MacQuarrie</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 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 : SB17.5043
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. Zachary MacQuarrie</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 197.66
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Reimbursement - office furniture, mileage (see below if itemized)	Transaction ID : SB17.5073
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. Zachary MacQuarrie</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 127.46
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Mileage reimbursement	Transaction ID : SB17.5073.4
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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1999.02
<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 48 OF 83			
	<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. Marathon Strategic Communications, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 3771 Vinecrest Drive		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.4922</b>
City Dallas State TX Zip Code 75229	Purpose of Disbursement Consulting - strategic	
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 01 / 10 / 2014
Mailing Address 3771 Vinecrest Drive		Amount of Each Disbursement this Period 6120.00 <b>Transaction ID : SB17.4923</b>
City Dallas State TX Zip Code 75229	Purpose of Disbursement Opposition research, brochure printing & design	
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 01 / 30 / 2014
Mailing Address 3771 Vinecrest Drive		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.4924</b>
City Dallas State TX Zip Code 75229	Purpose of Disbursement Consulting - strategic	
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).....	16120.00
<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 83	
	<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 02 / 26 / 2014
Mailing Address 3771 Vinecrest Drive		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.4925</b>
City Dallas	State TX Zip Code 75229	
Purpose of Disbursement Consulting - strategic		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 01 / 23 / 2014
Mailing Address PO Box 245		Amount of Each Disbursement this Period 1832.29 <b>Transaction ID : SB17.4927</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. Martin's Property Management, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address PO Box 245		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.4928</b>
City Stevensville	State MT Zip Code 59870	
Purpose of Disbursement February 2014		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).....	7632.29
<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 83	
	<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. Mastercard (Green Dot Bank)</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address PO Box 1187		Amount of Each Disbursement this Period 506.00 <b>Transaction ID : SB17.5266</b>
City Monrovia	State CA	
Zip Code 91017	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>B. Mastercard (Green Dot Bank)</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address PO Box 1187		Amount of Each Disbursement this Period 12.00 <b>Transaction ID : SB17.5266.0</b> <b>[MEMO ITEM]</b>
City Monrovia	State CA	
Zip Code 91017	Purpose of Disbursement Credit card setup 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>c. Montana Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address PO Box 5835		Amount of Each Disbursement this Period 280.00 <b>Transaction ID : SB17.4931</b>
City Helena	State MT	
Zip Code 59604	Purpose of Disbursement Payroll tax	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).....	786.00
<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 83			
	<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. Montana Secretary of State</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address State Capitol, 2nd Floor, Room 260 PO Box 202801		Amount of Each Disbursement this Period 1740.00 <b>Transaction ID : SB17.4933</b>
City Helena State MT Zip Code 59620-2801	Purpose of Disbursement Filing fees 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>B. Montana Secretary of State</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address State Capitol, 2nd Floor, Room 260 PO Box 202801		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB17.4934</b>
City Helena State MT Zip Code 59620-2801	Purpose of Disbursement Business license fee 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. MT Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address PO Box 5835		Amount of Each Disbursement this Period 514.00 <b>Transaction ID : SB17.4937</b>
City Helena State MT Zip Code 59604	Purpose of Disbursement Payroll tax 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).....	2269.00
<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 52 OF 83	
	<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 Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address PO Box 5835		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.4938</b>
City Helena	State MT	
Zip Code 59604	Purpose of Disbursement Payroll tax	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. MT Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address PO Box 5835		Amount of Each Disbursement this Period 595.00 <b>Transaction ID : SB17.4939</b>
City Helena	State MT	
Zip Code 59604	Purpose of Disbursement Payroll tax	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. MT Unemployment Insurance Division</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address P.O. Box 6339		Amount of Each Disbursement this Period 345.05 <b>Transaction ID : SB17.4941</b>
City Helena	State MT	
Zip Code 59604-6339	Purpose of Disbursement Payroll tax	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).....	1340.05
<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 83		
	<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 01 / 31 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 1727.94 <b>Transaction ID : SB17.5013</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. Alison R. Nearhoof</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 1859.79 <b>Transaction ID : SB17.5014</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. Alison R. Nearhoof</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 623.57 <b>Transaction ID : SB17.5084</b>
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Reimbursement - mileage, office supplies, meal expenses (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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4211.30
<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 54 OF 83	
	<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 <b>02 / 28 / 2014</b>
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period <b>294.00</b>
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Mileage reimbursement	<b>Transaction ID : SB17.5084.0</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)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NorthStar Campaign Systems, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 10 / 2014</b>
Mailing Address 11421 Davenport St.		Amount of Each Disbursement this Period <b>6800.00</b>
City Omaha	State NE	
Zip Code 68154	Purpose of Disbursement Telephone system, phone bank	<b>Transaction ID : SB17.4943</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 <b>03 / 11 / 2014</b>
Mailing Address 705 Melvin Ave. #105		Amount of Each Disbursement this Period <b>12600.66</b>
City Annapolis	State MD	
Zip Code 21401	Purpose of Disbursement Media buys	<b>Transaction ID : SB17.4944</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).....	<b>19400.66</b>
<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 83			
	<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 03 / 17 / 2014
Mailing Address 705 Melvin Ave. #105		Amount of Each Disbursement this Period 1838.71
City Annapolis	State MD	
Zip Code 21401	Purpose of Disbursement Media production	Transaction ID : SB17.4945
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 03 / 25 / 2014
Mailing Address 705 Melvin Ave. #105		Amount of Each Disbursement this Period 25189.32
City Annapolis	State MD	
Zip Code 21401	Purpose of Disbursement Media buys	Transaction ID : SB17.4946
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. Pintler Petroleum</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 906 West Broadway PO Box 486		Amount of Each Disbursement this Period 90.78
City Phillipsburg	State MT	
Zip Code 59858	Purpose of Disbursement Fuel (see transaction #SB17.5220)	Transaction ID : SB17.5222
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).....	27028.03
<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 56 OF 83	
	<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. Platinum Property Management</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address ATTN: Sheena Kyllonen 2149 Durston Rd., Ste. 34		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.4951</b>
City Bozeman	State MT	
Zip Code 59718	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>B. Platinum Property Management</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address ATTN: Sheena Kyllonen 2149 Durston Rd., Ste. 34		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.4952</b>
City Bozeman	State MT	
Zip Code 59718	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. Red Lion Hotel Kalispell</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2014
Mailing Address 20 North Main St.		Amount of Each Disbursement this Period 82.14 <b>Transaction ID : SB17.4953</b>
City Kalispell	State MT	
Zip Code 59901	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).....	1282.14
<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 83	
	<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. Red Lion Hotel Kalispell</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2014
Mailing Address 20 North Main St.		Amount of Each Disbursement this Period 722.28 <b>Transaction ID : SB17.4954</b>
City Kalispell	State MT	
Zip Code 59901	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>B. Red Lion Hotel Kalispell</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 20 North Main St.		Amount of Each Disbursement this Period 186.84 <b>Transaction ID : SB17.4955</b>
City Kalispell	State MT	
Zip Code 59901	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. Residence Inn Bozeman</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 6195 East Valley Center Rd.		Amount of Each Disbursement this Period 359.72 <b>Transaction ID : SB17.4957</b>
City Bozeman	State MT	
Zip Code 59718	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).....	722.28
<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 58 OF 83			
	<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
Mailing Address 6195 East Valley Center Rd.		M M / D D / Y Y Y Y 03 / 16 / 2014
City Bozeman	State MT	Zip Code 59718
Purpose of Disbursement Lodging	Amount of Each Disbursement this Period 173.44	
Candidate Name	Transaction ID : SB17.4958	
Office Sought: <input type="checkbox"/> 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. Robert A. Ricketts Jr.</b>		Date of Disbursement
Mailing Address 1201 Grand Ave., Ste. 9		M M / D D / Y Y Y Y 01 / 31 / 2014
City Billings	State MT	Zip Code 59102
Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1593.75	
Candidate Name	Transaction ID : SB17.5034	
Office Sought: <input type="checkbox"/> 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. Robert A. Ricketts Jr.</b>		Date of Disbursement
Mailing Address 1201 Grand Ave., Ste. 9		M M / D D / Y Y Y Y 02 / 28 / 2014
City Billings	State MT	Zip Code 59102
Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1801.36	
Candidate Name	Transaction ID : SB17.5035	
Office Sought: <input type="checkbox"/> 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).....	3568.55
<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 59 OF 83	
	<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 03 / 18 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 156.93 <b>Transaction ID : SB17.5037</b>
City Billings State MT Zip Code 59102	Purpose of Disbursement	
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. Matt Rosendale</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 91.95 <b>Transaction ID : SB17.5211</b>
City Glendive State MT Zip Code 59330	Purpose of Disbursement In-kind - lodging	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MT District: 00		

Full Name (Last, First, Middle Initial) <b>c. Matt Rosendale</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 109.74 <b>Transaction ID : SB17.5236</b>
City Glendive State MT Zip Code 59330	Purpose of Disbursement In-kind - fuel	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MT District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	358.62
<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 60 OF 83			
	<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. Matt Rosendale</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 98.81
City Glendive	State MT	
Zip Code 59330	Purpose of Disbursement In-kind - fuel	Transaction ID : SB17.5238
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MT	District: 00	

Full Name (Last, First, Middle Initial) <b>B. Matt Rosendale</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 84.85
City Glendive	State MT	
Zip Code 59330	Purpose of Disbursement In-kind - meal expense	Transaction ID : SB17.5234
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MT	District: 00	

Full Name (Last, First, Middle Initial) <b>c. Matt Rosendale</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 76.29
City Glendive	State MT	
Zip Code 59330	Purpose of Disbursement In-kind - fuel	Transaction ID : SB17.5246
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MT	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	259.95
<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 61 OF 83	
	<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. Matt Rosendale</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2014
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 12.97 <b>Transaction ID : SB17.5214</b>
City Glendive	State MT	
Purpose of Disbursement In-kind - staff meal		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MT	District: 00	

Full Name (Last, First, Middle Initial) <b>B. Matt Rosendale</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2014
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 74.05 <b>Transaction ID : SB17.5242</b>
City Glendive	State MT	
Purpose of Disbursement In-kind - fuel		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MT	District: 00	

Full Name (Last, First, Middle Initial) <b>c. Matt Rosendale</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 97.90 <b>Transaction ID : SB17.5244</b>
City Glendive	State MT	
Purpose of Disbursement In-kind - fuel		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MT	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	184.92
<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 83			
	<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. Matt Rosendale</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 90.78
City Glendive	State MT	
Zip Code 59330	Purpose of Disbursement In-kind - fuel	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MT District: 00	

Full Name (Last, First, Middle Initial) <b>B. Matt Rosendale</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 43.37
City Glendive	State MT	
Zip Code 59330	Purpose of Disbursement In-kind - staff meal	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MT District: 00	

Full Name (Last, First, Middle Initial) <b>c. Matt Rosendale</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 89.92
City Glendive	State MT	
Zip Code 59330	Purpose of Disbursement In-kind - meal expense	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MT District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	224.07
<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 83			
	<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. Matt Rosendale</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 53.37
City Glendive	State MT	
Zip Code 59330	Purpose of Disbursement In-kind - meal expense	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MT District: 00	

Full Name (Last, First, Middle Initial) <b>B. Matt Rosendale</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2014
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 100.00
City Glendive	State MT	
Zip Code 59330	Purpose of Disbursement In-kind - fuel	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MT District: 00	

Full Name (Last, First, Middle Initial) <b>C. Matt Rosendale</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 100.00
City Glendive	State MT	
Zip Code 59330	Purpose of Disbursement In-kind - fuel	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MT District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	253.37
<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 83			
	<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 03 / 28 / 2014		
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 517.36		
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.5039		
Purpose of Disbursement Salary		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Chase B. Sick</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014		
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 1610.19		
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.5019		
Purpose of Disbursement Salary		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>c. Chase B. Sick</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 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 : SB17.5020		
Purpose of Disbursement Salary		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3869.54
<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 83			
	<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. Brandon J. Simpson</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014		
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 1143.43		
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.5016		
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. Stoltze Lumber</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014		
Mailing Address 600 Halfmoon Rd.			Amount of Each Disbursement this Period 300.00		
City Columbia Falls	State MT	Zip Code 59912	Transaction ID : SB17.4960		
Purpose of Disbursement Hardware for signs		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. Sunshine Station</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014		
Mailing Address 3830 Montana 1			Amount of Each Disbursement this Period 43.37		
City Philipsburg	State MT	Zip Code 59858	Transaction ID : SB17.5206		
Purpose of Disbursement Staff meal (see transaction #SB17.5225)		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).....	1443.43
<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 83			
	<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. Sunshine Station</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 3830 Montana 1		Amount of Each Disbursement this Period 53.37
City Phillipsburg	State MT	
Zip Code 59858	Purpose of Disbursement Meal expense (see transaction #SB17.5231)	Transaction ID : SB17.5232
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. The Mayflower Renaissance Washington, DC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 1127 Connecticut Ave NW		Amount of Each Disbursement this Period 805.65
City Washington	State DC	
Zip Code 20036	Purpose of Disbursement Lodging	Transaction ID : SB17.4962
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. The Prosper Group Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 435 East Main St., Ste. 250		Amount of Each Disbursement this Period 10000.00
City Greenwood	State IN	
Zip Code 46143	Purpose of Disbursement Online advertising	Transaction ID : SB17.4963
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).....	10805.65
<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 83			
	<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 02 / 02 / 2014		
Mailing Address 435 East Main St., Ste. 250			Amount of Each Disbursement this Period 55.00		
City Greenwood	State IN	Zip Code 46143	Transaction ID : SB17.4964		
Purpose of Disbursement Web design & development		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 Prosper Group Corporation</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014		
Mailing Address 435 East Main St., Ste. 250			Amount of Each Disbursement this Period 5000.00		
City Greenwood	State IN	Zip Code 46143	Transaction ID : SB17.4965		
Purpose of Disbursement Online advertising		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. The Prosper Group Corporation</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014		
Mailing Address 435 East Main St., Ste. 250			Amount of Each Disbursement this Period 35.00		
City Greenwood	State IN	Zip Code 46143	Transaction ID : SB17.4966		
Purpose of Disbursement Mailer		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).....	5090.00
<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 83	
	<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. The Prosper Group Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 435 East Main St., Ste. 250		Amount of Each Disbursement this Period 3270.60 <b>Transaction ID : SB17.4967</b>
City Greenwood	State IN Zip Code 46143	
Purpose of Disbursement Email blasts		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. Thomas Graphics, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address PO Box 142226		Amount of Each Disbursement this Period 189.60 <b>Transaction ID : SB17.4970</b>
City Austin	State TX Zip Code 78714-2226	
Purpose of Disbursement 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>c. Thriftway Bozeman</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2014
Mailing Address 621 W Main St		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.5253</b> <b>[MEMO ITEM]</b>
City Bozeman	State MT Zip Code 59715	
Purpose of Disbursement Fuel (see transaction #SB17.5240)		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).....	3460.20
<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 83	
	<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 03 / 12 / 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	Transaction ID : SB17.4975
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 #0159</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 2910 Hwy 93 S		Amount of Each Disbursement this Period 100.00
City Kalispell	State MT	
Zip Code 59901	Purpose of Disbursement Fuel (see transaction #SB17.5248)	Transaction ID : SB17.5260
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. Trademark Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 4000 Ford Rd.		Amount of Each Disbursement this Period 2000.00
City Billings	State MT	
Zip Code 59601	Purpose of Disbursement Field consulting & database management	Transaction ID : SB17.4976
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).....	2064.20
<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 83			
	<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. Trademark Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 4000 Ford Rd.		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.4977</b>
City Billings	State MT	
Zip Code 59601	Purpose of Disbursement Field consulting & database management	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. Trademark Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 4000 Ford Rd.		Amount of Each Disbursement this Period 1572.00 <b>Transaction ID : SB17.4978</b>
City Billings	State MT	
Zip Code 59601	Purpose of Disbursement Field consulting & database management	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. Transaxt, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 190 Monroe Ave. NW, Ste. 500		Amount of Each Disbursement this Period 89.96 <b>Transaction ID : SB17.4979</b>
City Grand Rapids	State MI	
Zip Code 49503	Purpose of Disbursement Credit card fees	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).....	3661.96
<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 71 OF 83	
	<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. Transaxt, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 190 Monroe Ave. NW, Ste. 500		Amount of Each Disbursement this Period 175.48 <b>Transaction ID : SB17.4980</b>
City Grand Rapids	State MI	
Zip Code 49503	Purpose of Disbursement Credit card fees	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. Transaxt, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 190 Monroe Ave. NW, Ste. 500		Amount of Each Disbursement this Period 40.46 <b>Transaction ID : SB17.4981</b>
City Grand Rapids	State MI	
Zip Code 49503	Purpose of Disbursement Credit card fees	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. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address PO Box 37941		Amount of Each Disbursement this Period 1710.50 <b>Transaction ID : SB17.4982</b>
City Hartford	State CT	
Zip Code 06176-7941	Purpose of Disbursement Payroll tax	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).....	1926.44
<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 72 OF 83			
	<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. United States Treasury</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address PO Box 37941			Amount of Each Disbursement this Period 540.07 <b>Transaction ID : SB17.4983</b>
City Hartford	State CT	Zip Code 06176-7941	
Purpose of Disbursement Payroll tax		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. United States Treasury</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address PO Box 37941			Amount of Each Disbursement this Period 66.00 <b>Transaction ID : SB17.4984</b>
City Hartford	State CT	Zip Code 06176-7941	
Purpose of Disbursement Payroll tax		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 01 / 31 / 2014
Mailing Address PO Box 37941			Amount of Each Disbursement this Period 3450.78 <b>Transaction ID : SB17.4985</b>
City Hartford	State CT	Zip Code 06176-7941	
Purpose of Disbursement Payroll tax		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).....	4056.85
<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 73 OF 83			
	<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. United States Treasury</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address PO Box 37941			Amount of Each Disbursement this Period 2516.50 <b>Transaction ID : SB17.4986</b>
City Hartford	State CT	Zip Code 06176-7941	
Purpose of Disbursement Payroll tax		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. United States Treasury</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address PO Box 37941			Amount of Each Disbursement this Period 3779.34 <b>Transaction ID : SB17.4987</b>
City Hartford	State CT	Zip Code 06176-7941	
Purpose of Disbursement Payroll tax		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. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 8300 NE Underground Dr. Pillar 210			Amount of Each Disbursement this Period 201.00 <b>Transaction ID : SB17.4988</b>
City Kansas City	State MO	Zip Code 64144-0001	
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).....	6496.84
<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 83			
	<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 02 / 10 / 2014
Mailing Address 111 Congress Ave.		Amount of Each Disbursement this Period 22.00 <b>Transaction ID : SB17.4992</b>
City Austin State TX Zip Code 78701	Purpose of Disbursement Bank service fee	
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. Wells Fargo Bank, NA</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 111 Congress Ave.		Amount of Each Disbursement this Period 3.00 <b>Transaction ID : SB17.4993</b>
City Austin State TX Zip Code 78701	Purpose of Disbursement Bank service fee	
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. Wells Fargo Bank, NA</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 111 Congress Ave.		Amount of Each Disbursement this Period 9.00 <b>Transaction ID : SB17.4994</b>
City Austin State TX Zip Code 78701	Purpose of Disbursement Bank service fee	
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).....	34.00
<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 83			
	<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 03 / 10 / 2014
Mailing Address 111 Congress Ave.		Amount of Each Disbursement this Period 10.00 <b>Transaction ID : SB17.4995</b>
City Austin State TX Zip Code 78701	Purpose of Disbursement Bank service fee	
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. Wells Fargo Bank, NA</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 111 Congress Ave.		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.4996</b>
City Austin State TX Zip Code 78701	Purpose of Disbursement Bank service fee	
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. Wells Fargo Bank, NA</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 111 Congress Ave.		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.4997</b>
City Austin State TX Zip Code 78701	Purpose of Disbursement Bank service fee	
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).....	70.00
<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 83	
	<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 03 / 26 / 2014	
Mailing Address 111 Congress Ave.			Amount of Each Disbursement this Period 30.00	
City Austin	State TX	Zip Code 78701	Transaction ID : SB17.4998	
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. Craig C. Wichman</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 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 : SB17.5022	
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. Craig C. Wichman</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 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 : SB17.5023	
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).....	3204.62
<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 77 OF 83	
	<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 03 / 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 : SB17.5024	
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. Wilson Perkins Allen Opinion Research</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014	
Mailing Address 1319 Classen Dr.			Amount of Each Disbursement this Period 22100.00	
City Oklahoma City	State OK	Zip Code 73103	Transaction ID : SB17.5000	
Purpose of Disbursement Benchmark survey		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. Yogo Inn</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014	
Mailing Address 211 East Main			Amount of Each Disbursement this Period 91.95	
City Lewiston	State MT	Zip Code 59457	Transaction ID : SB17.5198	
Purpose of Disbursement Lodging (see transaction #SB17.5211)		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	23687.31
<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 78 OF 83		
	<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. Yogo Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 211 East Main		Amount of Each Disbursement this Period 162.50
City Lewiston State MT Zip Code 59457	Purpose of Disbursement Lodging	
Candidate Name	Category/Type	Transaction ID : SB17.5004
Office Sought: <input type="checkbox"/> 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.</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	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
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	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).....	162.50
<b>TOTAL</b> This Period (last page this line number only).....	242101.82

**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 83			
	<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. Jeff Flatness</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 4665 East Baseline			Amount of Each Disbursement this Period 400.00	
City Belgrade	State MT	Zip Code 59714	Transaction ID : SB20A.5503	
Purpose of Disbursement Refund		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>B. Tom Hougan</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 76 Barclay Dr.			Amount of Each Disbursement this Period 400.00	
City Bozeman	State MT	Zip Code 59715	Transaction ID : SB20A.5505	
Purpose of Disbursement Refund		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. Jerry Rilter</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 8191 Huffine Lane			Amount of Each Disbursement this Period 400.00	
City Bozeman	State MT	Zip Code 59718	Transaction ID : SB20A.5504	
Purpose of Disbursement Refund		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	1200.00

**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:  
M 07 / D 31 / Y 2013 M M / D D / Y 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**

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/10.4371

**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

200000.00

0.00

200000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

09

05

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)..... ▶

200000.00

**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/10.4529

**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

250000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 12 /

D 17 /

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)..... ▶

250000.00

**TOTALS** This Period (last page in this line only)..... ▶

500000.00

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

**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  
**Gober Hilgers PLLC**

Mailing Address 2101 Cedar Springs Rd., Ste. 1050

City State Zip Code  
 Dallas TX 75201

Nature of Debt (Purpose):  
 Legal & compliance fees

Outstanding Balance Beginning This Period 2611.08	<b>Transaction ID : SD10.4493</b>	
Amount Incurred This Period 0.00	Payment This Period 2611.08	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

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