10/20/2018 11 : 26

Image# 201810209125798602 PAGE 1/2

## 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN     Matt Rosenda	FULL ale for Montan	a				
ADDRESS (number and stre	eet) PO Box 4907					
CITY STATE Helena MT				CODE 0604-4907	-	
2. NAME OF CANDIDATE Rosendale, Matt, , Mr.,			3. OFFICE SOUGHT Senate	(State and District) MT	4. FEC IDENTIFICATION NUMBER C00548289	
5. IS THIS AN AMENDMENT?	NO, THIS IS A	NEW FILING	YES, IT AMENDS TO	HE NOTICE FILED ON	//	
A. FULL NAME ADELSON, MIRIAM, , DR.,			Name of Employer SELF-EMPLOYE	Name of Employer SELF-EMPLOYED		Amount
MAILING ADDRESS 3355 LAS VEGAS BLV	/D. S.		Transaction ID:	Transaction ID : TX22878		2700.00
CITY	STATE	ZIP CODE	Occupation	Occupation		
LAS VEGAS	NV	89109-8941	PHYSICIAN			
B. FULL NAME ADELSON, SHELDON, G., MR.,			Name of Employer LAS VEGAS SAN CORPORATION	NDS	Date (month, day, year)  10/19/2018  Amount 2700.00	
MAILING ADDRESS 3355 LAS VEGAS BLVD. S.			Transaction ID :	Transaction ID : TX22877		2700.00
CITY	STATE	ZIP CODE	Occupation	Occupation		
LAS VEGAS	NV	89109-8941	CEO	CEO		
C. FULL NAME AUSTIN, ROBERT, , ,			Name of Employer UNAKA CO., INC	Name of Employer UNAKA CO., INC.		Amount
MAILING ADDRESS P.O. BOX 461344			Transaction ID:	Transaction ID : TX23940		2700.00
CITY	STATE	ZIP CODE	Occupation			
GARLAND	TX	75046-	BUSINESSMAN	BUSINESSMAN		
D. FULL NAME  LEVY, ROBERT, , ,			Name of Employer RETIRED	Name of Employer		Amount
MAILING ADDRESS 18511 KINGS LYNN STREET				Transaction ID : TX23584		2000.00
CITY	STATE	ZIP CODE	Occupation ID:	1 X 2 3 5 8 4		
HOUSTON	TX	77058-	RETIRED	·		
e. FULL NAME MCNAB, JIM, , ,			Name of Employer RETIRED	Name of Employer RETIRED		Amount
MAILING ADDRESS 47 CHURCH STREET			Transaction ID : TX23824		10/19/2018	1000.00
CITY	STATE	ZIP CODE	Occupation		_	
CHARLESTON	sc	29401-	RETIRED			
SIGNATURE (optional)  Galt, Errol, , Mr.,			[Electronically Filed	DATE 10/20/2018	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	



Any information copied from reports and statements filed under the Federal Election Campaign Act 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.



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NAME OF COMMITTEE IN FULL     Matt Rosendale for Montani	a			7		
ADDRESS (number and street) PO Box 4907				-		
CITY, STATE, and ZIP CODE	 continuation page					
Helena			MT 59604-4907			
2. NAME OF CANDIDATE			3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION NUMBER		
Rosendale, Matt, , Mr.,			Senate MT	C00548289		
5. ISTHIS AN AMENDMENT? X NO, THIS IS A	A NEW FILING		YES, IT AMENDS THE NOTICE FILED ON	//////		
A. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer	Date (month,	Amount	
MCRAE, ROBERT, , ,			N/A	day, year)		
Word (2, 10021(1, , , ,				10/19/2018	1000.00	
P.O. BOX 6969				10,10,2010		
			Transaction ID: TX23530			
MIDAMAD DEACH	E1 201	FFO 4040	Occupation			
MIRAMAR BEACH	FL 32	550-1018	RETIRED			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer	Date (month,	Amount	
NICHOLSON, DAVID, , ,			YORK MANAGEMENT	day, year)		
. , , ,				10/19/2018	1000.00	
4600 MILITARY TRAIL, SUITE 222						
			Transaction ID : TX23552			
JUPITER	FL 334	458-4813	Occupation			
	1 6 00	100 1010	CEO			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer	Date (month, day, year)	Amount	
PULLUM, STEVE, , ,			PULLUM & PULLUM, PA	day, your,		
				10/19/2018	1000.00	
382 VISTA OAK DRIVE						
			Transaction ID : TX23790	_		
LONGWOOD	FL 32	779-	Occupation TAX ATTORNEY			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE				Date (month,	Amount	
			Name of Employer	day, year)	7 tinodin	
STERN, EVA, , ,			N/A	40/40/0040	0700.00	
23700 MALIBU COLONY ROAD				10/19/2018	2700.00	
20700 MALIBO OCLONT NOAD			Transaction ID : TX23737			
			Occupation			
MALIBU	CA 902	265-	CLINICAL SOCIAL WORKER			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer	Date (month,	Amount	
			or Employor	day, year)		
			Occupation			