

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.

1. NAME OF COMMITTEE IN FULL Matt Rosendale for Montana			
ADDRESS (number and street) PO Box 4907			
CITY Helena	STATE MT	ZIP CODE 59604-4907	
2. NAME OF CANDIDATE Rosendale, Matt, , Mr.,		3. OFFICE SOUGHT (State and District) House MT 02	
4. FEC IDENTIFICATION NUMBER C00548289			
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME MUSSELSHELL COUNTY REPUBLICAN CENTRAL COMMITTEE		Name of Employer Date (month, day, year)	Amount
MAILING ADDRESS P.O. BOX 597		10/27/2022	1500.00
CITY ROUNDUP		STATE MT	ZIP CODE 59072-0597
		Transaction ID : TX72374	
		Occupation	
B. FULL NAME CATSIMATIDIS, JOHN, A., MR.,		Name of Employer RED APPLE GROUP	Date (month, day, year)
MAILING ADDRESS 817 FIFTH AVE FL 14		10/27/2022	2900.00
CITY NEW YORK		STATE NY	ZIP CODE 10065-7280
		Transaction ID : TX72382	
		Occupation CHAIRMAN	
C. FULL NAME CATSIMATIDIS, MARGO, , ,		Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Date (month, day, year)
MAILING ADDRESS 817 FIFTH AVE FL 14		10/27/2022	2900.00
CITY NEW YORK		STATE NY	ZIP CODE 10065-7280
		Transaction ID : TX72380	
		Occupation INFORMATION REQUESTED PER BI	
D. FULL NAME LONG, JOEL, TWINING, MR.,		Name of Employer	Date (month, day, year)
MAILING ADDRESS 730 BLUEGRASS PLACE		10/27/2022	2900.00
CITY BILLINGS		STATE MT	ZIP CODE 59106-4533
		Transaction ID : TX72378	
		Occupation RETIRED	
E. FULL NAME MCCARTHY, THOMAS, J., ,		Name of Employer KRAM & MCCARTHY	Date (month, day, year)
MAILING ADDRESS P.O. BOX 430		10/27/2022	1000.00
CITY STEVENSVILLE		STATE MD	ZIP CODE 21666-0430
		Transaction ID : TX72375	
		Occupation CPA	
SIGNATURE (optional) Galt, Errol, , Mr.,		DATE 10/28/2022	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
[Electronically Filed]			

--	--	--

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.

FEC FORM 6

(Revised 03/2016)

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.

continuation page

1. NAME OF COMMITTEE IN FULL Matt Rosendale for Montana			
ADDRESS (number and street) PO Box 4907			
CITY, STATE, and ZIP CODE Helena MT 59604-4907			
2. NAME OF CANDIDATE Rosendale, Matt, , Mr.,	3. OFFICE SOUGHT (State and District) House MT 02	4. FEC IDENTIFICATION NUMBER C00548289	
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE OAKLAND, MELISSA, , , 175 N 27TH ST STE 900 BILLINGS MT 59101-2065	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Transaction ID : TX72377 Occupation INFORMATION REQUESTED PER BI	Date (month, day, year) 10/27/2022	Amount 4000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE OVERSTREET, LINDA, , , 5144 MOLO RD BILLINGS MT 59106-3700	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Transaction ID : TX72376 Occupation INFORMATION REQUESTED PER BI	Date (month, day, year) 10/27/2022	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE PHILLIPS, HARRY, J., MR., JR. 3100 EDLOE ST STE 280 HOUSTON TX 77027-6021	Name of Employer TIMBERLAKE INTERESTS, INC Transaction ID : TX72381 Occupation PRESIDENT	Date (month, day, year) 10/27/2022	Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount