

# 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)

GLENDIVE

MT

59330

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00548289

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

MT

00

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day **POST**-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 2016

through

M M /

D D /

Y Y Y Y 2016

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

VanCanagan, Bill, , Mr.,

Type or Print Name of Treasurer

Signature of Treasurer

VanCanagan, Bill, , Mr.,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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))....	0.00	205682.19
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	18450.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	187232.19
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	217.50	1324635.43
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	16126.49
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	217.50	1308508.94
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	6378.02	
<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>	246693.20	

**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 05/2016)

Write or Type Committee Name

**MATT ROSENDALE FOR MONTANA**

Report Covering the Period: From: M M / D D / Y Y Y Y  
07 / 01 / 2016 To: M M / D D / Y Y Y Y  
09 / 30 / 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	164748.00
(ii) Unitemized .....	0.00	29363.95
(iii) TOTAL of contributions from individuals ▶	0.00	194111.95
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	8524.00
(d) The Candidate .....	0.00	3046.24
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	205682.19
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	1133500.70
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	1133500.70
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	16126.49
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	0.00	1355309.38

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	217.50	1324635.43
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	10000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	10000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	18450.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	18450.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	217.50	1353085.43

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6595.52
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	6595.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	217.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6378.02

**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 5 OF 9	
	<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. Google</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016	
Mailing Address 1600 Ampitheatre Pkwy.			FEC Identification Number C	
City Mountain View	State CA	Zip Code 94043	Amount of Each Disbursement this Period 20.00	
Purpose of Disbursement Subscription		Category/ Type	Transaction ID : SB17.7881	
Candidate Name		<input type="checkbox"/> 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. Google</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2016	
Mailing Address 1600 Ampitheatre Pkwy.			FEC Identification Number C	
City Mountain View	State CA	Zip Code 94043	Amount of Each Disbursement this Period 20.00	
Purpose of Disbursement Subscription		Category/ Type	Transaction ID : SB17.7882	
Candidate Name		<input type="checkbox"/> 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. Google</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2016	
Mailing Address 1600 Ampitheatre Pkwy.			FEC Identification Number C	
City Mountain View	State CA	Zip Code 94043	Amount of Each Disbursement this Period 20.00	
Purpose of Disbursement Subscription		Category/ Type	Transaction ID : SB17.7883	
Candidate Name		<input type="checkbox"/> 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).....▶	60.00
<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 6 OF 9	
	<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. RightSide Compliance</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2016
Mailing Address P.O. Box 341027		FEC Identification Number C
City Austin	State TX	Zip Code 78734
Purpose of Disbursement Compliance and Bookkeeping Services		Amount of Each Disbursement this Period 17.50
Candidate Name		Transaction ID : SB17.7878
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. RightSide Compliance</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2016
Mailing Address P.O. Box 341027		FEC Identification Number C
City Austin	State TX	Zip Code 78734
Purpose of Disbursement Compliance and Bookkeeping Services		Amount of Each Disbursement this Period 122.50
Candidate Name		Transaction ID : SB17.7879
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. RightSide Compliance</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2016
Mailing Address P.O. Box 341027		FEC Identification Number C
City Austin	State TX	Zip Code 78734
Purpose of Disbursement Compliance and Bookkeeping Services		Amount of Each Disbursement this Period 17.50
Candidate Name		Transaction ID : SB17.7880
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	157.50
<b>TOTAL</b> This Period (last page this line number only).....▶	217.50

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

NAME OF COMMITTEE (In Full) **MATT ROSENDALE FOR MONTANA** Transaction ID : **SC/10.4377**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Rosendale, Matt, , ,		Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1954 Hwy 16		
City Glendive	State MT	ZIP Code 59330
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	46693.20

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 07 / D 31 / Y 2013	M M / D D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	46693.20
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

Form/Schedule: SC/10

Transaction ID : SC/10.4377

(Previous loan balance of \$50000 was reduced by \$3306.80 because the campaign granted the candidate, in his personal capacity, rights to the campaign's email list valued at \$3306.80)

Form/Schedule:

Transaction ID:



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

NAME OF COMMITTEE (In Full) **MATT ROSENDALE FOR MONTANA** Transaction ID : **SC/10.4371**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Rosendale, Matt, , ,		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1954 Hwy 16			
City Glendive	State MT	ZIP Code 59330	<input checked="" type="checkbox"/> Personal Funds of the Candidate

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

<b>TERMS</b>	Date Incurred M 09 / D 05 / Y 2013	Date Due M M / D D / Y None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	200000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	246693.20

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