

# 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)

PO Box 4907

Check if different than previously reported. (ACC)

Helena

MT

59604-4907

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00548289

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

MT

02

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

11 / 29 / 2022

through

M M / D D / Y Y Y Y

12 / 31 / 2022

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

Galt, Errol, , Mr.,

Type or Print Name of Treasurer

Signature of Treasurer

Galt, Errol, , Mr.,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

01 / 31 / 2023

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))....	1972.56	2222.56
(b) Total Contribution Refunds (from Line 20(d)) .....	3200.00	7600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	- 1227.44	- 5377.44
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	56294.34	66585.12
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	56294.34	66585.12
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	1217772.92	
<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>	0.00	

**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 05/2016)

Write or Type Committee Name

**Matt Rosendale for Montana**

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 29 / 2022 To: M M / D D / Y Y Y Y 12 / 31 / 2022

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).....	119.77	369.77
(ii) Unitemized .....	852.79	852.79
(iii) TOTAL of contributions from individuals .....	972.56	1222.56
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1972.56	2222.56
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	61319.45
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.22	0.22
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	1972.78	63542.23

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	56294.34	66585.12
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 .....	3200.00	7600.00
(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)).....	3200.00	7600.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	59494.34	74185.12

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1275294.48
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1972.78
25. SUBTOTAL (add Line 23 and Line 24).....	1277267.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	59494.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1217772.92

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 20  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 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**

**A.** Full Name (Last, First, Middle Initial)  
**LONG, JOEL, TWINING, MR.,**

Mailing Address 730 BLUEGRASS PLACE

City BILLINGS	State MT	Zip Code 59106-4533
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2022

**Transaction ID : SA11A.72378**

Amount of Each Receipt this Period  
2900.00

Memo Item  
CONTRIBUTION  
SEE REDESIGNATION

**B.** Full Name (Last, First, Middle Initial)  
**LONG, JOEL, TWINING, MR.,**

Mailing Address 730 BLUEGRASS PLACE

City BILLINGS	State MT	Zip Code 59106-4533
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 23 / 2022

**Transaction ID : SA11A.72803**

Amount of Each Receipt this Period  
2900.00

Memo Item  
CONTRIBUTION  
REDESIGNATION FROM GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**LONG, JOEL, TWINING, MR.,**

Mailing Address 730 BLUEGRASS PLACE

City BILLINGS	State MT	Zip Code 59106-4533
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 23 / 2022

**Transaction ID : SA11A.72803B**

Amount of Each Receipt this Period  
-2900.00

Memo Item  
CONTRIBUTION  
REDESIGNATION TO PRIMARY

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	0.00
<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 20	
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Matt Rosendale for Montana**

**A.** Full Name (Last, First, Middle Initial)  
**FISCHER, LIN, , MRS.,**

Mailing Address 3271 SEVEN SPRINGS ROAD #9

City BUTTE	State MT	Zip Code 59750-9743
---------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation SECURITY
-----------------------------------	------------------------

Receipt For: 2024  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 05 / 2022

**Transaction ID : SA11A.72767**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DASINGER, KIRBY, , ,**

Mailing Address 1932 EASTRIDGE DRIVE

City BILLINGS	State MT	Zip Code 59102-2897
------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation OIL
-----------------------------------	-------------------

Receipt For: 2022  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4688.89

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 27 / 2022

**Transaction ID : SA11A.72775**

Amount of Each Receipt this Period  
- 680.23

Memo Item  
CONTRIBUTION  
CHARGED BACK

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
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FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
------------------	------------

Receipt For: 2024  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2541.73

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 27 / 2022

**Transaction ID : SA11C.72776**

Amount of Each Receipt this Period  
984.79

Memo Item  
CONTRIBUTION  
SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	- 380.23
<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 7 OF 20	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)  
**Matt Rosendale for Montana**

**A.** Full Name (Last, First, Middle Initial)  
**CRESSMAN, ARTHUR, , MR.,**

Mailing Address 2200 LA ROCHELLE

City FLOWER MOUND	State TX	Zip Code 75022-5587
----------------------	-------------	------------------------

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

Name of Employer CRESSMAN TUBULAR	Occupation EXECUTIVE
--------------------------------------	-------------------------

Receipt For: 2024  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 16 / 2022

**Transaction ID : SA11A.72802**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

**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

Memo Item

**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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	119.77

# 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 20	
<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)  
**NORTHWESTERN ENERGY MONTANA EMPLOYEE PAC**

Mailing Address P.O. BOX 4467

City MISSOULA	State MT	Zip Code 59806-4467
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00068056

Name of Employer	Occupation
------------------	------------

Receipt For: 2024  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2022

**Transaction ID : SA11C.72769**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 CONTRIBUTION

**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

Memo Item

**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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	1000.00



**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 9 OF 20			
	<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. PEREZ-OCHOA, GUILLERMO, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2022		
Mailing Address PO BOX 4907			FEC Identification Number <b>C</b>		
City HELENA	State MT	Zip Code 59604			
Purpose of Disbursement PAYROLL			Transaction ID : <b>SB17002</b>		
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. RUCH, KAITLYN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2022		
Mailing Address PO BOX 4907			FEC Identification Number <b>C</b>		
City HELENA	State MT	Zip Code 59604			
Purpose of Disbursement PAYROLL			Transaction ID : <b>SB17003</b>		
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. LEHOTSKY KELLER LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2022		
Mailing Address 200 MASSACHUSETTS AVE NW			FEC Identification Number <b>C</b>		
City WASHINGTON	State DC	Zip Code 20001			
Purpose of Disbursement LEGAL CONSULTING			Transaction ID : <b>SB17009</b>		
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).....▶	2389.45
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20			
	<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 M M / D D / Y Y Y Y 12 / 03 / 2022		
Mailing Address PO BOX 341027			FEC Identification Number C		
City AUSTIN	State TX	Zip Code 78734	Amount of Each Disbursement this Period 2512.00		
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type	Transaction ID : SB17004		
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. THE GOBER GROUP PLLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2022		
Mailing Address PO BOX 341016			FEC Identification Number C		
City AUSTIN	State TX	Zip Code 78734	Amount of Each Disbursement this Period 529.50		
Purpose of Disbursement LEGAL CONSULTING		Category/ Type	Transaction ID : SB17006		
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. THE LUKENS COMPANY</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2022		
Mailing Address 2800 SHIRLINGTON ROAD, 9TH FL			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22206	Amount of Each Disbursement this Period 20862.04		
Purpose of Disbursement FINANCE CONSULTING		Category/ Type	Transaction ID : SB17007		
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).....▶	23903.54
<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 11 OF 20	
	<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. HOLLOWAY CONSULTING INC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2022
Mailing Address 1530 WILSON BLVD STE 440		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement FINANCE CONSULTING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 14023.55	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17010
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. IRS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2022
Mailing Address PO BOX 12192		FEC Identification Number C
City COVINGTON	State KY	Zip Code 41012
Purpose of Disbursement PAYROLL TAXES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 220.41	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17012
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2022
Mailing Address 1593 SPRING HILL RD STE 400		FEC Identification Number C
City VIENNA	State VA	Zip Code 22182
Purpose of Disbursement DATABASE MANAGEMENT SERVICE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 3805.35	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17013
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	18049.31
<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 12 OF 20			
	<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. BB&amp;T VISA</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2022		
Mailing Address PO BOX 580340			FEC Identification Number C		
City CHARLOTTE	State NC	Zip Code 28258	Amount of Each Disbursement this Period 5085.67		
Purpose of Disbursement CREDIT CARD PAYMENT-SEE DETAIL		Category/ Type	Transaction ID : SB17016		
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. DOUBLETREE</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2022		
Mailing Address 7930 JONES BRANCH DR			FEC Identification Number C		
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 1155.92		
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17CC004		
Candidate Name		<input checked="" 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 12 / 15 / 2022		
Mailing Address 1600 AMPHITHEATRE PARKWAY			FEC Identification Number C		
City MOUNTAIN VIEW	State CA	Zip Code 94043	Amount of Each Disbursement this Period 216.00		
Purpose of Disbursement SUBSCRIPTION		Category/ Type	Transaction ID : SB17CC010		
Candidate Name		<input checked="" 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).....▶	5085.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 20	
	<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. HERTZ RENT-A-CAR</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2022	
Mailing Address 8501 WILLIAMS RD			FEC Identification Number C	
City ESTERO	State FL	Zip Code 33928	Amount of Each Disbursement this Period 1713.95	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17CC003	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input 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. IDONATEPRO</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2022	
Mailing Address 2033 SAN ELIJO AVE #203			FEC Identification Number C	
City CARDIFF BY THE SEA	State CA	Zip Code 92077	Amount of Each Disbursement this Period 275.00	
Purpose of Disbursement SUBSCRIPTION		Category/ Type	Transaction ID : SB17CC012	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input 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 AIRLINES</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2022	
Mailing Address 77 W WACKER DR			FEC Identification Number C	
City CHICAGO	State IL	Zip Code 60601	Amount of Each Disbursement this Period 1018.80	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17CC014	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 20	
	<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. PEREZ-OCHOA, GUILLERMO, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2022	
Mailing Address PO BOX 4907			FEC Identification Number C	
City HELENA	State MT	Zip Code 59604	Amount of Each Disbursement this Period 618.02	
Purpose of Disbursement PAYROLL		Category/Type	Transaction ID : SB17017	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input 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. TRUIST</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2022	
Mailing Address 1445 NEW YORK AVE NW 4TH FL			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Disbursement this Period 75.00	
Purpose of Disbursement BANK FEE		Category/Type	Transaction ID : SB17018	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input 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. TRUIST</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2022	
Mailing Address 1445 NEW YORK AVE NW 4TH FL			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Disbursement this Period 206.00	
Purpose of Disbursement BANK FEE		Category/Type	Transaction ID : SB17019	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input 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).....▶	899.02
<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 15 OF 20	
	<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. IRS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2022
Mailing Address PO BOX 12192		FEC Identification Number C
City COVINGTON	State KY	Zip Code 41012
Purpose of Disbursement PAYROLL TAXES		Amount of Each Disbursement this Period 124.77
Candidate Name		Transaction ID : SB17020
Office Sought: <input type="checkbox"/> 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. TRUIST</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2022
Mailing Address 1445 NEW YORK AVE NW 4TH FL		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period 45.00
Candidate Name		Transaction ID : SB17021
Office Sought: <input type="checkbox"/> 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. LEHOTSKY KELLER LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2022
Mailing Address 200 MASSACHUSETTS AVE NW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement LEGAL CONSULTING		Amount of Each Disbursement this Period 260.00
Candidate Name		Transaction ID : SB17025
Office Sought: <input type="checkbox"/> 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).....▶	429.77
<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 16 OF 20	
	<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 M M / D D / Y Y Y Y 12 / 31 / 2022
Mailing Address PO BOX 341027		FEC Identification Number C
City AUSTIN	State TX	Zip Code 78734
Purpose of Disbursement COMPLIANCE CONSULTING		Amount of Each Disbursement this Period 2500.00
Candidate Name		Transaction ID : SB17026
Office Sought: <input type="checkbox"/> 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. STANDARD CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2022
Mailing Address 1820 N LAST CHANCE GULCH		FEC Identification Number C
City HELENA	State MT	Zip Code 59601
Purpose of Disbursement FINANCE CONSULTING		Amount of Each Disbursement this Period 1678.49
Candidate Name		Transaction ID : SB17027
Office Sought: <input type="checkbox"/> 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. ULTRA GRAPHICS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2022
Mailing Address PO BOX 81691		FEC Identification Number C
City BILLINGS	State MT	Zip Code 59108
Purpose of Disbursement PRINTING/POSTAGE		Amount of Each Disbursement this Period 988.90
Candidate Name		Transaction ID : SB17028
Office Sought: <input type="checkbox"/> 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).....▶	5167.39
<b>TOTAL</b> This Period (last page this line number only).....▶	55924.15



**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 17 OF 20			
	<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. CASEY, MAUREEN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2022		
Mailing Address 1440 WISCONSIN AVE			FEC Identification Number C		
City WHITEFISH	State MT	Zip Code 59937	Amount of Each Disbursement this Period - 2800.00		
Purpose of Disbursement VOID CONTRIBUTION REFUND - CHECK LOST		Category/ Type	Transaction ID : <b>SB20A003</b>		
Candidate Name			Memo Item <input type="checkbox"/> ORIGINALY ISSUED 8/14/2020; REISSUED 12/23/2022		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. CASEY, MAUREEN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2022		
Mailing Address 1440 WISCONSIN AVE			FEC Identification Number C		
City WHITEFISH	State MT	Zip Code 59937	Amount of Each Disbursement this Period 2800.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : <b>SB20A008</b>		
Candidate Name			Memo Item <input type="checkbox"/> ORIGINALY ISSUED 8/14/2020		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. GARSCHINA, KENNETH, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2022		
Mailing Address 110 E 59TH ST			FEC Identification Number C		
City NEW YORK	State NY	Zip Code 10022	Amount of Each Disbursement this Period - 2700.00		
Purpose of Disbursement VOID CONTRIBUTION REFUND - CHECK LOST		Category/ Type	Transaction ID : <b>SB20A001</b>		
Candidate Name			Memo Item <input type="checkbox"/> ORIGINALY ISSUED 9/5/2018; REISSUED 12/23/2022		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 2700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 20			
	<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. GARSCHINA, KENNETH, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2022		
Mailing Address 110 E 59TH ST			FEC Identification Number C		
City NEW YORK	State NY	Zip Code 10022	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : <b>SB20A006</b>		
Candidate Name			<input type="checkbox"/> Memo Item ORIGINALY ISSUED 9/5/2018		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. HARRIS, JOEL, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2022		
Mailing Address PO BOX 372			FEC Identification Number C		
City COLUMBUS	State MT	Zip Code 59019	Amount of Each Disbursement this Period - 100.00		
Purpose of Disbursement VOID CONTRIBUTION REFUND - CHECK LOST		Category/ Type	Transaction ID : <b>SB20A004</b>		
Candidate Name			<input type="checkbox"/> Memo Item ORIGINALY ISSUED 8/14/2020; REISSUED 12/23/2022		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. HARRIS, JOEL, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2022		
Mailing Address PO BOX 372			FEC Identification Number C		
City COLUMBUS	State MT	Zip Code 59019	Amount of Each Disbursement this Period 100.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : <b>SB20A009</b>		
Candidate Name			<input type="checkbox"/> Memo Item ORIGINALY ISSUED 8/14/2020		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 20			
	<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. HASLAM, NATALIE, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2022		
Mailing Address PO BOX 10146					
City KNOXVILLE		State TN	Zip Code 37939		FEC Identification Number C
Purpose of Disbursement VOID CONTRIBUTION REFUND - CHECK LOST			Amount of Each Disbursement this Period - 2700.00		
Candidate Name			Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : <b>SB20A005</b> <input type="checkbox"/> Memo Item ORIGINALY ISSUED 8/14/2020; REISSUED 12/23/2022		
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. HASLAM, NATALIE, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2022		
Mailing Address PO BOX 10146					
City KNOXVILLE		State TN	Zip Code 37939		FEC Identification Number C
Purpose of Disbursement CONTRIBUTION REFUND			Amount of Each Disbursement this Period 2700.00		
Candidate Name			Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : <b>SB20A010</b> <input type="checkbox"/> Memo Item ORIGINALY ISSUED 8/14/2020		
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. BECK, VICKI, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2022		
Mailing Address PO BOX 4327					
City HELENA		State MT	Zip Code 59604		FEC Identification Number C
Purpose of Disbursement CONTRIBUTION REFUND			Amount of Each Disbursement this Period 300.00		
Candidate Name			Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : <b>SB20AMAN2</b> <input type="checkbox"/> Memo Item		
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	300.00

# 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)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Matt Rosendale for Montana**

Full Name (Last, First, Middle Initial) <b>A. REGER, JAMES, R, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2022		
Mailing Address 2708 PALM DR			FEC Identification Number C		
City BILLINGS	State MT	Zip Code 59102	Amount of Each Disbursement this Period 2900.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB20AMAN1		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:      District:					

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

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
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).....▶	2900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3200.00