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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Matt Rosendale for Montana PO Box 4907 ADDRESS (number and street) (Check if address is changed) Helena 59604-4907 MT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS COMPLIANCE@RIGHTSIDECOMPLIANCE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.MATTFORMONTANA.COM (Check if address is changed) DATE 29 2021 C00548289 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. HOBBS, CABELL, , , Type or Print Name of Treasurer HOBBS, CABELL, , , [Electronically Filed] 01 30 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC FC	orm 1 (Revised 02/2009)	Page 2
TYPE OF (COMMITTEE	
Candidat	e Committee:	
(a) x	This committee is a principal campaign committee. (Complete the candidate information below	1.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Coi information below.)	mplete the candidate
Name of Candidate	Rosendale, Matt, , Mr.,	
Candidate	Office	State
Party Affiliat	ion REP Sought: X House Senate President	District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Coi	nmittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	segregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number C	
3.	FEC ID number	
4.		

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Write or Type Committee Nam		. 490
Matt Rosendale		
	Organization, Affiliated Committee, Joint Fundraising Representative, or	L eadership PAC Sponsor
-		Leader ship i 710 opensor
CRUZ 20 FOR 20 VIC	TORY FUND	
Mailing Address	PO BOX 341027	
	AUSTIN	78734
	CITY STATE	ZIP CODE
Relationship: Connected	ed Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	entify by name, address (phone number optional) and position of the pers	on in possession of committee
	CABELL,,,	
Full Name	PO BOX 4907	
Mailing Address		
	HELENA , MT ,	.59604
	TIELENA	
Title or Position	CITY STATE	ZIP CODE
ASSISTANT TREASURER	Telephone number	
. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; ar assistant treasurer).	nd the name and address of
Full Name GALT, ER	RROL, , ,	1
of Treasurer	14074 PANICH LANE	
Mailing Address	4071 RANCH LANE	
		59053
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number 406	- 572 - 3312

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Full Name of Designated H	HOBBS, CABELL, , ,	
Mailing Address	PO BOX 4907	
	HELENA MT 59604 CITY STATE	ZIP CODE
Title or Position ASSISTANT TREA	ASURER Telephone number	
cototy donocit hovor		
Name of Bank, Dep	pository, etc. FRUIST/BB&T BANK	
Name of Bank, Dep	pository, etc. FRUIST/BB&T BANK	
Name of Bank, Dep	Prository, etc. TRUIST/BB&T BANK	ZIP CODE
Name of Bank, Dep	Prository, etc. TRUIST/BB&T BANK 1909 K ST NW WASHINGTON CITY STATE	ZIP CODE
Name of Bank, Dep Mailing Address Name of Bank, Dep	POOSITORY, etc. TRUIST/BB&T BANK 1909 K ST NW WASHINGTON CITY STATE POOSITORY, etc.	ZIP CODE
Name of Bank, Dep Mailing Address Name of Bank, Dep	Pository, etc. TRUIST/BB&T BANK 1909 K ST NW WASHINGTON CITY STATE Pository, etc.	ZIP CODE
Name of Bank, Dep Mailing Address Name of Bank, Dep	POOSITORY, etc. TRUIST/BB&T BANK 1909 K ST NW WASHINGTON CITY STATE POOSITORY, etc.	ZIP CODE
Name of Bank, Dep Mailing Address Name of Bank, Dep	POOSITORY, etc. TRUIST/BB&T BANK 1909 K ST NW WASHINGTON CITY STATE POOSITORY, etc.	ZIP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.		FEC ID nu	mber C	
2.		FEC ID nu	mber C	
3.		FEC ID nu	mber C	
4.		FEC ID nu	mber C	
Name of Any Connected	l Organization, Affiliated Committee, Joint	Fundraising Repres	entative, o	or Leadership PAC Spons
ROSENDALE VI	CTORY FUND			
	4000 OLIANI PRIROT DOAD #545			
Mailing Address	1390 CHAIN BRIDGE ROAD #515			
	MCLEAN		VA	22101
Relationship:	CITY ▲	ST	ATE 🛦	ZIP CODE ▲
	Affiliated Committee Affiliated Committee fy by name, address (phone number – option	Joint Fundraising Re	presentative	e Leadership PAC Spo
			presentative	E Leadership PAC Spo
Designated Agent: Identi			presentative	Leadership PAC Spo
Designated Agent: Identi			presentative	Leadership PAC Spo
Designated Agent: Identi			presentative	Leadership PAC Spo
Designated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – option	nal)	presentative	E Leadership PAC Spo
Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – option	nal)	TE A	
Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – option	nal)	TE A	
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – option CITY CITY pries: List all banks or other depositories in v	STA	TE A	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or mailing and mailin	fy by name, address (phone number – option CITY CITY pries: List all banks or other depositories in v	STA	TE A	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – option CITY CITY pries: List all banks or other depositories in viaintains funds.	STA	FE ▲ er deposits fu	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit bafety deposit boxes or management of Bank,	fy by name, address (phone number – option CITY CITY pries: List all banks or other depositories in viaintains funds.	Telephone Numb	FE ▲ er deposits fu	ZIP CODE A
Pesignated Agent: Identification Full Name	fy by name, address (phone number – option CITY CITY pries: List all banks or other depositories in viaintains funds.	Telephone Numb	FE ▲ er deposits fu	ZIP CODE A
Pesignated Agent: Identification Full Name	fy by name, address (phone number – option CITY CITY pries: List all banks or other depositories in viaintains funds.	STA Telephone Numb	FE ▲ er deposits fu	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spons
TAKE BACK THI	E HOUSE 2022 		
Mailing Address	PO BOX 30844		
-			
	BETHESDA	MD	20824
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		Joint Fundraising Represent	
Designated Agent: Identi	fy by name, address (phone number – optiona		
Full Name	fy by name, address (phone number – optiona		
	fy by name, address (phone number – optiona		
Full Name	fy by name, address (phone number – optiona		
Full Name		l)	
Full Name	CITY A		ZIP CODE A
Full Name _ _ Mailing Address TITLE OR POSITION	CITY A	l)	
Full Name _ _ Mailing Address TITLE OR POSITION	CITY A	STATE A	
Full Name Mailing Address TITLE OR POSITION	CITY ▲ ories: List all banks or other depositories in which is the state of the s	STATE A Telephone Number	ZIP CODE A
Full Name _ _ Mailing Address	CITY ▲ ories: List all banks or other depositories in which is the state of the s	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ Ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or management of Bank,	CITY ▲ CITY ▲ Ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	CITY ▲ CITY ▲ ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	CITY ▲ CITY ▲ ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A