

# 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

2. **FEC IDENTIFICATION NUMBER** ▼

C C00548289

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

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 MM / DD / YYYY in the State of

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

- General (30G)  Runoff (30R)  Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY  
05 / 15 / 2014 through 06 / 30 / 2014

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

Type or Print Name of Treasurer Mr. Bill VanCanagan

Signature of Treasurer Mr. Bill VanCanagan

[Electronically Filed]

Date

MM / DD / YYYY  
07 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE**  
of Receipts and Disbursements

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
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	40665.00	205682.19
(b) Total Contribution Refunds (from Line 20(d)) .....	17250.00	18450.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	23415.00	187232.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	311158.14	1324075.05
(b) Total Offsets to Operating Expenditures (from Line 14).....	13348.79	13595.55
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	297809.35	1310479.50
8. Cash on Hand at Close of Reporting Period (from Line 27).....	253.39	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	1123814.76	

**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 12/2003)

Write or Type Committee Name

**MATT ROSENDALE FOR MONTANA**

Report Covering the Period: From:  /  /  To:  /  /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	33008.00	164748.00
(ii) Unitemized .....	6657.00	29363.95
(iii) TOTAL of contributions from individuals .....	39665.00	194111.95
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	8524.00
(d) The Candidate .....	0.00	3046.24
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	40665.00	205682.19
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	133500.70	1133500.70
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	133500.70	1133500.70
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	13348.79	13595.55
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	187514.49	1352778.44

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	311158.14	1324075.05
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	10000.00	10000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	10000.00	10000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	17250.00	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)).....	17250.00	18450.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	338408.14	1352525.05

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	151147.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	187514.49
25. SUBTOTAL (add Line 23 and Line 24).....	338661.53
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	338408.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	253.39

**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 5 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input 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)  
**Scott Aspenlieder**

Mailing Address 3254 Granger Ave E, Apt B2

City	State	Zip Code
Billings	MT	59102-7060

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

Name of Employer WWC	Occupation Civil Engineer
-------------------------	------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : SA11AI.7337**

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**james atwell**

Mailing Address p.o. box 9768

City	State	Zip Code
kalispell	MT	59904

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

Name of Employer None	Occupation None
--------------------------	--------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 01 / 2014

**Transaction ID : SA11AI.7206**

Amount of Each Receipt this Period

150.00

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

Mailing Address p.o. box 9768

City	State	Zip Code
kalispell	MT	59904

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

Name of Employer None	Occupation None
--------------------------	--------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 01 / 2014

**Transaction ID : SA11AI.7207**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

800.00

**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 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MATT ROSENDALE FOR MONTANA**

**A.** Full Name (Last, First, Middle Initial)  
**Shelby L. Baldrige**

Mailing Address P.O. Box 607

City State Zip Code  
Whitefish MT 59937-2238

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

Name of Employer Occupation Info Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Occupation Info Requested

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : SA11A1.7178**

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Lonny Bergstrom**

Mailing Address 234 A St

City State Zip Code  
Lewistown MT 59457

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : SA11A1.7305**

Amount of Each Receipt this Period

100.00

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

Mailing Address 104 Turtle Road

City State Zip Code  
Twin Bridges MT 59754

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

Name of Employer Occupation  
Self Employed Farm/Ranch

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 25 / 2014

**Transaction ID : SA11A1.7164**

Amount of Each Receipt this Period

2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3700.00

**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 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input 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)  
**Jack A. Boon**

Mailing Address **PO Box 255**

City **Kalispell** State **MT** Zip Code **59901**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 29 / 2014**

**Transaction ID : SA11AI.7362**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Hank Bouma**

Mailing Address **1100 Bridger Canyon Spur Rd.**

City **Bozeman** State **MT** Zip Code **59715**

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

Name of Employer **H Lazy 6 Ranch** Occupation **Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 22 / 2014**

**Transaction ID : SA11AI.7329**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**300.00**

**C.** Full Name (Last, First, Middle Initial)  
**Donald E. Brutlag**

Mailing Address **433 Beverly Hill Blvd.**

City **Billings** State **MT** Zip Code **59101**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : SA11AI.7236**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**50.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_

\_\_\_\_\_

**600.00**

**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 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MATT ROSENDALE FOR MONTANA**

**A.** Full Name (Last, First, Middle Initial)  
**Doug Chapman**

Mailing Address 5915 Estate Lane

City Belgrade State MT Zip Code 59714

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

Name of Employer Montana Aircraft, Inc. Occupation Aviation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 26 / 2014**

**Transaction ID : SA11AI.7230**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**C.M. Clark**

Mailing Address PO Box 986

City Kalispell State MT Zip Code 59903

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

Name of Employer Self Employed Occupation Rancher/Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 22 / 2014**

**Transaction ID : SA11AI.7310**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address PO Box 986

City Kalispell State MT Zip Code 59903

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

Name of Employer Self Employed Occupation Rancher/Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1268.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11AI.7411**

Amount of Each Receipt this Period  
**468.00**  
 In-kind - lodging

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1218.00**



**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 9 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MATT ROSENDALE FOR MONTANA**

Full Name (Last, First, Middle Initial) <b>A. Brittan O. Ellingson</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 529 Karrow Ave.		<b>Transaction ID : SA11A1.7180</b>	
City Whitefish	State MT	Zip Code 59937	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00	
Name of Employer Info Requested	Occupation Info Requested		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) <b>B. Lauren L. Ellingson</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 529 Karrow Estates Rd.		<b>Transaction ID : SA11A1.7182</b>	
City Whitefish	State MT	Zip Code 59937	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00	
Name of Employer Info Requested	Occupation Info Requested		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) <b>C. Jolynne Flatness</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 4665 East Baseline Rd.		<b>Transaction ID : SA11A1.7385</b>	
City Belgrade	State MT	Zip Code 59714	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00	
Name of Employer Info Requested	Occupation Info Requested		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3400.00
<b>TOTAL</b> This Period (last page this line number only).....	3400.00

**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 10 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input 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)  
**Neal Ganser**

Mailing Address 32408 Frontage Rd.

City Bozeman State MT Zip Code 59715

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

Name of Employer Self Employed Occupation Construction

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : SA11A1.7316**

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
**Beth Hinebauch**

Mailing Address 610 Road 118

City Wibaux State MT Zip Code 59353

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

Name of Employer Self Employed Occupation Rancher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11A1.7286**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 2628 Skinner Rd.

City Belgrade State MT Zip Code 59714

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

Name of Employer Dennis E. Hoffman Trustee Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11A1.7269**

Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

700.00

**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 11 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input 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**

Full Name (Last, First, Middle Initial) <b>A. Samuel S. Holmes</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address PO Box 111		<b>Transaction ID : SA11AI.7393</b>
City Grass Range	State MT	Zip Code 59032
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Retired	Occupation Retired	Postmarked 06/03/2014
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Hope</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 2215 Arrowleaf Hills Dr.		<b>Transaction ID : SA11AI.7404</b>
City Bozeman	State MT	Zip Code 59715
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer RJM Technologies	Occupation Management	In-kind - food & beverage
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Bertram C. Hopeman</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address PO Box 1860		<b>Transaction ID : SA11AI.7314</b>
City Bozeman	State MT	Zip Code 59771
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Sharbert Enterprises, Inc.	Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<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 12 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input 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)  
**Tom Hougan**

Mailing Address **PO Box 3445**

City **Bozeman** State **MT** Zip Code **59772**

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

Name of Employer **Cat's Paw** Occupation **Owner**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11A1.7379**

Amount of Each Receipt this Period  
**400.00**

**B.** Full Name (Last, First, Middle Initial)  
**Rose Hughes**

Mailing Address **52 Cloverview Drive**

City **Helena** State **MO** Zip Code **59601**

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

Name of Employer **RMS Management Services** Occupation **Self employed**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 31 / 2014**

**Transaction ID : SA11A1.7213**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **507 N. 20th**

City **Bozeman** State **MT** Zip Code **59718**

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

Name of Employer **Remax Realty** Occupation **Real Estate**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : SA11A1.7277**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1000.00**

**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 13 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MATT ROSENDALE FOR MONTANA**

Full Name (Last, First, Middle Initial) <b>Travis Joyner</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 28 / 2014
Mailing Address 5472 Klements Ln		<b>Transaction ID : SA11AI.7184</b>
City Florence	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Info Requested	Occupation Info Requested	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>Elliot Justin</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 22 / 2014
Mailing Address 618 Autumn Ridge		<b>Transaction ID : SA11AI.7155</b>
City Bozeman	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Pegasus Emergency Group	Occupation CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>Mary Ellen Lantis</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 22 / 2014
Mailing Address P.O. Box 699		<b>Transaction ID : SA11AI.7332</b>
City Spearfish	State SD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Self-Employed	Occupation Nursing Home Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2600.00
<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 14 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MATT ROSENDALE FOR MONTANA**

Full Name (Last, First, Middle Initial) <b>A. Jennifer Linse</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 29 / 2014
Mailing Address 3429 Prestwick Rd		<b>Transaction ID : SA11AI.7186</b>
City Billings	State MT	
Zip Code 59101	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00
Name of Employer Info Requested	Occupation Info Requested	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Shane G. Linse</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 29 / 2014
Mailing Address 3429 Prestwick Rd		<b>Transaction ID : SA11AI.7188</b>
City Billings	State MT	
Zip Code 59101	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00
Name of Employer Info Requested	Occupation Info Requested	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. Beth Lohman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 16 / 2014
Mailing Address 401 Park Place		<b>Transaction ID : SA11AI.5509</b>
City Bozeman	State MT	
Zip Code 59715	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00
Name of Employer Homemaker	Occupation Homemaker	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7800.00
<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 15 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input 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)  
**David Mangold**

Mailing Address 100 Mont Pac Lane

City State Zip Code  
Whitefish MT 59937

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

Name of Employer Occupation  
The Allergy & Asthma Center Physicians Assistant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : SA11AI.7168**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Ron Marlenee**

Mailing Address PO Box 6489

City State Zip Code  
Bozeman MT 59771

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : SA11AI.7325**

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO Box 388

City State Zip Code  
Glendive MT 59330

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : SA11AI.7293**

Amount of Each Receipt this Period  
600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2850.00

**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 16 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input 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)  
**Frederick Moore**

Mailing Address 487 Signal Butte Road

City	State	Zip Code
Miles City	MT	59301

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

Name of Employer	Occupation
Solaris Feeders	Feedlot Owner/Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2014

**Transaction ID : SA11AI.7259**

Amount of Each Receipt this Period

500.00
--------

**B.** Full Name (Last, First, Middle Initial)  
**Alayne Nicol**

Mailing Address PO Box 2411

City	State	Zip Code
Red Lodge	MT	59068

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		28		2014

**Transaction ID : SA11AI.7353**

Amount of Each Receipt this Period

100.00
--------

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

Mailing Address P.O. Box 7606

City	State	Zip Code
Kalispell	MT	59904

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

Name of Employer	Occupation
Self	Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		20		2014

**Transaction ID : SA11AI.7252**

Amount of Each Receipt this Period

500.00
--------

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1100.00
---------



**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 17 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input 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**

Full Name (Last, First, Middle Initial) <b>A. Guy J. Ossello</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 75 Burning Tree Lane		<b>Transaction ID : SA11AI.7320</b>
City Butte	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Ann Pasha</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address PO Box 1387		<b>Transaction ID : SA11AI.7294</b>
City Fort Benton	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Farmer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

Full Name (Last, First, Middle Initial) <b>C. Peterson Financial Inc.</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 9650 Hatton Ln.		<b>Transaction ID : SA11AI.7375</b>
City Lolo	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Refunded 05/30/14
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<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: PAGE 18 OF 134  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MATT ROSENDALE FOR MONTANA**

**A.** Full Name (Last, First, Middle Initial)  
**John R. Reynolds**

Mailing Address 1204 14th St. SW

City State Zip Code  
Sidney MT 59270

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

Name of Employer Occupation  
Self-Employed Grocer

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 31 / 2014

**Transaction ID : SA11AI.7214**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**James Royan**

Mailing Address 824 Whitaker

City State Zip Code  
Missoula MT 59803

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

Name of Employer Occupation  
Wells Fargo Advisor

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : SA11AI.7373**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Wendy L. Soulek**

Mailing Address P.O. Box 699

City State Zip Code  
Spearfish SD 57783-0699

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

Name of Employer Occupation  
Info Requested Info Requested

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : SA11AI.7156**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

**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 19 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input 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)  
**Carol McKeever Stevens**

Mailing Address 550 Lindsey Ln

City Kalispell State MT Zip Code 59901

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : SA11A1.7346**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Michele G. Stinnett**

Mailing Address 385 Meadowlark Dr.

City Bozeman State MT Zip Code 59718

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

Name of Employer Occupation  
 Info Requested Info Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 26 / 2014

**Transaction ID : SA11A1.7169**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 5848 Prospect Drive

City Missoula State MT Zip Code 59808

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

Name of Employer Occupation  
 Washington Corporations IT Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11A1.7218**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

**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 20 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input 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)  
**Herb Weiss**

Mailing Address 229 River Road

City State Zip Code  
Glendive MT 59330

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 18 / 2014

**Transaction ID : SA11AI.7257**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Herb Weiss**

Mailing Address 229 River Road

City State Zip Code  
Glendive MT 59330

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 25 / 2014

**Transaction ID : SA11AI.7235**

Amount of Each Receipt this Period  
200.00

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

Mailing Address PO Box 1644

City State Zip Code  
Cisco TX 76437

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

Name of Employer Occupation  
Frac Tech Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
320.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : SA11AI.7308**

Amount of Each Receipt this Period  
320.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

720.00

**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 21 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MATT ROSENDALE FOR MONTANA**

Full Name (Last, First, Middle Initial) <b>Jo Ann Wilks</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 22 / 2014
Mailing Address PO Box 1644		<b>Transaction ID : SA11AI.7296</b>
City Cisco	State TX	Zip Code 76437
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 320.00	
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 320.00	

Full Name (Last, First, Middle Initial) <b>William Wilson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 27 / 2014
Mailing Address 10995 Horseback Ridge Rd.		<b>Transaction ID : SA11AI.7338</b>
City Missoula	State MT	Zip Code 59804
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) <b>Arthur V. Wittich</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 16 / 2014
Mailing Address 3116 Sourdough Rd.		<b>Transaction ID : SA11AI.7276</b>
City Bozeman	State MT	Zip Code 59715
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Self	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	920.00
<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: PAGE 22 OF 134  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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NAME OF COMMITTEE (In Full)  
**MATT ROSENDALE FOR MONTANA**

**A.** Full Name (Last, First, Middle Initial)  
**Arthur V. Wittich**

Mailing Address 3116 Sourdough Rd.

City Bozeman State MT Zip Code 59715

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
05 / 22 / 2014

**Transaction ID : SA11AI.7333**

Amount of Each Receipt this Period  
250.00

**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

Amount of Each Receipt this Period

**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

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

250.00

33008.00

**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 23 OF 134
	<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)  
**OUR COUNTRY DESERVES BETTER PAC - TEAPARTYEXPRESS.ORG**

Mailing Address **PO BOX 984**

City **WILLOWS** State **CA** Zip Code **95988**

FEC ID number of contributing federal political committee. **C C00454074**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11C.7174**

Amount of Each Receipt this Period  
 1000.00

**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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

1000.00

**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 24 OF 134
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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**

Full Name (Last, First, Middle Initial) <b>A. Matt Rosendale</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 23 / 2014
Mailing Address 1954 Hwy 16		<b>Transaction ID : SA13A.7158</b>
City State Zip Code Glendive MT 59330	Amount of Each Receipt this Period 40000.00	
FEC ID number of contributing federal political committee. C H4MT00050	Name of Employer Occupation State of Montanta State Senator	Loan from personal funds
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1043046.24	

Full Name (Last, First, Middle Initial) <b>B. Matt Rosendale</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2014
Mailing Address 1954 Hwy 16		<b>Transaction ID : SA13A.7648</b>
City State Zip Code Glendive MT 59330	Amount of Each Receipt this Period 10000.00	
FEC ID number of contributing federal political committee. C H4MT00050	Name of Employer Occupation State of Montanta State Senator	Loan from personal funds
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1053046.24	

Full Name (Last, First, Middle Initial) <b>C. Matt Rosendale</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2014
Mailing Address 1954 Hwy 16		<b>Transaction ID : SA13A.7777</b>
City State Zip Code Glendive MT 59330	Amount of Each Receipt this Period 25000.00	
FEC ID number of contributing federal political committee. C H4MT00050	Name of Employer Occupation State of Montanta State Senator	Loan from personal funds
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1078046.24	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75000.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]



**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 25 OF 134
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input 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)  
**Matt Rosendale**

Mailing Address 1954 Hwy 16

City Glendive State MT Zip Code 59330

FEC ID number of contributing federal political committee. **C H4MT00050**

Name of Employer State of Montanta Occupation State Senator

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1136546.94**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 25 / 2014**

**Transaction ID : SA13A.7778**

Amount of Each Receipt this Period  
**58500.70**

Loan from personal funds

**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

**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

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**58500.70**

**133500.70**

**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 26 OF 134
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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)  
**The Prosper Group Corporation**

Mailing Address 435 East Main St., Ste. 250

City Greenwood State IN Zip Code 46143

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
13289.43

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : SA14.7779**

Amount of Each Receipt this Period  
13289.43

Refund for media overpayment

**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

**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

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

13289.43

13289.43

**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 27 OF 134			
	<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. 360 Office Solutions</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address P.O. Box 30598		Amount of Each Disbursement this Period 351.62
City Billings	State MT	
Zip Code 59107-0598	Purpose of Disbursement Equipment rental	Transaction ID : SB17.7662
Candidate Name	Category/Type	
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. 3 G's Convenience Store</b>		Date of Disbursement MM / DD / YYYY 05 / 07 / 2014
Mailing Address 1425 US Hwy 87 E.		Amount of Each Disbursement this Period 95.00
City Billings	State MT	
Zip Code 59101	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7423
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Advanced Litho Printing</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014
Mailing Address 226 Ninth Ave. South		Amount of Each Disbursement this Period 208.00
City Great Falls	State MT	
Zip Code 59405	Purpose of Disbursement Mail processing	Transaction ID : SB17.7623
Candidate Name	Category/Type	
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).....	559.62
<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 28 OF 134			
	<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. Albertsons</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 611 North 27th St.		Amount of Each Disbursement this Period 11.69
City Billings	State MT	
Zip Code 59101	Purpose of Disbursement Food & beverage (see transaction SB17.7419)	Transaction ID : <b>SB17.7421</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Albertsons</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 611 North 27th St.		Amount of Each Disbursement this Period 83.20
City Billings	State MT	
Zip Code 59101	Purpose of Disbursement Food & beverage (see transaction SB17.7419)	Transaction ID : <b>SB17.7422</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Albertsons</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 3800 Russell St.		Amount of Each Disbursement this Period 89.35
City Missoula	State MT	
Zip Code 59801	Purpose of Disbursement Food & beverage (see transaction SB17.7419)	Transaction ID : <b>SB17.7420</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
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 29 OF 134			
	<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. ALLARD'S GENERAL STORE</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014		
Mailing Address Hwy 93 South			Amount of Each Disbursement this Period 43.90		
City St. Ignatius	State MT	Zip Code 59865	Transaction ID : SB17.7425		
Purpose of Disbursement Fuel (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
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>B. American Express</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2014		
Mailing Address P.O. Box 650448			Amount of Each Disbursement this Period 35.00		
City Dallas	State TX	Zip Code 75265-0448	Transaction ID : SB17.7539		
Purpose of Disbursement Credit card fees (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
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. American Express</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014		
Mailing Address P.O. Box 650448			Amount of Each Disbursement this Period 578.62		
City Dallas	State TX	Zip Code 75265-0448	Transaction ID : SB17.7519		
Purpose of Disbursement Credit card fees (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
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).....	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 30 OF 134	
	<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. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2014
Mailing Address P.O. Box 650448		Amount of Each Disbursement this Period 545.88
City Dallas	State TX	
Zip Code 75265-0448	Purpose of Disbursement Credit card fees (see transaction SB17.7419)	Transaction ID : SB17.7520  [MEMO ITEM]
Candidate Name	Category/Type	
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. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address P.O. Box 650448		Amount of Each Disbursement this Period 24116.66
City Dallas	State TX	
Zip Code 75265-0448	Purpose of Disbursement Lodging, fuel, supplies, vehicle rental, meal expense, food & bev, fees (see memo items if itemized)	Transaction ID : SB17.7419
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address P.O. Box 650448		Amount of Each Disbursement this Period -100.00
City Dallas	State TX	
Zip Code 75265-0448	Purpose of Disbursement Credit adjustment (see transaction SB17.7419)	Transaction ID : SB17.7443  [MEMO ITEM]
Candidate Name	Category/Type	
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).....	24116.66
<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 31 OF 134			
	<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. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address P.O. Box 650448		Amount of Each Disbursement this Period 100.00
City Dallas	State TX	
Zip Code 75265-0448	Purpose of Disbursement Credit card fees (see transaction SB17.7419)	Transaction ID : SB17.7521
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Water Technologies</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 134 Regal St.		Amount of Each Disbursement this Period 56.00
City Billings	State MT	
Zip Code 59101-3131	Purpose of Disbursement Office supplies	Transaction ID : SB17.7663
Candidate Name	Category/Type	
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. AP Intego</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 333 West Commercial St., Ste. 2500		Amount of Each Disbursement this Period 46.95
City East Rochester	State NY	
Zip Code 14445	Purpose of Disbursement Workers' comp insurance	Transaction ID : SB17.7679
Candidate Name	Category/Type	
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).....	102.95
<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 32 OF 134	
	<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. AP Intego</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 333 West Commercial St., Ste. 2500		Amount of Each Disbursement this Period 129.70
City East Rochester	State NY	
Zip Code 14445	Purpose of Disbursement Workers' comp insurance	Transaction ID : SB17.7707
Candidate Name	Category/Type	
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. Arby's</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 1210 US Hwy 2 W.		Amount of Each Disbursement this Period 8.60
City Kalispell	State MT	
Zip Code 59901	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Transaction ID : SB17.7426
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Beans N Things</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 319 Main St.		Amount of Each Disbursement this Period 113.00
City Lewiston	State MT	
Zip Code 59457	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Transaction ID : SB17.7427
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	129.70
<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 33 OF 134	
	<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. Best Western Plus Great Northern Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 1345 1st St.		Amount of Each Disbursement this Period 103.07
City Havre	State MT	
Zip Code 59501-3803	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7505</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Best Western Plus Great Northern Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 1345 1st St.		Amount of Each Disbursement this Period 103.07
City Havre	State MT	
Zip Code 59501-3803	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7506</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bigfork Stage Stop</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 8263 Montana 35		Amount of Each Disbursement this Period 51.69
City Bigfork	State MT	
Zip Code 59911	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : <b>SB17.7428</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
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 34 OF 134	
	<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. Big Sky Youth Education Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 3031 Grand Ave. Ste. 100-106		Amount of Each Disbursement this Period 220.00
City Billings	State MT Zip Code 59102	
Purpose of Disbursement Program expense - banquet tickets (see transaction SB17.7419)		Transaction ID : <b>SB17.7429</b>
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Billings Hardware</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 3175 Grave Ave.		Amount of Each Disbursement this Period 18.98
City Billings	State MT Zip Code 59102	
Purpose of Disbursement Hardware for signs (see transaction SB17.7419)		Transaction ID : <b>SB17.7430</b>
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Blondy's</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 1125 S. 27th St.		Amount of Each Disbursement this Period 27.50
City Billings	State MT Zip Code 59101	
Purpose of Disbursement Meal expense (see transaction SB17.7419)		Transaction ID : <b>SB17.7431</b>
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)	[MEMO ITEM]
State: District:	Category/Type	

<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 35 OF 134	
	<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. Budget Truck Rental</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2014
Mailing Address 700 W. Madison Ave.		Amount of Each Disbursement this Period 3431.57
City Belgrade	State MT	
Zip Code 59714	Purpose of Disbursement Truck rental (see transaction SB17.7419)	Transaction ID : SB17.7432
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Strategy Group, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address 2700 Cumberland Pkwy., Ste. 150		Amount of Each Disbursement this Period 2556.45
City Atlanta	State GA	
Zip Code 30339	Purpose of Disbursement Consulting - fundraising	Transaction ID : SB17.7634
Candidate Name	Category/Type	
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. Cenex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 5500 Cenex Dr.		Amount of Each Disbursement this Period 99.00
City Inver Grove Heights	State MN	
Zip Code 55077-1721	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7435
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2556.45
<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 36 OF 134			
	<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. Cenex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2014
Mailing Address 5500 Cenex Dr.		Amount of Each Disbursement this Period 99.00
City Inver Grove Heights	State MN	
Zip Code 55077-1721	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7434
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cenex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2014
Mailing Address 5500 Cenex Dr.		Amount of Each Disbursement this Period 99.00
City Inver Grove Heights	State MN	
Zip Code 55077-1721	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7436
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Cenex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 5500 Cenex Dr.		Amount of Each Disbursement this Period 53.43
City Inver Grove Heights	State MN	
Zip Code 55077-1721	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7437
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
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 37 OF 134			
	<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. Cenex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 5500 Cenex Dr.		Amount of Each Disbursement this Period 99.00
City Inver Grove Heights	State MN	
Zip Code 55077-1721	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : <b>SB17.7433</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Charter Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address P.O. Box 742617		Amount of Each Disbursement this Period 54.95
City Cincinnati	State OH	
Zip Code 45274-2617	Purpose of Disbursement Telephone service	Transaction ID : <b>SB17.7628</b>
Candidate Name	Category/ Type	
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. Charter Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address P.O. Box 742617		Amount of Each Disbursement this Period 54.95
City Cincinnati	State OH	
Zip Code 45274-2617	Purpose of Disbursement Telephone service	Transaction ID : <b>SB17.7629</b>
Candidate Name	Category/ Type	
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).....	109.90
<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 38 OF 134			
	<input checked="" type="checkbox"/> 17 <input 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. Charter Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address P.O. Box 742617		Amount of Each Disbursement this Period 129.72
City Cincinnati	State OH	
Zip Code 45274-2617	Purpose of Disbursement Telephone & internet service	Transaction ID : <b>SB17.7630</b>
Candidate Name	Category/ Type	
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. Cielo Cocina</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address E 6th Ave.		Amount of Each Disbursement this Period 19.50
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Transaction ID : <b>SB17.7438</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Cielo Cocina</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2014
Mailing Address E 6th Ave.		Amount of Each Disbursement this Period 14.00
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Transaction ID : <b>SB17.7439</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	129.72
<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 39 OF 134			
	<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. Cielo Cocina</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2014
Mailing Address E 6th Ave.		Amount of Each Disbursement this Period 17.50
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Transaction ID : <b>SB17.7440</b>
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. C.M. Clark</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address PO Box 986		Amount of Each Disbursement this Period 468.00
City Kalispell	State MT	
Zip Code 59903	Purpose of Disbursement In-kind - lodging	Transaction ID : <b>SB17.7412</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Matthew T. Connell</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 1362.25
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Salary	Transaction ID : <b>SB17.7687</b>
Candidate Name	Category/Type	
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).....	1830.25
<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 40 OF 134	
	<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. Matthew T. Connell</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 242.79
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Salary	Transaction ID : SB17.7721
Candidate Name	Category/ Type	
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. CoRental Property Management</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address 435 Main Street		Amount of Each Disbursement this Period 625.00
City Kalispell	State MT	
Zip Code 59901	Purpose of Disbursement Office rent	Transaction ID : SB17.7631
Candidate Name	Category/ Type	
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. Costco</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 2290 King Ave West		Amount of Each Disbursement this Period 85.67
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Food & beverage (see transaction SB17.7419)	Transaction ID : SB17.7441
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	867.79
<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 41 OF 134			
	<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. Costco</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 2505 Catron St.		Amount of Each Disbursement this Period 515.40
City Bozeman	State MT	
Zip Code 59718	Purpose of Disbursement Food & beverage (see transaction SB17.7419)	[MEMO ITEM]
Candidate Name	Category/Type	
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. Kendall K. Cotton</b>		Date of Disbursement MM / DD / YYYY 05 / 22 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 239.01
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Reimbursement - mileage, fuel, meals, supplies (see below if itemized)	[MEMO ITEM]
Candidate Name	Category/Type	
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. Kendall K. Cotton</b>		Date of Disbursement MM / DD / YYYY 05 / 22 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 515.40
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Mileage reimbursement (see transaction SB17.7766)	[MEMO ITEM]
Candidate Name	Category/Type	
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).....	515.40
<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 42 OF 134	
	<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. Kendall K. Cotton</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 1859.74
City Billings	State MT Zip Code 59102	
Purpose of Disbursement Salary	Candidate Name	Transaction ID : SB17.7688
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Kendall K. Cotton</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 218.94
City Billings	State MT Zip Code 59102	
Purpose of Disbursement Salary	Candidate Name	Transaction ID : SB17.7714
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. CSV Kalispell</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 50 5th Ave.		Amount of Each Disbursement this Period 100.00
City Kalispell	State MT Zip Code 59901	
Purpose of Disbursement Fuel (see transaction SB17.7419)	Candidate Name	Transaction ID : SB17.7444
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2078.68
<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 43 OF 134	
	<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. Dollar Tree</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 2355 US 93 #3146		Amount of Each Disbursement this Period 33.58
City Kalspell	State MT	
Zip Code 59901	Purpose of Disbursement Decorations for fundraiser (see transaction SB17.7419)	Transaction ID : SB17.7446
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Dollar Tree, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 2704 Brooks St. A		Amount of Each Disbursement this Period 10.00
City Missoula	State MT	
Zip Code 59801	Purpose of Disbursement Decorations for fundraiser (see transaction SB17.7419)	Transaction ID : SB17.7445
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Dons C/W &amp; Exp Lube</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 1125 Grand Ave.		Amount of Each Disbursement this Period 100.00
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7448
Candidate Name	Category/Type	
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)	[MEMO ITEM]
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 44 OF 134	
	<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. Dons C/W &amp; Exp Lube</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 1125 Grand Ave.			Amount of Each Disbursement this Period 65.53	
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.7449	
Purpose of Disbursement Fuel (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]	
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>B. Eddie's Corner Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 65000 US 87			Amount of Each Disbursement this Period 100.00	
City Moore	State MT	Zip Code 59464	Transaction ID : SB17.7450	
Purpose of Disbursement Fuel (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]	
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. Elliston Store</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014	
Mailing Address 104 E. Front St.			Amount of Each Disbursement this Period 33.62	
City Elliston	State MT	Zip Code 59728	Transaction ID : SB17.7451	
Purpose of Disbursement Meal expense (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]	
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).....	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 45 OF 134			
	<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. Emporium Food &amp; Fuel</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014		
Mailing Address 1415 1st St.			Amount of Each Disbursement this Period 100.00		
City Havre	State MT	Zip Code 59501	Transaction ID : SB17.7452		
Purpose of Disbursement Fuel (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
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>B. Enterprise Rent-A-Car</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014		
Mailing Address 1901 Terminal Cit			Amount of Each Disbursement this Period 156.54		
City Billings	State MT	Zip Code 59105	Transaction ID : SB17.7457		
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
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. Enterprise Rent-A-Car</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014		
Mailing Address 1901 Terminal Cit			Amount of Each Disbursement this Period 135.95		
City Billings	State MT	Zip Code 59105	Transaction ID : SB17.7458		
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
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).....	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 46 OF 134	
	<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. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 2117 US Hwy 2 E		Amount of Each Disbursement this Period -65.00
City Kalispell	State MT	
Zip Code 59901	Purpose of Disbursement Vehicle rental (see transaction SB17.7419)	Transaction ID : SB17.7470 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
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. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2014
Mailing Address 850 Gallatin Field Rd #7		Amount of Each Disbursement this Period 97.20
City Belgrade	State MT	
Zip Code 59714	Purpose of Disbursement Vehicle rental (see transaction SB17.7419)	Transaction ID : SB17.7453 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
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. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2014
Mailing Address 1901 Terminal Cit		Amount of Each Disbursement this Period 70.74
City Billings	State MT	
Zip Code 59105	Purpose of Disbursement Vehicle rental (see transaction SB17.7419)	Transaction ID : SB17.7459 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
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 47 OF 134			
	<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. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 3015 Prospect Ave.		Amount of Each Disbursement this Period 168.01
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Vehicle rental (see transaction SB17.7419)	Transaction ID : SB17.7467
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 2117 US Hwy 2 E		Amount of Each Disbursement this Period 97.45
City Kalispell	State MT	
Zip Code 59901	Purpose of Disbursement Vehicle rental (see transaction SB17.7419)	Transaction ID : SB17.7471
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 5225 US Hwy 10 West		Amount of Each Disbursement this Period 60.16
City Missoula	State MT	
Zip Code 59808	Purpose of Disbursement Vehicle rental (see transaction SB17.7419)	Transaction ID : SB17.7475
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
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 49 OF 134			
	<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. Enterprise Rent-A-Car</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014	
Mailing Address 850 Gallatin Field Rd #7			Amount of Each Disbursement this Period 131.49	
City Belgrade	State MT	Zip Code 59714	Transaction ID : SB17.7455	
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]	
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>B. Enterprise Rent-A-Car</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014	
Mailing Address 1901 Terminal Cit			Amount of Each Disbursement this Period 394.07	
City Billings	State MT	Zip Code 59105	Transaction ID : SB17.7456	
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]	
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. Enterprise Rent-A-Car</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014	
Mailing Address 1901 Terminal Cit			Amount of Each Disbursement this Period 155.69	
City Billings	State MT	Zip Code 59105	Transaction ID : SB17.7461	
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]	
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).....	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 50 OF 134	
	<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. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 3015 Prospect Ave.		Amount of Each Disbursement this Period 254.07
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Vehicle rental (see transaction SB17.7419)	Transaction ID : SB17.7468
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 5225 US Hwy 10 West		Amount of Each Disbursement this Period 44.56
City Missoula	State MT	
Zip Code 59808	Purpose of Disbursement Vehicle rental (see transaction SB17.7419)	Transaction ID : SB17.7477
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 1901 Terminal Cit		Amount of Each Disbursement this Period 444.45
City Billings	State MT	
Zip Code 59105	Purpose of Disbursement Vehicle rental (see transaction SB17.7419)	Transaction ID : SB17.7462
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
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 51 OF 134			
	<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. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 2117 US Hwy 2 E		Amount of Each Disbursement this Period 48.72
City Kalispell	State MT Zip Code 59901	
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Transaction ID : SB17.7472
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 1238 W. Main St.		Amount of Each Disbursement this Period 289.69
City Bozeman	State MT Zip Code 59715	
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Transaction ID : SB17.7466
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 3015 Prospect Ave.		Amount of Each Disbursement this Period 97.45
City Helena	State MT Zip Code 59601	
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Transaction ID : SB17.7469
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)	[MEMO ITEM]
State: District:	Category/Type	

<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 52 OF 134			
	<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. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 2117 US Hwy 2 E		Amount of Each Disbursement this Period 65.36
City Kalispell	State MT Zip Code 59901	
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Transaction ID : SB17.7473
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 1901 Terminal Cit		Amount of Each Disbursement this Period 153.93
City Billings	State MT Zip Code 59105	
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Transaction ID : SB17.7463
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2014
Mailing Address 5225 US Hwy 10 West		Amount of Each Disbursement this Period 120.33
City Missoula	State MT Zip Code 59808	
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Transaction ID : SB17.7478
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)	[MEMO ITEM]
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 53 OF 134			
	<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. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 2117 US Hwy 2 E		Amount of Each Disbursement this Period 146.17
City Kalispell	State MT Zip Code 59901	
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Transaction ID : SB17.7474
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 1901 Terminal Cit		Amount of Each Disbursement this Period 125.45
City Billings	State MT Zip Code 59105	
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Transaction ID : SB17.7464
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 1901 Terminal Cit		Amount of Each Disbursement this Period 130.73
City Billings	State MT Zip Code 59105	
Purpose of Disbursement Vehicle rental (see transaction SB17.7419)		Transaction ID : SB17.7465
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)	[MEMO ITEM]
State: District:	Category/Type	

<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 54 OF 134	
	<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. Executive Mailing Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 221 E Mendenhall St.		Amount of Each Disbursement this Period 2017.38
City Bozeman	State MT	
Zip Code 59715	Purpose of Disbursement Printing (see transaction SB17.7419)	Transaction ID : SB17.7479 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
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. ExxonMobil</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 3120 US 12		Amount of Each Disbursement this Period 96.46
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7485 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
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. ExxonMobil</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 7985 Hwy 200		Amount of Each Disbursement this Period 50.28
City Milltown	State MT	
Zip Code 59851	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7495 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
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 56 OF 134			
	<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. ExxonMobil</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 3120 US 12		Amount of Each Disbursement this Period 98.95
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : <b>SB17.7487</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ExxonMobil</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 1035 Reeves Rd W		Amount of Each Disbursement this Period 100.00
City Bozeman	State MT	
Zip Code 59715	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : <b>SB17.7482</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ExxonMobil</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 3120 US 12		Amount of Each Disbursement this Period 91.61
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : <b>SB17.7488</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
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 57 OF 134			
	<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. ExxonMobil</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2014
Mailing Address 10800 US Hwy 287		Amount of Each Disbursement this Period 100.00
City Three Forks	State MT Zip Code 59752	
Purpose of Disbursement Fuel (see transaction SB17.7419)		Transaction ID : SB17.7497
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. ExxonMobil</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address 3120 US 12		Amount of Each Disbursement this Period 100.00
City Helena	State MT Zip Code 59601	
Purpose of Disbursement Fuel (see transaction SB17.7419)		Transaction ID : SB17.7489
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Exxon Mobil</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 3700 Harrison Ave.		Amount of Each Disbursement this Period 100.00
City Butte	State MT Zip Code 59701	
Purpose of Disbursement Fuel (see transaction SB17.7419)		Transaction ID : SB17.7481
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)	[MEMO ITEM]
State: District:	Category/Type	

<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 58 OF 134			
	<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. ExxonMobil</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 2605 US Hwy 2 E		Amount of Each Disbursement this Period 96.07
City Kalispell	State MT	
Zip Code 59901	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : <b>SB17.7491</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 3875 Airways Blvd		Amount of Each Disbursement this Period 4.99
City Memphis	State TN	
Zip Code 38116	Purpose of Disbursement Express shipping (see transaction SB17.7419)	Transaction ID : <b>SB17.7500</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 3875 Airways Blvd		Amount of Each Disbursement this Period 15.99
City Memphis	State TN	
Zip Code 38116	Purpose of Disbursement Express shipping (see transaction SB17.7419)	Transaction ID : <b>SB17.7498</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
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 59 OF 134			
	<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. Federal Express</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 3875 Airways Blvd			Amount of Each Disbursement this Period 21.85
City Memphis	State TN	Zip Code 38116	
Purpose of Disbursement Express shipping (see transaction SB17.7419)		Category/ Type	<b>Transaction ID : SB17.7499</b>  <b>[MEMO ITEM]</b>
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>B. Finest Oil Co</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 3665 Grant Creek Rd.			Amount of Each Disbursement this Period 32.49
City Missoula	State MT	Zip Code 59808	
Purpose of Disbursement Fuel (see transaction SB17.7419)		Category/ Type	<b>Transaction ID : SB17.7502</b>  <b>[MEMO ITEM]</b>
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. Flo's Conoco</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 410 E Front St			Amount of Each Disbursement this Period 31.03
City Drummond	State MT	Zip Code 59832	
Purpose of Disbursement Fuel (see transaction SB17.7766)		Category/ Type	<b>Transaction ID : SB17.7771</b>  <b>[MEMO ITEM]</b>
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) .....	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 60 OF 134			
	<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. Friendly's</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 1831 11th Ave.		Amount of Each Disbursement this Period 311.96
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7503
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Global Net</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address 421 W. Griffin, Suite 4		Amount of Each Disbursement this Period 163.48
City Bozeman	State MT	
Zip Code 59715	Purpose of Disbursement Internet service	Transaction ID : SB17.7635
Candidate Name	Category/ Type	
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. Global Net</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 421 W. Griffin, Suite 4		Amount of Each Disbursement this Period 148.48
City Bozeman	State MT	
Zip Code 59715	Purpose of Disbursement Internet service	Transaction ID : SB17.7665
Candidate Name	Category/ Type	
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).....	311.96
<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 61 OF 134			
	<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. Gober Hilgers, PLLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 1005 Congress Ave., Ste. 350			Amount of Each Disbursement this Period 2599.90 <b>Transaction ID : SB17.7621</b>
City Austin	State TX	Zip Code 78701	
Purpose of Disbursement Legal and accounting services		Category/ Type	
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>B. Gober Hilgers, PLLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 1005 Congress Ave., Ste. 350			Amount of Each Disbursement this Period 2573.77 <b>Transaction ID : SB17.7622</b>
City Austin	State TX	Zip Code 78701	
Purpose of Disbursement Legal and accounting services		Category/ Type	
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. Gober Hilgers, PLLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 1005 Congress Ave., Ste. 350			Amount of Each Disbursement this Period 2061.45 <b>Transaction ID : SB17.7672</b>
City Austin	State TX	Zip Code 78701	
Purpose of Disbursement Legal and accounting services		Category/ Type	
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).....	7235.12
<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 62 OF 134		
	<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. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 1600 Ampitheatre Pkwy.		Amount of Each Disbursement this Period 85.00
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Subscription	Transaction ID : SB17.7697
Candidate Name	Category/ Type	
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. Grand Avenue Development, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address P.O. Box 80945		Amount of Each Disbursement this Period 650.00
City Billings	State MT	
Zip Code 59108	Purpose of Disbursement Office rent	Transaction ID : SB17.7682
Candidate Name	Category/ Type	
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. Hellgate Service Center</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 711 E Broadway St.		Amount of Each Disbursement this Period 22.29
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Fuel (see transaction SB17.7766)	Transaction ID : SB17.7775
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	735.00
<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 63 OF 134	
	<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. Ethan J. Heverly</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 4308.19
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Salary	Transaction ID : SB17.7673
Candidate Name	Category/Type	
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. Ethan J. Heverly</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 955.48
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Reimbursement - lodging, meals, mileage, postage, supplies (see below if itemized)	Transaction ID : SB17.7751
Candidate Name	Category/Type	
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. Ethan J. Heverly</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 476.17
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Mileage reimbursement	Transaction ID : SB17.7751.0
Candidate Name	Category/Type	
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).....	5263.67
<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 64 OF 134	
	<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. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 841 S 26th St		Amount of Each Disbursement this Period 21.89
City Billings	State MT Zip Code 59101	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : SB17.7751.4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Office Max</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 2649 Kings Ave West		Amount of Each Disbursement this Period 84.34
City Billings	State MT Zip Code 59101	
Purpose of Disbursement Batteries, speakers	Candidate Name	Transaction ID : SB17.7751.6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Residence Inn Bozeman</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 6195 East Valley Center Rd.		Amount of Each Disbursement this Period 175.00
City Bozeman	State MT Zip Code 59718	
Purpose of Disbursement Lodging	Candidate Name	Transaction ID : SB17.7751.8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<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 65 OF 134			
	<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. Ethan J. Heverly</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 773.02 <b>Transaction ID : SB17.7720</b>
City Billings	State MT Zip Code 59102	
Purpose of Disbursement Salary	Category/Type	
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>B. Holiday Inn Bozeman</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 5 East Baxter Lane		Amount of Each Disbursement this Period 106.52 <b>Transaction ID : SB17.7698</b>
City Bozeman	State MT Zip Code 59715	
Purpose of Disbursement Lodging	Category/Type	
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. Holiday Inn Bozeman</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 5 East Baxter Lane		Amount of Each Disbursement this Period 95.35 <b>Transaction ID : SB17.7699</b>
City Bozeman	State MT Zip Code 59715	
Purpose of Disbursement Lodging	Category/Type	
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).....	773.02
<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 66 OF 134			
	<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. Holiday Stationstore</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 500 Fee St.		Amount of Each Disbursement this Period 37.21
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7508
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Holiday Stationstore</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 401 Euclid Ave		Amount of Each Disbursement this Period 80.38
City Helena	State MT	
Zip Code 59601-2855	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7514
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Holiday Stationstore</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 790 S Billings Blvd		Amount of Each Disbursement this Period 100.00
City Billings	State MT	
Zip Code 59101	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7512
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
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 67 OF 134			
	<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. Holiday Stationstore</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 401 Euclid Ave			Amount of Each Disbursement this Period 94.12
City Helena	State MT	Zip Code 59601-2855	
Purpose of Disbursement Fuel (see transaction SB17.7419)		Category/ Type	<b>Transaction ID : SB17.7515</b>
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)		<b>[MEMO ITEM]</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Holiday Stationstore</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 601 Northwest Bypass			Amount of Each Disbursement this Period 100.00
City Great Falls	State MT	Zip Code 59404-2480	
Purpose of Disbursement Fuel (see transaction SB17.7419)		Category/ Type	<b>Transaction ID : SB17.7509</b>
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)		<b>[MEMO ITEM]</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Holiday Stationstore</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 790 S Billings Blvd			Amount of Each Disbursement this Period 72.83
City Billings	State MT	Zip Code 59101	
Purpose of Disbursement Fuel (see transaction SB17.7419)		Category/ Type	<b>Transaction ID : SB17.7513</b>
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)		<b>[MEMO ITEM]</b>
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 68 OF 134			
	<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. Holiday Stationstore</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2014
Mailing Address 790 S Billings Blvd		Amount of Each Disbursement this Period 39.00
City Billings	State MT	
Zip Code 59101	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7510 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
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. Holiday Stationstore</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 401 Euclid Ave		Amount of Each Disbursement this Period 41.26
City Helena	State MT	
Zip Code 59601-2855	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7516 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
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. Holiday Stationstore</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 790 S Billings Blvd		Amount of Each Disbursement this Period 39.61
City Billings	State MT	
Zip Code 59101	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7511 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
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 69 OF 134			
	<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. Home Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 2784 King Ave W		Amount of Each Disbursement this Period 839.76
City Billings	State MT	
Zip Code	59102-6430	
Purpose of Disbursement Hardware for signs (see transaction SB17.7419)		Category/ Type
Candidate Name		
Office Sought:	House Senate 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. Home Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 2784 King Ave W		Amount of Each Disbursement this Period -788.00
City Billings	State MT	
Zip Code	59102-6430	
Purpose of Disbursement Credit for return-hardware for signs (see transaction SB17.7419)		Category/ Type
Candidate Name		
Office Sought:	House Senate 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. i360, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address P.O. Box 37046		Amount of Each Disbursement this Period 350.00
City Baltimore	State MD	
Zip Code	21297-3046	
Purpose of Disbursement Monthly canvassing app, subscription		Category/ Type
Candidate Name		
Office Sought:	House Senate 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).....	350.00
<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 70 OF 134	
	<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. IHOP</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 2425 US Hwy 93		Amount of Each Disbursement this Period 25.96
City Kalispell	State MT	
Zip Code 59901	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Transaction ID : SB17.7518 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
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. IHOP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 1687 N 19th Ave.		Amount of Each Disbursement this Period 50.00
City Bozeman	State MT	
Zip Code 59718	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Transaction ID : SB17.7517 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
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. JJ's Bakery</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address 112 Central Ave.		Amount of Each Disbursement this Period 56.00
City Great Falls	State MT	
Zip Code 59401	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Transaction ID : SB17.7522 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
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 71 OF 134			
	<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. Jorgenson's Inn &amp; Suites</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014		
Mailing Address 1714 11th Avenue			Amount of Each Disbursement this Period 95.16		
City Helena	State MT	Zip Code 59601	Transaction ID : SB17.7523		
Purpose of Disbursement Lodging (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
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>B. Jorgenson's Inn &amp; Suites</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014		
Mailing Address 1714 11th Avenue			Amount of Each Disbursement this Period 95.16		
City Helena	State MT	Zip Code 59601	Transaction ID : SB17.7524		
Purpose of Disbursement Lodging (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
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. Jorgenson's Inn &amp; Suites</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014		
Mailing Address 1714 11th Avenue			Amount of Each Disbursement this Period 380.64		
City Helena	State MT	Zip Code 59601	Transaction ID : SB17.7525		
Purpose of Disbursement Lodging (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
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).....	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 72 OF 134			
	<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. Jorgenson's Inn &amp; Suites</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2014		
Mailing Address 1714 11th Avenue			Amount of Each Disbursement this Period 95.16		
City Helena	State MT	Zip Code 59601	Transaction ID : SB17.7526		
Purpose of Disbursement Lodging (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
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>B. Jorgenson's Inn &amp; Suites</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2014		
Mailing Address 1714 11th Avenue			Amount of Each Disbursement this Period 95.16		
City Helena	State MT	Zip Code 59601	Transaction ID : SB17.7527		
Purpose of Disbursement Lodging (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
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. Jorgenson's Inn &amp; Suites</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014		
Mailing Address 1714 11th Avenue			Amount of Each Disbursement this Period 95.16		
City Helena	State MT	Zip Code 59601	Transaction ID : SB17.7528		
Purpose of Disbursement Lodging (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
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).....	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 73 OF 134	
	<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. Jorgenson's Inn &amp; Suites</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 1714 11th Avenue		Amount of Each Disbursement this Period 95.16
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7529</b>
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kalispell Grand Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 100 Main St.		Amount of Each Disbursement this Period 243.40
City Kalispell	State MT	
Zip Code 59901-4452	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7530</b>
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Kalispell Grand Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 100 Main St.		Amount of Each Disbursement this Period 68.34
City Kalispell	State MT	
Zip Code 59901-4452	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7531</b>
Candidate Name	Category/Type	
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)	[MEMO ITEM]
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 74 OF 134			
	<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. Kalispell Grand Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2014
Mailing Address 100 Main St.		Amount of Each Disbursement this Period 162.36
City Kalispell	State MT	
Zip Code 59901-4452	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : SB17.7532
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kalispell Grand Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2014
Mailing Address 100 Main St.		Amount of Each Disbursement this Period 82.25
City Kalispell	State MT	
Zip Code 59901-4452	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : SB17.7533
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Kalispell Grand Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 100 Main St.		Amount of Each Disbursement this Period 246.75
City Kalispell	State MT	
Zip Code 59901-4452	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : SB17.7534
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
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 75 OF 134			
	<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. Kalispell Grand Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 100 Main St.		Amount of Each Disbursement this Period 82.25
City Kalispell	State MT	
Zip Code 59901-4452		[MEMO ITEM]
Purpose of Disbursement Lodging (see transaction SB17.7419)	Category/Type	
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>B. Kalispell Grand Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2014
Mailing Address 100 Main St.		Amount of Each Disbursement this Period 121.70
City Kalispell	State MT	
Zip Code 59901-4452		[MEMO ITEM]
Purpose of Disbursement Lodging (see transaction SB17.7419)	Category/Type	
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. Kwik Stop Sinclair</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 505 Highton St.		Amount of Each Disbursement this Period 4.36
City Missoula	State MT	
Zip Code 59802		[MEMO ITEM]
Purpose of Disbursement Meal expense (see transaction SB17.7419)	Category/Type	
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).....	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 76 OF 134			
	<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. Alana M. Lake</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 1230.56 <b>Transaction ID : SB17.7689</b>
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Salary	Category/ Type
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>B. Alana M. Lake</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 242.79 <b>Transaction ID : SB17.7719</b>
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Salary	Category/ Type
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. Alex S. Lamping</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 1801.36 <b>Transaction ID : SB17.7690</b>
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Salary	Category/ Type
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).....	3274.71
<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 77 OF 134			
	<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. Alex S. Lamping</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014		
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 218.94		
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.7716		
Purpose of Disbursement Salary		Category/ Type			
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>B. La Parilla</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014		
Mailing Address 1624 Babcock St.			Amount of Each Disbursement this Period 25.96		
City Bozeman	State MT	Zip Code 59715	Transaction ID : SB17.7538		
Purpose of Disbursement Meal expense (see transaction SB17.7419)		Category/ Type			
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:					

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Lithia Chrysler Dodge</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014		
Mailing Address 2229 King W. Ave.			Amount of Each Disbursement this Period 109.95		
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.7540		
Purpose of Disbursement Vehicle maintenance (see transaction SB17.7419)		Category/ Type			
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:					

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	218.94
<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 78 OF 134			
	<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. Lithia Chrysler Dodge</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 3377 US 12		Amount of Each Disbursement this Period 124.05
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Vehicle maintenance (see transaction SB17.7419)	Transaction ID : SB17.7541
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Loaf N Jug</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 1910 West Main		Amount of Each Disbursement this Period 125.29
City Bozeman	State MT	
Zip Code 59718	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7542
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Lowe's Home Improvement</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 2360 Hwy 93 North		Amount of Each Disbursement this Period 105.48
City Kalispell	State MT	
Zip Code 59901	Purpose of Disbursement Hardware for signs (see transaction SB17.7419)	Transaction ID : SB17.7546
Candidate Name	Category/Type	
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)	[MEMO ITEM]
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 79 OF 134			
	<input checked="" type="checkbox"/> 17 <input 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. Lowe's Home Improvement</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 2717 King Ave. W		Amount of Each Disbursement this Period 1200.72
City Billings	State MT Zip Code 59102	
Purpose of Disbursement Hardware for signs (see transaction SB17.7419)		Transaction ID : SB17.7543
Candidate Name		
Office Sought:	Disbursement For:	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Lowe's Home Improvement</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 2360 Hwy 93 North		Amount of Each Disbursement this Period 427.32
City Kalispell	State MT Zip Code 59901	
Purpose of Disbursement Hardware for signs (see transaction SB17.7419)		Transaction ID : SB17.7547
Candidate Name		
Office Sought:	Disbursement For:	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Lowe's Home Improvement</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 3291 N Sanders St		Amount of Each Disbursement this Period -233.48
City Helena	State MT Zip Code 59602	
Purpose of Disbursement Credit for return-hardware for signs (see transaction SB17.7419)		Transaction ID : SB17.7544
Candidate Name		
Office Sought:	Disbursement For:	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<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 80 OF 134			
	<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. Lowe's Home Improvement</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 3291 N Sanders St			Amount of Each Disbursement this Period 19.98
City Helena	State MT	Zip Code 59602	
Purpose of Disbursement Hardware for signs (see transaction SB17.7419)		Category/ Type	<b>Transaction ID : SB17.7545</b>
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)		<b>[MEMO ITEM]</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Zachary MacQuarrie</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 1801.36
City Billings	State MT	Zip Code 59102	
Purpose of Disbursement Salary		Category/ Type	<b>Transaction ID : SB17.7691</b>
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. Zachary MacQuarrie</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 218.94
City Billings	State MT	Zip Code 59102	
Purpose of Disbursement Salary		Category/ Type	<b>Transaction ID : SB17.7712</b>
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).....	2020.30
<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 81 OF 134			
	<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. Marathon Strategic Communications, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014		
Mailing Address 3771 Vinecrest Drive			Amount of Each Disbursement this Period 19866.31		
City Dallas	State TX	Zip Code 75229	Transaction ID : SB17.7785		
Purpose of Disbursement Direct mail postage		Category/ Type			
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>B. Marathon Strategic Communications, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014		
Mailing Address 3771 Vinecrest Drive			Amount of Each Disbursement this Period 39076.90		
City Dallas	State TX	Zip Code 75229	Transaction ID : SB17.7636		
Purpose of Disbursement Direct mail printing & postage		Category/ Type			
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. Marathon Strategic Communications, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014		
Mailing Address 3771 Vinecrest Drive			Amount of Each Disbursement this Period 9200.00		
City Dallas	State TX	Zip Code 75229	Transaction ID : SB17.7646		
Purpose of Disbursement Direct mail printing		Category/ Type			
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).....	68143.21
<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 82 OF 134		
	<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. Marathon Strategic Communications, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 3771 Vinecrest Drive		Amount of Each Disbursement this Period 12470.97 <b>Transaction ID : SB17.7666</b>
City Dallas State TX Zip Code 75229	Purpose of Disbursement Direct mail printing	
Candidate Name	Category/Type	
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. Martin's Property Management, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address PO Box 245		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.7632</b>
City Stevensville State MT Zip Code 59870	Purpose of Disbursement Office rent	
Candidate Name	Category/Type	
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. McDonald's</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 3060 Montana Ave.		Amount of Each Disbursement this Period 27.43 <b>Transaction ID : SB17.7548</b> <b>[MEMO ITEM]</b>
City Helena State MT Zip Code 59601	Purpose of Disbursement Meal expense (see transaction SB17.7419)	
Candidate Name	Category/Type	
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).....	13270.97
<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 83 OF 134	
	<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. Wes McElhinny</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 2300.81 <b>Transaction ID : SB17.7692</b>
City Billings	State MT Zip Code 59102	
Purpose of Disbursement Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wes McElhinny</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 285.58 <b>Transaction ID : SB17.7713</b>
City Billings	State MT Zip Code 59102	
Purpose of Disbursement Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Monroe's High Country Travel</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2014
Mailing Address 3122 US 12		Amount of Each Disbursement this Period 49.47 <b>Transaction ID : SB17.7507</b> <b>[MEMO ITEM]</b>
City Helena	State MT Zip Code 59601	
Purpose of Disbursement Fuel (see transaction SB17.7419)	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2586.39
<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 84 OF 134	
	<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. Montana Ace - Eastgate</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 905 E Broadway St.		Amount of Each Disbursement this Period 9.99
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Hardware for signs (see transaction SB17.7419)	Transaction ID : <b>SB17.7549</b>
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MT Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address PO Box 5835		Amount of Each Disbursement this Period 400.00
City Helena	State MT	
Zip Code 59604	Purpose of Disbursement Payroll tax	Transaction ID : <b>SB17.7784</b>
Candidate Name	Category/Type	
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. MT Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address PO Box 5835		Amount of Each Disbursement this Period 846.00
City Helena	State MT	
Zip Code 59604	Purpose of Disbursement Payroll tax	Transaction ID : <b>SB17.7684</b>
Candidate Name	Category/Type	
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).....	1246.00
<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 85 OF 134			
	<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. MT Unemployment Insurance Division</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. Box 6339		Amount of Each Disbursement this Period 634.38
City Helena	State MT	
Zip Code 59604-6339	Purpose of Disbursement Payroll tax	Transaction ID : SB17.7644
Candidate Name	Category/ Type	
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. MT Unemployment Insurance Division</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. Box 6339		Amount of Each Disbursement this Period 1048.79
City Helena	State MT	
Zip Code 59604-6339	Purpose of Disbursement Payroll tax	Transaction ID : SB17.7645
Candidate Name	Category/ Type	
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. Muralt's Travel Plaza</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 8800 Truck Stop Rd.		Amount of Each Disbursement this Period 116.59
City Missoula	State MT	
Zip Code 59808	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7550
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1683.17
<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 86 OF 134			
	<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. Murdoch's Ranch &amp; Homes Supply</b>		Date of Disbursement										
Mailing Address 3050 N Montana Ave.		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>25</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		25		2014
M M	/	D D	/	Y Y Y Y								
03		25		2014								
City Helena	State MT	Zip Code 59601										
Purpose of Disbursement Hardware for signs (see transaction SB17.7419)		Amount of Each Disbursement this Period 441.94										
Candidate Name		Transaction ID : SB17.7551										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]										
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. Alison R. Nearhoof</b>		Date of Disbursement										
Mailing Address 1201 Grand Ave., Ste. 9		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>31</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	05		31		2014
M M	/	D D	/	Y Y Y Y								
05		31		2014								
City Billings	State MT	Zip Code 59102										
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 1859.74										
Candidate Name		Transaction ID : SB17.7693										
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. Alison R. Nearhoof</b>		Date of Disbursement										
Mailing Address 1201 Grand Ave., Ste. 9		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	06		30		2014
M M	/	D D	/	Y Y Y Y								
06		30		2014								
City Billings	State MT	Zip Code 59102										
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 218.94										
Candidate Name		Transaction ID : SB17.7723										
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).....	2078.68
<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 87 OF 134			
	<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. Alison R. Nearhoof</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 607.63 <b>Transaction ID : SB17.7724</b>
City Billings State MT Zip Code 59102	Purpose of Disbursement Reimbursement - postage, mileage, fuel, meal expense, supplies (see below if itemized)	
Candidate Name	Category/Type	
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. Alison R. Nearhoof</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 160.16 <b>Transaction ID : SB17.7724.0</b> <b>[MEMO ITEM]</b>
City Billings State MT Zip Code 59102	Purpose of Disbursement Mileage reimbursement	
Candidate Name	Category/Type	
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. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 841 S 26th St		Amount of Each Disbursement this Period 88.75 <b>Transaction ID : SB17.7724.1</b> <b>[MEMO ITEM]</b>
City Billings State MT Zip Code 59101	Purpose of Disbursement Postage	
Candidate Name	Category/Type	
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).....	607.63
<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 88 OF 134			
	<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. Murdoch's Ranch &amp; Homes Supply</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014		
Mailing Address 3050 N Montana Ave.			Amount of Each Disbursement this Period 4.49		
City Helena	State MT	Zip Code 59601	Transaction ID : SB17.7724.9		
Purpose of Disbursement Hardware for signs		Category/ Type	[MEMO ITEM]		
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>B. Noons #457</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014		
Mailing Address 540 E Broadway St.			Amount of Each Disbursement this Period 27.07		
City Missoula	State MT	Zip Code 59802	Transaction ID : SB17.7552		
Purpose of Disbursement Fuel (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
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. NorthStar Campaign Systems, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014		
Mailing Address 11421 Davenport St.			Amount of Each Disbursement this Period 6430.16		
City Omaha	State NE	Zip Code 68154	Transaction ID : SB17.7667		
Purpose of Disbursement VoIP phones & minutes, platform & server		Category/ Type			
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).....	6430.16
<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 89 OF 134			
	<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. O'Haire Motor Inn</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014		
Mailing Address 17 7th St.			Amount of Each Disbursement this Period 69.21		
City Great Falls	State MT	Zip Code 59401	Transaction ID : SB17.7553		
Purpose of Disbursement Lodging (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
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>B. O'Haire Motor Inn</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014		
Mailing Address 17 7th St.			Amount of Each Disbursement this Period 69.21		
City Great Falls	State MT	Zip Code 59401	Transaction ID : SB17.7554		
Purpose of Disbursement Lodging (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
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. O'Haire Motor Inn</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014		
Mailing Address 17 7th St.			Amount of Each Disbursement this Period 162.50		
City Great Falls	State MT	Zip Code 59401	Transaction ID : SB17.7555		
Purpose of Disbursement Lodging (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
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).....	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 90 OF 134			
	<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. O'Haire Motor Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 17 7th St.		Amount of Each Disbursement this Period 138.42
City Great Falls	State MT	
Zip Code 59401	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : SB17.7556
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 2800 King Ave. W		Amount of Each Disbursement this Period 176.99
City Billings	State MT	
Zip Code 59102-7463	Purpose of Disbursement Office supplies (see transaction SB17.7419)	Transaction ID : SB17.7558
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Max</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 2649 Kings Ave West		Amount of Each Disbursement this Period 213.56
City Billings	State MT	
Zip Code 59101	Purpose of Disbursement Office supplies (see transaction SB17.7419)	Transaction ID : SB17.7559
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
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 91 OF 134			
	<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. Office Max</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2014
Mailing Address 2649 Kings Ave West		Amount of Each Disbursement this Period 32.73
City Billings	State MT Zip Code 59101	
Purpose of Disbursement Office supplies (see transaction SB17.7419)		Transaction ID : SB17.7560
Candidate Name		
Office Sought:	Disbursement For:	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Office Max</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address 2649 Kings Ave West		Amount of Each Disbursement this Period 17.09
City Billings	State MT Zip Code 59101	
Purpose of Disbursement Office supplies (see transaction SB17.7419)		Transaction ID : SB17.7561
Candidate Name		
Office Sought:	Disbursement For:	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. OnMessage, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 817 Slaters Lane		Amount of Each Disbursement this Period 37901.03
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Media buys		Transaction ID : SB17.7617
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	37901.03
<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 92 OF 134			
	<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. OnMessage, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 817 Slaters Lane		Amount of Each Disbursement this Period 1097.97
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Media production fees	Transaction ID : SB17.7618
Candidate Name	Category/Type	
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. OnMessage, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 817 Slaters Lane		Amount of Each Disbursement this Period 29843.62
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Media production fees	Transaction ID : SB17.7619
Candidate Name	Category/Type	
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. OnMessage, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 817 Slaters Lane		Amount of Each Disbursement this Period 6045.00
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Media production fees	Transaction ID : SB17.7620
Candidate Name	Category/Type	
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).....	36986.59
<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 93 OF 134			
	<input checked="" type="checkbox"/> 17 <input 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. OnMessage, Inc.</b>			Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	05		30		2014
M M	/	D D	/	Y Y Y Y									
05		30		2014									
Mailing Address 817 Slaters Lane			Amount of Each Disbursement this Period <table border="1"> <tr> <td>25000.00</td> </tr> </table> <b>Transaction ID : SB17.7786</b>	25000.00									
25000.00													
City Alexandria	State VA	Zip Code 22314											
Purpose of Disbursement Media buy		Category/ Type											
Candidate Name													
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:											
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial) <b>B. OnMessage, Inc.</b>			Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>25</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	06		25		2014
M M	/	D D	/	Y Y Y Y									
06		25		2014									
Mailing Address 817 Slaters Lane			Amount of Each Disbursement this Period <table border="1"> <tr> <td>31972.53</td> </tr> </table> <b>Transaction ID : SB17.7668</b>	31972.53									
31972.53													
City Alexandria	State VA	Zip Code 22314											
Purpose of Disbursement Media buys		Category/ Type											
Candidate Name													
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:											
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial) <b>c. Panda C Store</b>			Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>14</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		14		2014
M M	/	D D	/	Y Y Y Y									
04		14		2014									
Mailing Address 621 Bridger Dr.			Amount of Each Disbursement this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> <b>Transaction ID : SB17.7565</b>  <b>[MEMO ITEM]</b>	100.00									
100.00													
City Bozeman	State MT	Zip Code 59715											
Purpose of Disbursement Fuel (see transaction SB17.7419)		Category/ Type											
Candidate Name													
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:											
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>56972.53</td> </tr> </table>	56972.53
56972.53		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 94 OF 134			
	<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. Papa John's Pizza</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 404 N 7th Ave.			Amount of Each Disbursement this Period 24.00
City Bozeman	State MT	Zip Code 59715	
Purpose of Disbursement Meal expense (see transaction SB17.7419)		Category/ Type	<b>Transaction ID : SB17.7566</b>  <b>[MEMO ITEM]</b>
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>B. Papa John's Pizza</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 404 N 7th Ave.			Amount of Each Disbursement this Period 71.79
City Bozeman	State MT	Zip Code 59715	
Purpose of Disbursement Meal expense (see transaction SB17.7419)		Category/ Type	<b>Transaction ID : SB17.7567</b>  <b>[MEMO ITEM]</b>
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. Papa John's Pizza</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 404 N 7th Ave.			Amount of Each Disbursement this Period 43.98
City Bozeman	State MT	Zip Code 59715	
Purpose of Disbursement Meal expense (see transaction SB17.7419)		Category/ Type	<b>Transaction ID : SB17.7568</b>  <b>[MEMO ITEM]</b>
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) .....	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 95 OF 134			
	<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. Phillips 66-Conoco</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 411 S. Keeler		Amount of Each Disbursement this Period 1.49
City Bartlesville	State OK	
Zip Code 74004-0001	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7563
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Phillips 66-Conoco</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 411 S. Keeler		Amount of Each Disbursement this Period 17.51
City Bartlesville	State OK	
Zip Code 74004-0001	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7564
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Pilot Travel Center</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 602 8th Ave. N		Amount of Each Disbursement this Period 100.00
City Columbus	State MT	
Zip Code 59019	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7570
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
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 96 OF 134	
	<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. Platinum Property Management</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address ATTN: Sheena Kyllonen 2149 Durston Rd., Ste. 34		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.7633</b>
City Bozeman	State MT	
Zip Code 59718	Purpose of Disbursement Office rent	Category/ Type
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>B. Qboda Mexican Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 855 S 29th Ave #2		Amount of Each Disbursement this Period 17.25 <b>Transaction ID : SB17.7571</b> <b>[MEMO ITEM]</b>
City Bozeman	State MT	
Zip Code 59718	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Category/ Type
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. Qdoba Mexican Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 1001 E. Broadway, Ste. 4		Amount of Each Disbursement this Period 17.50 <b>Transaction ID : SB17.7572</b> <b>[MEMO ITEM]</b>
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Category/ Type
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).....	400.00
<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 97 OF 134			
	<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. Residence Inn Bozeman</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2014
Mailing Address 6195 East Valley Center Rd.			Amount of Each Disbursement this Period 74.83
City Bozeman	State MT	Zip Code 59718	
Purpose of Disbursement Lodging (see transaction SB17.7419)		Category/ Type	<b>Transaction ID : SB17.7573</b>
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)		<b>[MEMO ITEM]</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Residence Inn Bozeman</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2014
Mailing Address 6195 East Valley Center Rd.			Amount of Each Disbursement this Period 74.83
City Bozeman	State MT	Zip Code 59718	
Purpose of Disbursement Lodging (see transaction SB17.7419)		Category/ Type	<b>Transaction ID : SB17.7574</b>
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)		<b>[MEMO ITEM]</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Robert A. Ricketts Jr.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 1801.36
City Billings	State MT	Zip Code 59102	
Purpose of Disbursement Salary		Category/ Type	<b>Transaction ID : SB17.7694</b>
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).....	1801.36
<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 98 OF 134		
	<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. Robert A. Ricketts Jr.</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 218.94
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Salary	Transaction ID : SB17.7718
Candidate Name	Category/ Type	
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. Rosauers Supermarkets</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 3255 Technology Blvd.		Amount of Each Disbursement this Period 9.48
City Bozeman	State MT	
Zip Code 59718	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Transaction ID : SB17.7575
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ryan M. Shore</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 1801.36
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Salary	Transaction ID : SB17.7695
Candidate Name	Category/ Type	
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) .....	2020.30
<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 99 OF 134		
	<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. Ryan M. Shore</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 218.94 <b>Transaction ID : SB17.7722</b>
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Salary	Category/ Type
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>B. Chase B. Sick</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 1741.99 <b>Transaction ID : SB17.7696</b>
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Salary	Category/ Type
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. Chase B. Sick</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 318.94 <b>Transaction ID : SB17.7715</b>
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Salary	Category/ Type
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).....	2279.87
<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 100 OF 134			
	<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. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 2501 Brooks St.		Amount of Each Disbursement this Period 14.97
City Missoula	State MT	
Zip Code 59801	Purpose of Disbursement Office supplies (see transaction SB17.7419)	Transaction ID : <b>SB17.7576</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 2501 Brooks St.		Amount of Each Disbursement this Period 22.28
City Missoula	State MT	
Zip Code 59801	Purpose of Disbursement Office supplies (see transaction SB17.7419)	Transaction ID : <b>SB17.7577</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 2501 Brooks St.		Amount of Each Disbursement this Period 67.19
City Missoula	State MT	
Zip Code 59801	Purpose of Disbursement Office supplies (see transaction SB17.7419)	Transaction ID : <b>SB17.7578</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
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 101 OF 134			
	<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. Staples</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014		
Mailing Address 2501 Brooks St.			Amount of Each Disbursement this Period 199.95		
City Missoula	State MT	Zip Code 59801	Transaction ID : SB17.7769		
Purpose of Disbursement Router, copies (see transaction SB17.7766)		Category/ Type	[MEMO ITEM]		
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>B. Subway</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014		
Mailing Address 2750 Old Hardin Rd.			Amount of Each Disbursement this Period 35.98		
City Billings	State MT	Zip Code 59101	Transaction ID : SB17.7579		
Purpose of Disbursement Meal expense (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]		
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. Subway</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014		
Mailing Address 426 Hwy 135			Amount of Each Disbursement this Period 23.12		
City Saint Regis	State MT	Zip Code 59866	Transaction ID : SB17.7773		
Purpose of Disbursement Meal expense (see transaction SB17.7766)		Category/ Type	[MEMO ITEM]		
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) .....	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 102 OF 134			
	<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. Sykes Diner</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 202 2nd Ave. W.		Amount of Each Disbursement this Period 75.49
City Kalispell	State MT	
Zip Code 59901	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Transaction ID : <b>SB17.7580</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Target</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 2365 US Hwy 93 N.		Amount of Each Disbursement this Period 52.23
City Kalispell	State MT	
Zip Code 59901	Purpose of Disbursement Office supplies (see transaction SB17.7419)	Transaction ID : <b>SB17.7581</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Prosper Group Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 435 East Main St., Ste. 250		Amount of Each Disbursement this Period 1331.73
City Greenwood	State IN	
Zip Code 46143	Purpose of Disbursement Mailer, website maintenance, domain renewal	Transaction ID : <b>SB17.7627</b>
Candidate Name	Category/ Type	
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).....	1331.73
<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 103 OF 134	
	<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. The Prosper Group Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 435 East Main St., Ste. 250		Amount of Each Disbursement this Period 692.35
City Greenwood	State IN Zip Code 46143	
Purpose of Disbursement Mailer, account management		Transaction ID : SB17.7670
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)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The UPS Store</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 1302 24th St. West		Amount of Each Disbursement this Period 96.87
City Billings	State MT Zip Code 59102	
Purpose of Disbursement Printing (see transaction SB17.7419)		Transaction ID : SB17.7586
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)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The UPS Store</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 1302 24th St. West		Amount of Each Disbursement this Period 75.93
City Billings	State MT Zip Code 59102	
Purpose of Disbursement Express shipping (see transaction SB17.7419)		Transaction ID : SB17.7587
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)	Category/ Type
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	692.35
<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 104 OF 134	
	<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. The UPS Store</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 1302 24th St. West		Amount of Each Disbursement this Period 221.08
City Billings	State MT Zip Code 59102	
Purpose of Disbursement Printing (see transaction SB17.7419)		Transaction ID : SB17.7588
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. The UPS Store-2007</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 1627 W. Main St.		Amount of Each Disbursement this Period 23.72
City Bozeman	State MT Zip Code 59715-4011	
Purpose of Disbursement Printing (see transaction SB17.7419)		Transaction ID : SB17.7585
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Thunderbird Motel</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 1009 E. Broadway		Amount of Each Disbursement this Period 128.40
City Missoula	State MT Zip Code 59802	
Purpose of Disbursement Lodging (see transaction SB17.7419)		Transaction ID : SB17.7589
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)	[MEMO ITEM]
State: District:	Category/Type	

<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 105 OF 134	
	<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. Thunderbird Motel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 1009 E. Broadway		Amount of Each Disbursement this Period 449.40
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7590</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Thunderbird Motel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 1009 E. Broadway		Amount of Each Disbursement this Period 69.55
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7591</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Thunderbird Motel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2014
Mailing Address 1009 E. Broadway		Amount of Each Disbursement this Period 125.20
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7592</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
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 106 OF 134	
	<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. Thunderbird Motel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 1009 E. Broadway		Amount of Each Disbursement this Period 64.20
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7593</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Thunderbird Motel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 1009 E. Broadway		Amount of Each Disbursement this Period 64.20
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7594</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Thunderbird Motel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2014
Mailing Address 1009 E. Broadway		Amount of Each Disbursement this Period 64.20
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7595</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	64.20
<b>TOTAL</b> This Period (last page this line number only).....	0.00

**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 107 OF 134	
	<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. Thunderbird Motel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2014
Mailing Address 1009 E. Broadway		Amount of Each Disbursement this Period 64.20
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7596</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Thunderbird Motel</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 1009 E. Broadway		Amount of Each Disbursement this Period 128.40
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7597</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Thunderbird Motel</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 1009 E. Broadway		Amount of Each Disbursement this Period 128.40
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Lodging (see transaction SB17.7419)	Transaction ID : <b>SB17.7598</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
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 108 OF 134	
	<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. Town Pump</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2014
Mailing Address 531 S Montana		Amount of Each Disbursement this Period 100.00
City Butte	State MT	
Zip Code 59701	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7603
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Town Pump</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 1202 Prospect Ave		Amount of Each Disbursement this Period 50.52
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7601
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Town Pump #24</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address 1400 10th Ave. S		Amount of Each Disbursement this Period 100.00
City Great Falls	State MT	
Zip Code 59405	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7602
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
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 109 OF 134	
	<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. Town Pump #610</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 2200 Park St. S.			Amount of Each Disbursement this Period 100.00	
City Livingston	State MT	Zip Code 59047	Transaction ID : SB17.7605	
Purpose of Disbursement Fuel (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]	
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>B. Town Pump #6300</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014	
Mailing Address 20A Big Timber Loop Rd Ste C			Amount of Each Disbursement this Period 100.00	
City Big Timber	State MT	Zip Code 59011	Transaction ID : SB17.7599	
Purpose of Disbursement Fuel (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]	
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. Town Pump #6300</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 20A Big Timber Loop Rd Ste C			Amount of Each Disbursement this Period 100.00	
City Big Timber	State MT	Zip Code 59011	Transaction ID : SB17.7600	
Purpose of Disbursement Fuel (see transaction SB17.7419)		Category/ Type	[MEMO ITEM]	
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) .....	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 110 OF 134	
	<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. Town Pump #7</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 803 E. Main St.		Amount of Each Disbursement this Period 852.44
City Bozeman	State MT	
Zip Code 59715	Purpose of Disbursement Fuel (see transaction SB17.7419)	Transaction ID : SB17.7606
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Transaxt, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 190 Monroe Ave. NW, Ste. 500		Amount of Each Disbursement this Period 466.38
City Grand Rapids	State MI	
Zip Code 49503	Purpose of Disbursement Credit card fees	Transaction ID : SB17.7683
Candidate Name	Category/Type	
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. Transaxt, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 190 Monroe Ave. NW, Ste. 500		Amount of Each Disbursement this Period 386.06
City Grand Rapids	State MI	
Zip Code 49503	Purpose of Disbursement Credit card fees	Transaction ID : SB17.7706
Candidate Name	Category/Type	
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).....	852.44
<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 111 OF 134	
	<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. Treasure State Donuts</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 400 E. Broadway St.		Amount of Each Disbursement this Period 20.01
City Missoula	State MT	
Zip Code 59802	Purpose of Disbursement Meal expense (see transaction SB17.7419)	Transaction ID : <b>SB17.7607</b>
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address PO Box 37941		Amount of Each Disbursement this Period 2516.50
City Hartford	State CT	
Zip Code 06176-7941	Purpose of Disbursement Payroll tax	Transaction ID : <b>SB17.7676</b>
Candidate Name	Category/Type	
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 States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address PO Box 37941		Amount of Each Disbursement this Period 5868.85
City Hartford	State CT	
Zip Code 06176-7941	Purpose of Disbursement Payroll tax	Transaction ID : <b>SB17.7685</b>
Candidate Name	Category/Type	
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).....	8385.35
<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 112 OF 134	
	<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. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 841 S 26th St		Amount of Each Disbursement this Period 271.00
City Billings	State MT	
Zip Code 59101	Purpose of Disbursement Postage (see transaction SB17.7419)	Transaction ID : <b>SB17.7608</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 841 S 26th St		Amount of Each Disbursement this Period 49.00
City Billings	State MT	
Zip Code 59101	Purpose of Disbursement Postage (see transaction SB17.7419)	Transaction ID : <b>SB17.7610</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 841 S 26th St		Amount of Each Disbursement this Period 498.90
City Billings	State MT	
Zip Code 59101	Purpose of Disbursement Postage (see transaction SB17.7419)	Transaction ID : <b>SB17.7609</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
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 113 OF 134			
	<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. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 841 S 26th St		Amount of Each Disbursement this Period 99.85
City Billings	State MT	
Zip Code 59101	Purpose of Disbursement Postage	Transaction ID : <b>SB17.7678</b>
Candidate Name	Category/ Type	
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. Walmart Supercenter</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 2750 Prospect Ave.		Amount of Each Disbursement this Period 4.97
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Office supplies (see transaction SB17.7419)	Transaction ID : <b>SB17.7615</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Walmart Supercenter</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 1500 N. 7th Ave.		Amount of Each Disbursement this Period 188.79
City Bozeman	State MT	
Zip Code 59715	Purpose of Disbursement Computer equipment (see transaction SB17.7419)	Transaction ID : <b>SB17.7611</b>
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	99.85
<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 114 OF 134			
	<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. Walmart Supercenter</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 1500 N. 7th Ave.			Amount of Each Disbursement this Period 7.98
City Bozeman	State MT	Zip Code 59715	
Purpose of Disbursement Office supplies (see transaction SB17.7419)		Category/ Type	<b>Transaction ID : SB17.7612</b>
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)		<b>[MEMO ITEM]</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Walmart Supercenter</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 1500 N. 7th Ave.			Amount of Each Disbursement this Period 43.35
City Bozeman	State MT	Zip Code 59715	
Purpose of Disbursement Office supplies (see transaction SB17.7419)		Category/ Type	<b>Transaction ID : SB17.7613</b>
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)		<b>[MEMO ITEM]</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Walmart Supercenter</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 1500 N. 7th Ave.			Amount of Each Disbursement this Period 45.20
City Bozeman	State MT	Zip Code 59715	
Purpose of Disbursement Office supplies (see transaction SB17.7419)		Category/ Type	<b>Transaction ID : SB17.7614</b>
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)		<b>[MEMO ITEM]</b>
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 115 OF 134	
	<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. Wells Fargo Bank, NA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 111 Congress Ave.		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.7677</b>
City Austin State TX Zip Code 78701	Purpose of Disbursement Bank service fee	
Candidate Name	Category/Type	
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. Wells Fargo Bank, NA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 111 Congress Ave.		Amount of Each Disbursement this Period 45.00 <b>Transaction ID : SB17.7680</b>
City Austin State TX Zip Code 78701	Purpose of Disbursement Bank service fee	
Candidate Name	Category/Type	
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. Wells Fargo Bank, NA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 111 Congress Ave.		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.7681</b>
City Austin State TX Zip Code 78701	Purpose of Disbursement Bank service fee	
Candidate Name	Category/Type	
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).....	105.00
<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 116 OF 134	
	<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. Wells Fargo Bank, NA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 111 Congress Ave.		Amount of Each Disbursement this Period 30.00
City Austin State TX Zip Code 78701	Purpose of Disbursement Bank service fee	
Candidate Name		Transaction ID : SB17.7686
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo Bank, NA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 111 Congress Ave.		Amount of Each Disbursement this Period 67.50
City Austin State TX Zip Code 78701	Purpose of Disbursement Bank service fee	
Candidate Name		Transaction ID : SB17.7705
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo Bank, NA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 111 Congress Ave.		Amount of Each Disbursement this Period 10.00
City Austin State TX Zip Code 78701	Purpose of Disbursement Bank service fee	
Candidate Name		Transaction ID : SB17.7708
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	107.50
<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 117 OF 134			
	<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. Wells Fargo Bank, NA</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014		
Mailing Address 111 Congress Ave.			Amount of Each Disbursement this Period 31.00		
City Austin	State TX	Zip Code 78701	Transaction ID : SB17.7659		
Purpose of Disbursement Bank service fee		Category/ Type			
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>B. Wheat Montana Farms Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014		
Mailing Address 10778 US 287			Amount of Each Disbursement this Period 100.00		
City Three Forks	State MT	Zip Code 59752	Transaction ID : SB17.7616		
Purpose of Disbursement Fuel (see transaction SB17.7419)		Category/ Type			
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: _____				

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Craig C. Wichman</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014		
Mailing Address 1201 Grand Ave., Ste. 9			Amount of Each Disbursement this Period 1587.31		
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.7674		
Purpose of Disbursement Salary		Category/ Type			
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).....	1618.31
<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 118 OF 134	
	<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. Craig C. Wichman</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1201 Grand Ave., Ste. 9		Amount of Each Disbursement this Period 9999.99 190.38
City Billings	State MT Zip Code 59102	
Purpose of Disbursement Salary	Candidate Name	Transaction ID : SB17.7717
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Wilson Perkins Allen Opinion Research</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 1319 Classen Dr.		Amount of Each Disbursement this Period 9999.99 9600.00
City Oklahoma City	State OK Zip Code 73103	
Purpose of Disbursement Survey	Candidate Name	Transaction ID : SB17.7624
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period 9999.99
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9999.99 9790.38
<b>TOTAL</b> This Period (last page this line number only).....	9999.99 310570.64

**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 119 OF 134	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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. Matt Rosendale</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : SB19A.7649</b>
City Glendive	State MT	
Zip Code 59330	Purpose of Disbursement Loan repayment	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MT District: 00	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
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 MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
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).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	10000.00

**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 120 OF 134	
	<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. james atwell</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address p.o. box 9768		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB20A.7710</b>
City kalispell	State MT	
Zip Code 59904	Purpose of Disbursement Contribution refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. sabine atwell</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address p.o. box 9768		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : SB20A.7711</b>
City kalispell	State MT	
Zip Code 59904	Purpose of Disbursement Contribution refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Julie M. Baldrige</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address PO Box 607		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB20A.7657</b>
City Whitefish	State MT	
Zip Code 59937	Purpose of Disbursement Refund General 2014 Election contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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).....	



**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 121 OF 134			
	<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. Summerfield C. Baldrige</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address PO Box 607		Amount of Each Disbursement this Period 2600.00
City Whitefish	State MT	
Zip Code 59937	Purpose of Disbursement Refund General 2014 Election contribution	Transaction ID : SB20A.7658
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. James R. Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address PO Box 1144		Amount of Each Disbursement this Period 750.00
City Troy	State MT	
Zip Code 59935	Purpose of Disbursement Refund General 2014 Election contribution	Transaction ID : SB20A.7653
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Peterson Financial Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 9650 Hatton Ln.		Amount of Each Disbursement this Period 250.00
City Lolo	State MT	
Zip Code 59847-8506	Purpose of Disbursement Contribution refund	Transaction ID : SB20A.7641
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3600.00
<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 122 OF 134	
	<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. Herb Weiss</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 229 River Road		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB20A.7787</b>
City Glendive	State MT	
Zip Code 59330	Purpose of Disbursement Contribution refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. James K. Wood</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address PO Box 281		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB20A.7652</b>
City Glendive	State MT	
Zip Code 59330-0281	Purpose of Disbursement Refund General 2014 Election contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
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).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	9500.00

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4377

**MATT ROSENDALE FOR MONTANA**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**Matt Rosendale**

Primary  
 General  
 Other (specify) ▼

Mailing Address  
1954 Hwy 16

City State ZIP Code  
Glendive MT 59330

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

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 07 / D 31 / Y 2013 M M / D D / Y None 0.00 % (apr)  Yes  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:

**SUBTOTALS** This Period This Page (optional)..... ▶ 50000.00  
**TOTALS** 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.**

**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) <b>Matt Rosendale</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1954 Hwy 16		

City	State	ZIP Code
Glendive	MT	59330

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 05 / 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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="200000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4529

**MATT ROSENDALE FOR MONTANA**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**Matt Rosendale**

Primary

General

Other (specify) ▼

Mailing Address

1954 Hwy 16

City

State

ZIP Code

Glendive

MT

59330

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

250000.00

0.00

250000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 12 /

D 17 /

Y 2013 Y

M M /

D D /

Y None Y

0.00

% (apr)

Yes

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:

**SUBTOTALS** This Period This Page (optional)..... ▶

250000.00

**TOTALS** 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.

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6040

**MATT ROSENDALE FOR MONTANA**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**Matt Rosendale**

Primary

General

Other (specify) ▼

Mailing Address

1954 Hwy 16

City

State

ZIP Code

Glendive

MT

59330

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

0.00

100000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

04

21

2014

None

None

None

0.00

% (apr)

Yes

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:

**SUBTOTALS** This Period This Page (optional)..... ▶

100000.00

**TOTALS** 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.

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.6041**

**MATT ROSENDALE FOR MONTANA**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**Matt Rosendale**

Primary  
 General  
 Other (specify) ▼

Mailing Address  
1954 Hwy 16

City State ZIP Code  
Glendive MT 59330

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
400000.00 0.00 400000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 04 / D 25 / Y 2014 M M / D D / Y None 0.00 % (apr)  Yes  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:

**SUBTOTALS** This Period This Page (optional)..... ▶ 400000.00  
**TOTALS** 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.**

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7158

**MATT ROSENDALE FOR MONTANA**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**Matt Rosendale**

Primary

General

Other (specify) ▼

Mailing Address

1954 Hwy 16

City

State

ZIP Code

Glendive

MT

59330

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

40000.00

0.00

40000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 05 /

D 23 /

Y 2014 Y

M /

D /

Y None Y

0.00 % (apr)

Yes

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:

**SUBTOTALS** This Period This Page (optional)..... ▶

40000.00

**TOTALS** 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.**



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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full) **MATT ROSENDALE FOR MONTANA** Transaction ID : **SC/10.7648**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Matt Rosendale</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1954 Hwy 16		

City	State	ZIP Code
Glendive	MT	59330

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	10000.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 16 / Y 2014 Y	M M / D D / Y None Y	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).....	[ ] 0.00
<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.**

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

NAME OF COMMITTEE (In Full) **MATT ROSENDALE FOR MONTANA** Transaction ID : **SC/10.7777**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Matt Rosendale</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1954 Hwy 16		

City	State	ZIP Code
Glendive	MT	59330

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y 06 / 16 / 2014	M M / D D / Y Y Y 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).....	▶	25000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

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

NAME OF COMMITTEE (In Full) **MATT ROSENDALE FOR MONTANA** Transaction ID : **SC/10.7778**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Matt Rosendale</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1954 Hwy 16		

City	State	ZIP Code
Glendive	MT	59330

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
58500.70	0.00	58500.70

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 25 / Y 2014 Y	M / D / Y None Y			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).....	58500.70
<b>TOTALS</b> This Period (last page in this line only).....	1123500.70
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**MATT ROSENDALE FOR MONTANA**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>American Express</b>		Nature of Debt (Purpose): Credit card charges 03/26/14 - 05/14/14
Mailing Address P.O. Box 650448		
City	State	Zip Code
Dallas	TX	75265-0448

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.6435</b>	
<input type="text" value="21609.53"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2821.19"/>	<input type="text" value="24116.66"/>	<input type="text" value="314.06"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Kendall K. Cotton</b>		Nature of Debt (Purpose): Reimbursement - fuel, wireless router, mileage, meal expenses
Mailing Address 1201 Grand Ave., Ste. 9		
City	State	Zip Code
Billings	MT	59102

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.5643</b>	
<input type="text" value="515.40"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="515.40"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers, PLLC</b>		Nature of Debt (Purpose): Legal and compliance fees
Mailing Address 1005 Congress Ave., Ste. 350		
City	State	Zip Code
Austin	TX	78701

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.6033</b>	
<input type="text" value="2599.90"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="2599.90"/>	<input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="314.06"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**MATT ROSENDALE FOR MONTANA**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers, PLLC</b>	Nature of Debt (Purpose): Legal and compliance fees
Mailing Address 1005 Congress Ave., Ste. 350	
City State Zip Code Austin TX 78701	

Outstanding Balance Beginning This Period 2573.77	<b>Transaction ID : SD10.6437</b>	
Amount Incurred This Period 0.00	Payment This Period 2573.77	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MT Unemployment Insurance Division</b>	Nature of Debt (Purpose): Payroll tax
Mailing Address P.O. Box 6339	
City State Zip Code Helena MT 59604-6339	

Outstanding Balance Beginning This Period 1048.79	<b>Transaction ID : SD10.6042</b>	
Amount Incurred This Period 0.00	Payment This Period 1048.79	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OnMessage, Inc.</b>	Nature of Debt (Purpose): Media production
Mailing Address 817 Slaters Lane	
City State Zip Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 30941.59	<b>Transaction ID : SD10.6433</b>	
Amount Incurred This Period 0.00	Payment This Period 30941.59	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**MATT ROSENDALE FOR MONTANA**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**OnMessage, Inc.**

Mailing Address 817 Slaters Lane

City State Zip Code  
 Alexandria VA 22314

Nature of Debt (Purpose):  
 Media production

Outstanding Balance Beginning This Period **Transaction ID : SD10.6035**  
 6045.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0.00 6045.00 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**The Prosper Group Corporation**

Mailing Address 435 East Main St., Ste. 250

City State Zip Code  
 Greenwood IN 46143

Nature of Debt (Purpose):  
 Mailer, website expenses

Outstanding Balance Beginning This Period **Transaction ID : SD10.6032**  
 1331.73

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0.00 1331.73 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	314.06
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	1123500.70
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	1123814.76