

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)

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 / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

/ /

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))....	36270.24	107170.19
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	36270.24	107170.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	133820.65	174393.57
(b) Total Offsets to Operating Expenditures (from Line 14).....	166.76	166.76
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	133653.89	174226.81
8. Cash on Hand at Close of Reporting Period (from Line 27).....	432943.38	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	502611.08	

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).....	27450.00	90950.00
(ii) Unitemized.....	5399.00	11798.95
(iii) TOTAL of contributions from individuals ▶	32849.00	102748.95
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1499.00	2499.00
(d) The Candidate.....	1922.24	1922.24
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	36270.24	107170.19
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	250000.00	500000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	250000.00	500000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	166.76	166.76
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)..... ▶	286437.00	607336.95

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	133820.65	174393.57
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	133820.65	174393.57

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	280327.03
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	286437.00
25. SUBTOTAL (add Line 23 and Line 24).....	566764.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	133820.65
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	432943.38

**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 57
	<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	

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) A. Guy T Alonge III		Date of Receipt M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 9 Eliot Dr		Transaction ID : SA11AI.4537
City Slingerlands	State NY	
Zip Code 12159		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Amsure	Occupation President	
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. Leif Anderson		Date of Receipt M M / D D / Y Y Y Y 10 / 26 / 2013
Mailing Address 919 11th St. SW		Transaction ID : SA11AI.4539
City Sidney	State MT	
Zip Code 59270-5207		Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Beagle Properties	Occupation Real Estate Agent	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) C. Summerfield C. Baldrige		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address P.O. Box 607		Transaction ID : SA11AI.4559
City Whitefish	State MT	
Zip Code 59937		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Kootenai Resources	Occupation Petroleum Exploration	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 57
	<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)
Thomas E. Boerboom

Mailing Address 1127 Vista Ridge Lane

City State Zip Code
Shakopee MN 55379

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

Name of Employer Occupation
Welcov Healthcare President/COO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2013

Transaction ID : SA11AI.4565

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
James E. Brown

Mailing Address 108 S. Pacific St.

City State Zip Code
Dillon MT 59725-2753

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

Name of Employer Occupation
self attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 08 / 2013

Transaction ID : SA11AI.4570

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Arthur R. Clinch

Mailing Address 2445 York Rd.

City State Zip Code
Helena MT 59602

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

Name of Employer Occupation
MT Coal Council Executive Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA11AI.4578

Amount of Each Receipt this Period
 500.00

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

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

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MATT ROSENDALE FOR MONTANA

A. Full Name (Last, First, Middle Initial)
Paul J. Contris

Mailing Address 4602 East Foothill Drive

City State Zip Code
Paradise Valley AZ 85253

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

Name of Employer Occupation
Mission Healthcare President

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
 11 / 03 / 2013

Transaction ID : SA11AI.4580

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DM&L Partnership

Mailing Address 201 W. Main St., Suite 201

City State Zip Code
Missoula MT 59802

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

Name of Employer Occupation

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
 10 / 01 / 2013

Transaction ID : SA11AI.4744

Amount of Each Receipt this Period
250.00

See attribution below

C. Full Name (Last, First, Middle Initial)
Dennis E. Lind

Mailing Address 201 W. Main St., Suite 201

City State Zip Code
Missoula MT 59802

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

Name of Employer Occupation
DM&L Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 01 / 2013

Transaction ID : SA11AI.4744.0

Amount of Each Receipt this Period
250.00

Partnership attribution
[MEMO ITEM]

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

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

750.00

**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 57
	<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)
Guelff Lumber

Mailing Address 221 Clough St

City: Glendive State: MT Zip Code: 59330

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

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 700.00

Date of Receipt: 10 / 19 / 2013

Transaction ID : SA11AI.4747

Amount of Each Receipt this Period: 700.00

See attribution below

B. Full Name (Last, First, Middle Initial)
Gerald Guelff

Mailing Address 221 Clough St.

City: Glendive State: MT Zip Code: 59330

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

Name of Employer: Occupation: Guelff Lumber

Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 10 / 19 / 2013

Transaction ID : SA11AI.4747.0

Amount of Each Receipt this Period: 350.00

Partnership attribution

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Janine Guelff

Mailing Address 221 Clough St.

City: Glendive State: MT Zip Code: 59330

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

Name of Employer: Occupation: Owner

Guelff Lumber

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 10 / 19 / 2013

Transaction ID : SA11AI.4747.1

Amount of Each Receipt this Period: 350.00

Partnership attribution

[MEMO ITEM]

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 9 OF 57
	<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)
Robert Hellman

Mailing Address 119 Juniper Ave

City State Zip Code
Glendive MT 59330

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

Name of Employer Information Requested Occupation Information Requested

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
 12 30 2013

Transaction ID : SA11AI.4609

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Charles Heringer III

Mailing Address PO Box 486

City State Zip Code
Billings MT 59103

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

Name of Employer Information Requested Occupation Information Requested

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
 12 20 2013

Transaction ID : SA11AI.4611

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
James R. Johnson

Mailing Address PO Box 1144

City State Zip Code
Troy MT 59935

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

Name of Employer Information Requested Occupation Information Requested
Chlor Rid Marketing

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
 10 31 2013

Transaction ID : SA11AI.4615

Amount of Each Receipt this Period
500.00

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 10 OF 57
	<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) A. James R. Johnson		Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2013
Mailing Address PO Box 1144		Transaction ID : SA11AI.4616
City Troy	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Chlor Rid	Occupation Marketing	
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. Daniel J. Kenneally		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2013
Mailing Address 4000 Hillside		Transaction ID : SA11AI.4620
City Butte	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer Town Pump, Inc	Occupation Businessman	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 900.00	

Full Name (Last, First, Middle Initial) C. Michael E. Kenneally		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2013
Mailing Address 3355 Blacktail Loop Rd		Transaction ID : SA11AI.4622
City Butte	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Town Pump, Inc	Occupation Businessman	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00	

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL 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 11 OF 57
	<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) A. Thomas P. Kenneally		Date of Receipt M M / D D / Y Y Y Y 12 / 13 / 2013	
Mailing Address 1201 Antimony St		Transaction ID : SA11AI.4618	
City Butte	State MT	Zip Code 59701	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00	
Name of Employer Town Pump, Inc	Occupation Businessman		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 900.00		

Full Name (Last, First, Middle Initial) B. Suzanne Kinney		Date of Receipt M M / D D / Y Y Y Y 11 / 12 / 2013	
Mailing Address Box 1855		Transaction ID : SA11AI.4624	
City Kalispell	State MT	Zip Code 59901	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self Employed	Occupation Realtor		
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) C. Donna Kniepkamp		Date of Receipt M M / D D / Y Y Y Y 11 / 22 / 2013	
Mailing Address 3489 Hwy 200 S		Transaction ID : SA11AI.4630	
City Lindsay	State MT	Zip Code 59339	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

SUBTOTAL of Receipts This Page (optional).....	3150.00
TOTAL This Period (last page this line number only).....	3150.00

**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 12 OF 57
	<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)
Austin Knudsen

Mailing Address PO Box 624

City Culbertson State MT Zip Code 59218

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 18 / 2013

Transaction ID : SA11AI.4632

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Janice Knudsen

Mailing Address 157 Frontage Rd

City Malta State MT Zip Code 59538

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 13 / 2013

Transaction ID : SA11AI.4634

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Bruce Kramer

Mailing Address 220 W. Central Ave.

City Missoula State MT Zip Code 59801

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

Name of Employer Consumer Direct Management Solutions Occupation Senior Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 08 / 2013

Transaction ID : SA11AI.4636

Amount of Each Receipt this Period
 1000.00

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

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

1800.00

**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 57
	<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) A. Ty Kuehn		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 207 Ryan Dr.		Transaction ID : SA11AI.4638
City Glendive	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Self Employed	Occupation Pipeline Construction	
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. Toni Martini		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address P.O. Box 196		Transaction ID : SA11AI.4647
City Sidney	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Martini Siding and Windows	Occupation Contractor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) C. Toni Martini		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address P.O. Box 196		Transaction ID : SA11AI.4821
City Sidney	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Martini Siding and Windows	Occupation Contractor	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2750.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL 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 57
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MATT ROSENDALE FOR MONTANA

A. Full Name (Last, First, Middle Initial)
Thomas J. McCarthy

Mailing Address **PO Box 430**

City **Stevensville** State **MD** Zip Code **21666**

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

Name of Employer **Kram & McCarthy** Occupation **CPA**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 08 / 2013

Transaction ID : SA11AI.4649

Amount of Each Receipt this Period
1000.00

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

Mailing Address **PO Box 388**

City **Glendive** State **MT** Zip Code **59330**

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 **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 31 / 2013

Transaction ID : SA11AI.4659

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Dennis D. Nelson

Mailing Address **Box 87**

City **Bainville** State **MT** Zip Code **59212**

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

Name of Employer **Information Requested** Occupation **Information Requested**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 18 / 2013

Transaction ID : SA11AI.4667

Amount of Each Receipt this Period
500.00

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

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

3500.00

**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 15 OF 57
	<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)
Northern Hospitality LLC

Mailing Address 1717 North Merrill Av

City State Zip Code
Glendive MT 59330

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 13 / 2013

Transaction ID : SA11AI.4753

Amount of Each Receipt this Period
500.00

See attribution below (if itemized)

B. Full Name (Last, First, Middle Initial)
Michael O'Hare

Mailing Address 1107 Cold Spring Rd

City State Zip Code
Middle River MD 21220

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
250.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 04 / 2013

Transaction ID : SA11AI.4669

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
John L. Olson

Mailing Address 303 9th St. SE

City State Zip Code
Sidney MT 59270

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

Name of Employer Occupation
Blue Rock Products Co Soft Drink, Beer, Wine Wholesale

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2013

Transaction ID : SA11AI.4671

Amount of Each Receipt this Period
500.00

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

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

1250.00

**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 57
	<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)
Marilyn Olson

Mailing Address 303 9th St. SE

City: Sidney State: MT Zip Code: 59270

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

Name of Employer: Homemaker Occupation: Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 10 / 31 / 2013

Transaction ID : SA11AI.4673

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Zane R. Panasuk

Mailing Address PO Box 612

City: Culbertson State: MT Zip Code: 59218

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

Name of Employer: Information Requested Occupation: Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 11 / 18 / 2013

Transaction ID : SA11AI.4677

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Mary L. Pierson

Mailing Address 223 Dean Road

City: Centreville State: MD Zip Code: 21617

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: 2500.00

Date of Receipt: 10 / 15 / 2013

Transaction ID : SA11AI.4679

Amount of Each Receipt this Period: 2500.00

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

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

3250.00

**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 57
	<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)
Abigail J. St. Lawrence

Mailing Address PO Box 2019

City Helena State MT Zip Code 59624-2019

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

Name of Employer Doney Crowley Bloomquist Payne Uda P.C
Occupation senior associate attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 08 / 2013

Transaction ID : SA11AI.4709

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mark Staples

Mailing Address 101 N Last Chance Gulch

City Helena State MT Zip Code 59601

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

Name of Employer Self Employed
Occupation Attorney

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
 11 / 15 / 2013

Transaction ID : SA11AI.4711

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Deborah Woody

Mailing Address 5225 Lupine Rd.

City Missoula State MT Zip Code 59803

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

Name of Employer Information Requested
Occupation Information 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 Y
 10 / 08 / 2013

Transaction ID : SA11AI.4725

Amount of Each Receipt this Period
1000.00

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

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

1750.00

**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 18 OF 57
	<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)
William F. Woody

Mailing Address 1049 Pattee Canyon Rd.

City Missoula State MT Zip Code 59803

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

Name of Employer Consumer Direct Mgt Solutions Occupation President

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
 10 / 11 / 2013

Transaction ID : SA11Al.4727

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

27450.00

**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 57
	<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)
COAL PAC Montana Coal Council

Mailing Address 2301 Colonial Dr.

City Helena State MT Zip Code 59601-4995

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 Y Y
 10 / 25 / 2013

Transaction ID : SA11C.4739

Amount of Each Receipt this Period
 999.00

B. Full Name (Last, First, Middle Initial)
Dawson Co. Republican Central Comm.

Mailing Address 1112 S. Sargent #2

City Glendive State MT Zip Code 59330

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 Y Y
 11 / 12 / 2013

Transaction ID : SA11C.4742

Amount of Each Receipt this Period
 500.00

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).....

1499.00

1499.00

**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 57
	<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

Full Name (Last, First, Middle Initial) A. Matt Rosendale		Date of Receipt M M / D D / Y Y Y Y 10 / 11 / 2013	
Mailing Address 1954 Hwy 16		Transaction ID : SA11D.4436	
City Glendive	State MT	Zip Code 59330-9218	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 915.22 In-kind - printing, catering, equipment rental, flowers	
Name of Employer State of Montanta	Occupation State Senator		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250915.22		

Full Name (Last, First, Middle Initial) B. Matt Rosendale		Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2013	
Mailing Address 1954 Hwy 16		Transaction ID : SA11D.4778	
City Glendive	State MT	Zip Code 59330-9218	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 91.24 In-kind - Fuel	
Name of Employer State of Montanta	Occupation State Senator		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 251006.46		

Full Name (Last, First, Middle Initial) C. Matt Rosendale		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2013	
Mailing Address 1954 Hwy 16		Transaction ID : SA11D.4816	
City Glendive	State MT	Zip Code 59330-9218	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00 In-kind - Fuel	
Name of Employer State of Montanta	Occupation State Senator		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 251106.46		

SUBTOTAL of Receipts This Page (optional).....	1106.46
TOTAL 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 21 OF 57
	<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)
Matt Rosendale

Mailing Address 1954 Hwy 16

City Glendive State MT Zip Code 59330-9218

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

Name of Employer State of Montanta Occupation State Senator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **251197.85**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 04 / 2013

Transaction ID : SA11D.4783

Amount of Each Receipt this Period
91.39

In-kind - Fuel

B. Full Name (Last, First, Middle Initial)
Matt Rosendale

Mailing Address 1954 Hwy 16

City Glendive State MT Zip Code 59330-9218

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

Name of Employer State of Montanta Occupation State Senator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **251215.75**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 04 / 2013

Transaction ID : SA11D.4787

Amount of Each Receipt this Period
17.90

In-kind - Meals

C. Full Name (Last, First, Middle Initial)
Matt Rosendale

Mailing Address 1954 Hwy 16

City Glendive State MT Zip Code 59330-9218

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

Name of Employer State of Montanta Occupation State Senator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **251238.73**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 04 / 2013

Transaction ID : SA11D.4792

Amount of Each Receipt this Period
22.98

In-kind - Meals

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

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

132.27

**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 22 OF 57
	<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

Full Name (Last, First, Middle Initial) A. Matt Rosendale		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 06 / 2013	
Mailing Address 1954 Hwy 16		Transaction ID : SA11D.4806	
City Glendive	State MT	Zip Code 59330-9218	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 29.85 In-kind - Meals	
Name of Employer State of Montanta	Occupation State Senator		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 251268.58		

Full Name (Last, First, Middle Initial) B. Matt Rosendale		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 07 / 2013	
Mailing Address 1954 Hwy 16		Transaction ID : SA11D.4798	
City Glendive	State MT	Zip Code 59330-9218	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 101.24 In-kind - Fuel	
Name of Employer State of Montanta	Occupation State Senator		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 251369.82		

Full Name (Last, First, Middle Initial) C. Matt Rosendale		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 07 / 2013	
Mailing Address 1954 Hwy 16		Transaction ID : SA11D.4802	
City Glendive	State MT	Zip Code 59330-9218	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.90 In-kind - Meals	
Name of Employer State of Montanta	Occupation State Senator		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 251384.72		

SUBTOTAL of Receipts This Page (optional).....	145.99
TOTAL 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 23 OF 57
	<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

Full Name (Last, First, Middle Initial) A. Matt Rosendale		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2013	
Mailing Address 1954 Hwy 16		Transaction ID : SA11D.4811	
City Glendive	State MT	Zip Code 59330-9218	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer State of Montanta	Occupation State Senator		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 251484.72		

Full Name (Last, First, Middle Initial) B. Matt Rosendale		Date of Receipt M M / D D / Y Y Y Y Y 11 / 11 / 2013	
Mailing Address 1954 Hwy 16		Transaction ID : SA11D.4772	
City Glendive	State MT	Zip Code 59330-9218	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer State of Montanta	Occupation State Senator		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 251584.72		

Full Name (Last, First, Middle Initial) C. Matt Rosendale		Date of Receipt M M / D D / Y Y Y Y Y 11 / 12 / 2013	
Mailing Address 1954 Hwy 16		Transaction ID : SA11D.4765	
City Glendive	State MT	Zip Code 59330-9218	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.17	
Name of Employer State of Montanta	Occupation State Senator		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 251704.89		

SUBTOTAL of Receipts This Page (optional).....	320.17
TOTAL 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 24 OF 57
	<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)
Matt Rosendale

Mailing Address 1954 Hwy 16

City Glendive State MT Zip Code 59330-9218

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

Name of Employer State of Montanta Occupation State Senator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **251828.89**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2013

Transaction ID : SA11D.4827

Amount of Each Receipt this Period
 124.00

In-kind - Fuel

B. Full Name (Last, First, Middle Initial)
Matt Rosendale

Mailing Address 1954 Hwy 16

City Glendive State MT Zip Code 59330-9218

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

Name of Employer State of Montanta Occupation State Senator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **501922.24**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11D.4823

Amount of Each Receipt this Period
 93.35

In-kind - Fuel

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).....

217.35

1922.24

**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 57
	<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 State Zip Code
Glendive MT 59330-9218

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

Name of Employer Occupation
State of Montanta State Senator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
501828.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2013

Transaction ID : SA13A.4529

Amount of Each Receipt this Period
250000.00

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 M	/	D D D	/	Y Y Y Y Y Y
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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
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Amount of Each Receipt this Period

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

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

250000.00

250000.00

**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 26 OF 57	
	<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) A. Accent Print Shop		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2013
Mailing Address P.O. Box 475		Amount of Each Disbursement this Period 310.25 Transaction ID : SB17.4407
City Billings	State CA	
Zip Code 59103	Purpose of Disbursement 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:	

Full Name (Last, First, Middle Initial) B. Accent Print Shop		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address P.O. Box 475		Amount of Each Disbursement this Period 85.25 Transaction ID : SB17.4466
City Billings	State CA	
Zip Code 59103	Purpose of Disbursement 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:	

Full Name (Last, First, Middle Initial) c. Align Media LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address 921 Calvary Ride Trail		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB17.4429
City Austin	State TX	
Zip Code 78732	Purpose of Disbursement Monthly License 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:	

SUBTOTAL of Disbursements This Page (optional).....	2995.50
TOTAL 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 27 OF 57	
	<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) A. Align Media LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 921 Calvary Ride Trail		Amount of Each Disbursement this Period 1300.00 Transaction ID : SB17.4519
City Austin State TX Zip Code 78732	Purpose of Disbursement Monthly License 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. Align Media LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2013
Mailing Address 921 Calvary Ride Trail		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4491
City Austin State TX Zip Code 78732	Purpose of Disbursement Web form integration	
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) c. Best Buy		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address 2450 King Ave W		Amount of Each Disbursement this Period 359.98 Transaction ID : SB17.4449
City Billings State MT Zip Code 59102-6495	Purpose of Disbursement Computer equipment	
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:		

SUBTOTAL of Disbursements This Page (optional).....	1959.98
TOTAL 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 57	
	<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) A. Best Buy		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address 2450 King Ave W		Amount of Each Disbursement this Period 669.97
City Billings	State MT Zip Code 59102-6495	
Purpose of Disbursement Computer equipment	Candidate Name	Transaction ID : SB17.4511
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. Best Western Plus Butte Plaza Inn		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2013
Mailing Address 2900 Harrison Ave.		Amount of Each Disbursement this Period 215.10
City Butte	State MT Zip Code 59701	
Purpose of Disbursement Lodging	Candidate Name	Transaction ID : SB17.4468
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Bittersweet Flower Shop		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 811 South Higgins Ave.		Amount of Each Disbursement this Period 69.00
City Missoula	State MT Zip Code 59801	
Purpose of Disbursement Flowers for event (see transaction #SB17.4437)	Candidate Name	Transaction ID : SB17.4444
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	885.07
TOTAL 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 57	
	<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) A. Cenex Zip Trip #50		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address I-90 426		Amount of Each Disbursement this Period 120.17
City Park City	State MT	
Zip Code 59063	Purpose of Disbursement Fuel (see transaction #SB17.4766)	Transaction ID : SB17.4775 [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. Crossroads Cenex		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 56 Hwy 16		Amount of Each Disbursement this Period 93.35
City Glendive	State MT	
Zip Code 59330	Purpose of Disbursement Fuel (see transaction #SB17.4824)	Transaction ID : SB17.4825 [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) c. Don's Car Wash		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2013
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 #SB17.4773)	Transaction ID : SB17.4776 [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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 57	
	<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) A. Eastgate Rental & Party Center			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013	
Mailing Address 500 East Spruce, Suite C			Amount of Each Disbursement this Period 73.63	
City Missoula	State MT	Zip Code 59802	Transaction ID : SB17.4446	
Purpose of Disbursement Equipment rental (see transaction #SB17.4437)		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. ExxonMobil - Libby #4201			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013	
Mailing Address 1315 Minnesota Ave.			Amount of Each Disbursement this Period 91.39	
City Libby	State MT	Zip Code 59923	Transaction ID : SB17.4785	
Purpose of Disbursement Fuel (see transaction #SB17.4784)		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) C. FedEx Office			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013	
Mailing Address P.O. Box 672085			Amount of Each Disbursement this Period 152.59	
City Dallas	State TX	Zip Code 75267-2085	Transaction ID : SB17.4438	
Purpose of Disbursement Printing (see transaction #SB17.4437)		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: _____			

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL 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 57	
	<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) A. Gober Hilgers PLLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address 2101 Cedar Springs Rd., Ste. 1050		Amount of Each Disbursement this Period 9343.29
City Dallas	State TX	
Zip Code 75201	Purpose of Disbursement Legal & compliance services	Transaction ID : SB17.4470
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. Grand Avenue Development, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address P.O. Box 80945		Amount of Each Disbursement this Period 1300.00
City Billings	State MT	
Zip Code 59108	Purpose of Disbursement Office rent	Transaction ID : SB17.4473
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) C. Grand Avenue Development, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
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 : SB17.4518
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:		

SUBTOTAL of Disbursements This Page (optional).....	11293.29
TOTAL 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 57	
	<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) A. Great American Grill			Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013	
Mailing Address 3720 North Reserve			Amount of Each Disbursement this Period 14.90	
City Missoula	State MT	Zip Code 59808	Transaction ID : SB17.4804	
Purpose of Disbursement Meals (see transaction #SB17.4803)		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. Ethan Heverly			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013	
Mailing Address 1302 24th St. W. Box 366			Amount of Each Disbursement this Period 2968.25	
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.4503	
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) c. Ethan Heverly			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013	
Mailing Address 1302 24th St. W. Box 366			Amount of Each Disbursement this Period 732.04	
City Billings	State MT	Zip Code 59102	Transaction ID : SB17.4421	
Purpose of Disbursement Reimbursement - mileage, postage, post office box rental (see below if itemized)		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:				

SUBTOTAL of Disbursements This Page (optional).....	3700.29
TOTAL 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 57	
	<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) A. The UPS Store #2594		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address 1302 24th St. West		Amount of Each Disbursement this Period 63.00
City Billings	State MT Zip Code 59102	
Purpose of Disbursement Post office box rental		Transaction ID : SB17.4421.1 [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. Ethan Heverly		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address 1302 24th St. W. Box 366		Amount of Each Disbursement this Period 622.18
City Billings	State MT Zip Code 59102	
Purpose of Disbursement Mileage reimbursement		Transaction ID : SB17.4421.2 [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) C. Ethan Heverly		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address 1302 24th St. W. Box 366		Amount of Each Disbursement this Period 3074.10
City Billings	State MT Zip Code 59102	
Purpose of Disbursement Salary		Transaction ID : SB17.4513
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:		

SUBTOTAL of Disbursements This Page (optional).....	3074.10
TOTAL 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 57	
	<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) A. Ethan Heverly		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address 1302 24th St. W. Box 366		Amount of Each Disbursement this Period 675.46 Transaction ID : SB17.4476
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. Ethan Heverly		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2013
Mailing Address 1302 24th St. W. Box 366		Amount of Each Disbursement this Period 3074.10 Transaction ID : SB17.4498
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Hilton Garden Inn Missoula		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2013
Mailing Address 3720 North Reserve St.		Amount of Each Disbursement this Period 129.98 Transaction ID : SB17.4461
City Missoula	State MT Zip Code 59808	
Purpose of Disbursement Lodging	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:		

SUBTOTAL of Disbursements This Page (optional).....	3879.54
TOTAL 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 57	
	<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) A. Hilton Garden Inn Missoula			Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2013	
Mailing Address 3720 North Reserve St.			Amount of Each Disbursement this Period 129.96	
City Missoula	State MT	Zip Code 59808	Transaction ID : SB17.4467	
Purpose of Disbursement Lodging		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. Hilton Garden Inn Missoula			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013	
Mailing Address 3720 North Reserve St.			Amount of Each Disbursement this Period 253.08	
City Missoula	State MT	Zip Code 59808	Transaction ID : SB17.4475	
Purpose of Disbursement Lodging		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) c. IHOP Store #3075			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013	
Mailing Address 2425 US Hwy 93 North			Amount of Each Disbursement this Period 22.98	
City Kalispell	State MT	Zip Code 59901	Transaction ID : SB17.4797	
Purpose of Disbursement Meals (see transaction #SB17.4793)		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:	[MEMO ITEM]		

SUBTOTAL of Disbursements This Page (optional).....	383.04
TOTAL 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 57			
	<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) A. Jorgenson's Inn & Suites		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address 1714 11th Avenue		Amount of Each Disbursement this Period 250.14 Transaction ID : SB17.4523
City Helena	State MT	
Zip Code 59601	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. KAP Strategies		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 229 Evans Lane		Amount of Each Disbursement this Period 20000.00 Transaction ID : SB17.4410
City Alexandria	State VA	
Zip Code 22305	Purpose of Disbursement Survey	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) C. KAP Strategies		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 229 Evans Lane		Amount of Each Disbursement this Period 6705.50 Transaction ID : SB17.4412
City Alexandria	State VA	
Zip Code 22305	Purpose of Disbursement 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:	

SUBTOTAL of Disbursements This Page (optional).....	26955.64
TOTAL 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 57			
	<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) A. KAP Strategies		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address 229 Evans Lane		Amount of Each Disbursement this Period 4714.66
City Alexandria	State VA	
Zip Code 22305	Purpose of Disbursement Printing	Transaction ID : SB17.4419
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. Little Montana Truckstop		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address Hwy 87 South		Amount of Each Disbursement this Period 100.00
City Grass Range	State MT	
Zip Code 59032	Purpose of Disbursement Fuel (see transaction #SB17.4812)	Transaction ID : SB17.4813
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) C. Marathon Strategic Communications		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 3771 Vinecrest Drive		Amount of Each Disbursement this Period 5000.00
City Dallas	State TX	
Zip Code 75229	Purpose of Disbursement Consulting - Strategic	Transaction ID : SB17.4415
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:		

SUBTOTAL of Disbursements This Page (optional).....	9714.66
TOTAL 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 57	
	<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) A. Marathon Strategic Communications		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address 3771 Vinecrest Drive		Amount of Each Disbursement this Period 5000.00
City Dallas State TX Zip Code 75229	Purpose of Disbursement Consulting - Strategic	
Candidate Name		Transaction ID : SB17.4420
Office Sought: <input type="checkbox"/> 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. Marathon Strategic Communications		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 3771 Vinecrest Drive		Amount of Each Disbursement this Period 5000.00
City Dallas State TX Zip Code 75229	Purpose of Disbursement Consulting - Strategic	
Candidate Name		Transaction ID : SB17.4517
Office Sought: <input type="checkbox"/> 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) C. Minnies Montana Cafe		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2013
Mailing Address 921 Main St.		Amount of Each Disbursement this Period 29.85
City Thompson Fall State MT Zip Code 59873	Purpose of Disbursement Meals (see transaction #SB17.4808)	
Candidate Name		Transaction ID : SB17.4809
Office Sought: <input type="checkbox"/> 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]

SUBTOTAL of Disbursements This Page (optional).....	10000.00
TOTAL 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 57			
	<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) A. Montana Department of Revenue		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address PO Box 5835		Amount of Each Disbursement this Period 280.00
City Helena	State MT	
Zip Code 59604	Purpose of Disbursement Payroll tax	Transaction ID : SB17.4516
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. Montana Department of Revenue		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address PO Box 5835		Amount of Each Disbursement this Period 280.00
City Helena	State MT	
Zip Code 59604	Purpose of Disbursement Payroll tax	Transaction ID : SB17.4527
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) c. Mountain West Coop		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address 4570 N Reserve St.		Amount of Each Disbursement this Period 101.24
City Missoula	State MT	
Zip Code 59808	Purpose of Disbursement Fuel (see transaction #SB17.4799)	Transaction ID : SB17.4800 [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:		

SUBTOTAL of Disbursements This Page (optional).....	560.00
TOTAL 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 57			
	<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) A. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2013
Mailing Address 3035 North Sanders		Amount of Each Disbursement this Period 690.00 Transaction ID : SB17.4504
City Helena	State MT	
Zip Code 59601	Purpose of Disbursement Stamps	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. OnMessage, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 705 Melvin Ave. #105		Amount of Each Disbursement this Period 9646.62 Transaction ID : SB17.4451
City Annapolis	State MD	
Zip Code 21401	Purpose of Disbursement Media production expenses	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) c. OnMessage, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 705 Melvin Ave. #105		Amount of Each Disbursement this Period 19984.65 Transaction ID : SB17.4472
City Annapolis	State MD	
Zip Code 21401	Purpose of Disbursement Online advertising	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:	

SUBTOTAL of Disbursements This Page (optional).....	30321.27
TOTAL 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 57			
	<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) A. Optimum		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address 1860 Monad Rd.		Amount of Each Disbursement this Period 340.13
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Utilities	Transaction ID : SB17.4481
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. Red Lion Hotel Kalispell		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address 20 North Main St.		Amount of Each Disbursement this Period 163.38
City Kalispell	State MT	
Zip Code 59901	Purpose of Disbursement Lodging	Transaction ID : SB17.4490
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) c. Matt Rosendale		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 915.22
City Glendive	State MT	
Zip Code 59330-9218	Purpose of Disbursement In-kind - printing, catering, equipment rental, flowers	Transaction ID : SB17.4437
Candidate Name	Category/ Type	
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		

SUBTOTAL of Disbursements This Page (optional).....	1418.73
TOTAL 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 57	
	<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) A. Matt Rosendale		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2013
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 91.24 Transaction ID : SB17.4779
City Glendive	State MT	
Purpose of Disbursement In-kind - Fuel		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. Matt Rosendale		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2013
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.4818
City Glendive	State MT	
Purpose of Disbursement In-kind - Fuel		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) C. Matt Rosendale		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 91.39 Transaction ID : SB17.4784
City Glendive	State MT	
Purpose of Disbursement In-kind - Fuel		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	

SUBTOTAL of Disbursements This Page (optional).....	282.63
TOTAL 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 57	
	<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) A. Matt Rosendale		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 101.24 Transaction ID : SB17.4799
City Glendive	State MT	
Zip Code 59330-9218	Purpose of Disbursement In-kind - Fuel	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. Matt Rosendale		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 14.90 Transaction ID : SB17.4803
City Glendive	State MT	
Zip Code 59330-9218	Purpose of Disbursement In-kind - Meals	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) c. Matt Rosendale		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.4812
City Glendive	State MT	
Zip Code 59330-9218	Purpose of Disbursement In-kind - Fuel	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	

SUBTOTAL of Disbursements This Page (optional).....	216.14
TOTAL 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 57			
	<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) A. Matt Rosendale		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2013
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.4773
City Glendive	State MT	
Purpose of Disbursement In-kind - Fuel		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. Matt Rosendale		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 120.17 Transaction ID : SB17.4766
City Glendive	State MT	
Purpose of Disbursement In-kind - Fuel		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) c. Matt Rosendale		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 124.00 Transaction ID : SB17.4828
City Glendive	State MT	
Purpose of Disbursement In-kind - Fuel		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	

SUBTOTAL of Disbursements This Page (optional).....	344.17
TOTAL 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 57	
	<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) A. Matt Rosendale		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 1954 Hwy 16		Amount of Each Disbursement this Period 93.35 Transaction ID : SB17.4824
City Glendive	State MT	
Zip Code 59330-9218	Purpose of Disbursement In-kind - Fuel	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. The Prosper Group Corporation		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2013
Mailing Address 435 East Main St., Ste. 250		Amount of Each Disbursement this Period 812.40 Transaction ID : SB17.4409
City Greenwood	State IN	
Zip Code 46143	Purpose of Disbursement Website expenses	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) c. The Prosper Group Corporation		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address 435 East Main St., Ste. 250		Amount of Each Disbursement this Period 592.45 Transaction ID : SB17.4448
City Greenwood	State IN	
Zip Code 46143	Purpose of Disbursement Website expenses & email management	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:	

SUBTOTAL of Disbursements This Page (optional).....	1498.20
TOTAL 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 57	
	<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) A. The Prosper Group Corporation		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 435 East Main St., Ste. 250		Amount of Each Disbursement this Period 4380.00 Transaction ID : SB17.4465
City Greenwood State IN Zip Code 46143	Purpose of Disbursement Website expenses & email management	
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. The Prosper Group Corporation		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 435 East Main St., Ste. 250		Amount of Each Disbursement this Period 275.00 Transaction ID : SB17.4489
City Greenwood State IN Zip Code 46143	Purpose of Disbursement Website expenses	
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) c. The Trading Post		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2013
Mailing Address 1225 Mallowney Ln		Amount of Each Disbursement this Period 91.24 Transaction ID : SB17.4780 [MEMO ITEM]
City Billings State MT Zip Code 59101	Purpose of Disbursement Fuel (see transaction #SB17.4779)	
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:		

SUBTOTAL of Disbursements This Page (optional).....	4655.00
TOTAL 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 48 OF 57			
	<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) A. The UPS Store #2594		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 1302 24th St. West		Amount of Each Disbursement this Period 750.00
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Stamps	Transaction ID : SB17.4453
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. Thriftway SS #12		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2013
Mailing Address 404 S. Broadway		Amount of Each Disbursement this Period 100.00
City Manhattan	State MT	
Zip Code 59741	Purpose of Disbursement Fuel (see transaction #SB17.4818)	Transaction ID : SB17.4819
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) c. Trademark Strategies, LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 4000 Ford Rd.		Amount of Each Disbursement this Period 3350.00
City Billings	State MT	
Zip Code 59601	Purpose of Disbursement Field consulting	Transaction ID : SB17.4487
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:		

SUBTOTAL of Disbursements This Page (optional).....	4100.00
TOTAL 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 57	
	<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) A. Two Sisters Catering		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address PO Box 9094		Amount of Each Disbursement this Period 620.00
City Missoula	State MT	
Zip Code 59807	Purpose of Disbursement Catering (see transaction #SB17.4437)	Transaction ID : SB17.4440
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. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address PO Box 37941		Amount of Each Disbursement this Period 1157.60
City Hartford	State CT	
Zip Code 06176-7941	Purpose of Disbursement Payroll tax	Transaction ID : SB17.4515
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) c. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address PO Box 37941		Amount of Each Disbursement this Period 1719.46
City Hartford	State CT	
Zip Code 06176-7941	Purpose of Disbursement Payroll tax	Transaction ID : SB17.4477
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:		

SUBTOTAL of Disbursements This Page (optional).....	2877.06
TOTAL 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 57	
	<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) A. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address PO Box 37941		Amount of Each Disbursement this Period 1719.46 Transaction ID : SB17.4524
City Hartford	State CT	
Zip Code 06176-7941	Purpose of Disbursement Payroll tax	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. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address 8300 NE Underground Dr. Pillar 210		Amount of Each Disbursement this Period 1151.75 Transaction ID : SB17.4456
City Kansas City	State MO	
Zip Code 64144-0001	Purpose of Disbursement Stamps	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) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 8300 NE Underground Dr. Pillar 210		Amount of Each Disbursement this Period 691.75 Transaction ID : SB17.4502
City Kansas City	State MO	
Zip Code 64144-0001	Purpose of Disbursement Stamps	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:	

SUBTOTAL of Disbursements This Page (optional).....	3562.96
TOTAL 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 57	
	<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) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2013
Mailing Address 8300 NE Underground Dr. Pillar 210		Amount of Each Disbursement this Period 2761.75
City Kansas City	State MO	
Zip Code 64144-0001	Purpose of Disbursement Stamps	Transaction ID : SB17.4528
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. Venture Inn Restaurant		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 443 Hwy 2 West		Amount of Each Disbursement this Period 17.90
City Libby	State MT	
Zip Code 59923	Purpose of Disbursement Meals (see transaction #SB17.4788)	Transaction ID : SB17.4789
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:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Craig Wichman		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address 1302 24th St. W. Box 366		Amount of Each Disbursement this Period 1585.44
City Billings	State MT	
Zip Code 59102	Purpose of Disbursement Salary	Transaction ID : SB17.4514
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:		

SUBTOTAL of Disbursements This Page (optional).....	4347.19
TOTAL 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 57	
	<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) A. Craig Wichman		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2013
Mailing Address 1302 24th St. W. Box 366		Amount of Each Disbursement this Period 1585.44
City Billings	State MT Zip Code 59102	
Purpose of Disbursement Salary	Candidate Name	Transaction ID : SB17.4497
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. Scott Yeldell		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 713 Patchway Ln		Amount of Each Disbursement this Period 1610.56
City Austin	State TX Zip Code 78748	
Purpose of Disbursement Reimbursement - airfare, rental car, fuel (see below if itemized)	Candidate Name	Transaction ID : SB17.4831
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 233 S. Wacker Drive		Amount of Each Disbursement this Period 536.60
City Chicago	State IL Zip Code 60606	
Purpose of Disbursement Airfare	Candidate Name	Transaction ID : SB17.4831.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	3196.00
TOTAL 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 57	
	<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) A. Enterprise Rent-A-Car		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 850 Gallatin Field Rd. Ste. 7		Amount of Each Disbursement this Period 556.85
City Belgrade	State MT	Zip Code 59714-8546
Purpose of Disbursement Rental car	Category/Type	
Candidate Name	Transaction ID : SB17.4831.1	
Office Sought: <input type="checkbox"/> 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. Your Turn		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 7505 Hwy 35		Amount of Each Disbursement this Period 124.00
City Bigford	State TN	Zip Code 59911
Purpose of Disbursement Fuel (see transaction #SB17.4828)	Category/Type	
Candidate Name	Transaction ID : SB17.4829	
Office Sought: <input type="checkbox"/> 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) C.		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	Transaction ID	
Office Sought: <input type="checkbox"/> 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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	132291.19

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

59330-9218

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

07 / 31 / 2013

Date Due

None

Interest Rate

0.00 % (apr)

Secured:

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**

LOAN SOURCE Full Name (Last, First, Middle Initial) Matt Rosendale	[PERSONAL FUNDS]	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	59330-9218

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 Y	M / D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	200000.00
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/10.4529

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

59330-9218

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)..... ▶

500000.00

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

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 Gober Hilgers PLLC		Nature of Debt (Purpose): Legal & compliance fees
Mailing Address 2101 Cedar Springs Rd., Ste. 1050		
City	State	Zip Code
Dallas	TX	75201

Outstanding Balance Beginning This Period	Transaction ID : SD10.4493	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2611.08"/>	<input type="text" value="0.00"/>	<input type="text" value="2611.08"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Prosper Group Corporation		Nature of Debt (Purpose): Website Expenses
Mailing Address 435 East Main St., Ste. 250		
City	State	Zip Code
Greenwood	IN	46143

Outstanding Balance Beginning This Period	Transaction ID : SD10.4373	
<input type="text" value="812.40"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="812.40"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="2611.08"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="2611.08"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="500000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="502611.08"/>