PAGE 1/7 =

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Matt Rosendale for Montana PO Box 4907 ADDRESS (number and street) (Check if address is changed) Helena 59604-4907 MT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS COMPLIANCE@RIGHTSIDECOMPLIANCE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.MATTFORMONTANA.COM (Check if address is changed) DATE 2021 C00548289 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. HOBBS, CABELL, , , Type or Print Name of Treasurer HOBBS, CABELL, , , [Electronically Filed] 06 15 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FEC Form 1 (Revised 02/2000)	Page 2				
FEC Form 1 (Revised 02/2009) TYPE OF COMMITTEE	Page 2				
Candidate Committee:					
(a) This committee is a principal campaign committee. (Complete the candidate information below	ow.)				
This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate Rosendale, Matt, , Mr.,					
Candidate Party Affiliation REP Office Sought: House Senate President	State MT t District				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate					
Party Committee:					
(National, State (d) This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Political Action Committee (PAC):					
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	connected organization is a				
Corporation Corporation w/o Capital Stock	Labor Organization				
Membership Organization Trade Association	Cooperative				
In addition, this committee is a Lobbyist/Registrant PAC.					
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	e segregated fund or party				
In addition, this committee is a Lobbyist/Registrant PAC.					
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint Fundraising Representative:					
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidal					
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds fo committees/organizations, none of which is an authorized committee of a federal candidate.					
Committees Participating in Joint Fundraiser					
1. FEC ID number					
2. FEC ID number					
3.					
4. FEC ID number C					

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	. ago C
Matt Rosendale for Montana	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
FREEDOMWORKS VICTORY 2021	
111 K ST NE Mailing Address	
SUITE 600 WASHINGTON DC 20002	
CITY STATE Z	IP CODE
Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Lead	lership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in posses books and records. 	ession of committee
HOBBS, CABELL, , , Full Name	
PO BOX 4907 Mailing Address	
HELENA MT 59604	
Title or Position CITY STATE Z	IP CODE
ASSISTANT TREASURER Telephone number	
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	e and address of
Full Name GALT, ERROL, , ,	1
of Treasurer 4071 RANCH LANE	
Mailing Address	
MARTINORALE	
MARTINSDALE MT 59053	
CITY STATE ZI Title or Position TREASURER Hold Telephone number Telephone number	72 - 3312

Full Name of Designated Agent	HOBBS, CABELL, , ,	
Mailing Address	PO BOX 4907	
	HELENA MT 59604 CITY STATE ZIP C	CODE
Title or Position ASSISTANT TRE	EASURER Telephone number]-[
safety deposit box	Depositories: List all banks or other depositories in which the committee deposits funds, holds accourse or maintains funds.	ounts, rents
Name of Bank, D	Pepository, etc.	1 1 1 1 1
Name of Bank, D Mailing Address		
	EAGLEBANK	
	EAGLEBANK	
	EAGLEBANK 2001 K ST NW WASHINGTON DC 20006	DODE
	EAGLEBANK 2001 K ST NW WASHINGTON CITY STATE ZIP C	DODE
Mailing Address Name of Bank, D	EAGLEBANK 2001 K ST NW WASHINGTON CITY STATE ZIP C	DODE
Mailing Address	EAGLEBANK 2001 K ST NW WASHINGTON CITY STATE ZIP C Depository, etc. TRUIST/BB&T BANK 1909 K ST NW	CODE
Mailing Address Name of Bank, D	EAGLEBANK 2001 K ST NW WASHINGTON CITY STATE ZIP C Depository, etc.	CODE

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

FEC Form 1S (Revised 02/2017)

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n). Joint Fundraisin		FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spor
ROSENDALE MA	JORITY COMMITTEE		
Mailing Address	PO BOX 9891		
	ARLINGTON	VA	22219
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify			Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optional)		
esignated Agent: Identify Full Name Line Mailing Address	by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	ries: List all banks or other depositories in which saintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	ries: List all banks or other depositories in which saintains funds.	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page ___ **of** ____

(g) or (h).	Joint Fundraising	g Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	C
		Organization, Affiliated Committee, Joint Fundrai	ising Representativ	e, or Leadership PAC Sponsor
RC L_	OSENDALE VIC	TORY FUND		
		1390 CHAIN BRIDGE ROAD #515		
I	Mailing Address			
		MCLEAN	L VA	22101
I	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	nated Agent: Identify	by name, address (phone number – optional)		
Fu		by name, address (phone number – optional)		
Fu	III Name	by name, address (phone number – optional)		
Fu	III Name	by name, address (phone number – optional)		
Fu Ma	III Name	CITY A	STATE A	ZIP CODE A
Fu Ma	ailing Address	CITY A	STATE A	ZIP CODE A
Fu Ma T Banks safety Name	ailing Address	CITY CITY Tele ies: List all banks or other depositories in which the	ephone Number	
Fu Ma T Banks safety Name	ailing Address ITLE OR POSITION or Other Depositor deposit boxes or ma of Bank, itory, etc.	CITY CITY Tele ies: List all banks or other depositories in which the	ephone Number	

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

FEC Form 1S (Revised 02/2017)

Page _____ **of** _____

5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative	, or Leadership PAC Sponsor
	TAKE BACK THE	HOUSE 2O22		I
	Mailing Address	PO BOX 30844		
		1		
		BETHESDA	MD	20824
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	I Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1	1 1 . 1	1
		CITY A	STATE A	ZIP CODF ▲
	TITLE OR POSITION	1	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	•	STATE ▲	ZIP CODE 🛦
0		▼ 	elephone Number	
9.		Tes: List all banks or other depositories in which	elephone Number	
9.	Banks or Other Depositor	ries: List all banks or other depositories in which intains funds.	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which intains funds.	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	elephone Number	