

Image# 202402139619761332

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Rosendale, Matt, , Mr.,			2. Candidate's FEC Identification Number S8MT00234	
(b) Address (number and street) PO Box 4907		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Helena MT 59604-4907		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate	6. State & District of Candidate MT 00		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Matt Rosendale for Montana		
(b) Address (number and street) PO Box 4907		
(c) City, State, and ZIP Code Helena MT 59604		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State, and ZIP Code		

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

Signature of Candidate Rosendale, Matt, , Mr.,	Date 02/13/2024
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

ROSENDALE VICTORY FUND

(b) Address (number and street)

1390 CHAIN BRIDGE ROAD #515

(c) City, State, and ZIP Code

MCLEAN

VA

22101

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

ROSENDALE MAJORITY FUND

(b) Address (number and street)

PO BOX 4907

(c) City, State, and ZIP Code

HELENA

MT

59604

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

ROSENDALE GAETZ 2024

(b) Address (number and street)

PO BOX 4907

(c) City, State, and ZIP Code

HELENA

MT

59604

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code