

**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)

PO Box 4907

Check if different
than previously
reported. (ACC)

Helena

MT

59604-4907

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00548289

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

MT

00

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

01

Y Y Y Y

2025

through

M M / D D / Y Y Y Y

03

D D / Y Y Y Y

31

Y Y Y Y

2025

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 HOBBS, CABELL, , ,

Signature of Treasurer

HOBBS, CABELL, , ,

Date

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

14

Y Y Y Y

2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Matt Rosendale for Montana

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2025

To:

MM / DD / YYYY
03 / 31 / 2025

	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))	0.00	772271.22
(b) Total Contribution Refunds (from Line 20(d))	0.00	284857.15
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	487414.07
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	26873.89	1132000.98
(b) Total Offsets to Operating Expenditures (from Line 14)	914.77	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	25959.12	1132000.98
8. Cash on Hand at Close of Reporting Period (from Line 27)	144139.32	
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)	123500.70	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Matt Rosendale for Montana

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2025

To:

MM / DD / YYYY
03 / 31 / 2025**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).....

0.00

485436.44

(ii) Unitemized

0.00

98334.78

(iii) TOTAL of contributions
from individuals ▶

0.00

583771.22

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

188500.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

0.00

772271.22

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

358939.28

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

914.77

0.00

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

5.64

23.89

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

920.41

1131234.39

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	26873.89	1132000.98
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	750000.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	750000.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	243657.15
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	41200.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	284857.15
21. OTHER DISBURSEMENTS	0.00	22017.50
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	776873.89	1438875.63

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	920092.80
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	920.41
25. SUBTOTAL (add Line 23 and Line 24).....	921013.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	776873.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	144139.32

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 18

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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

NAME OF COMMITTEE (In Full)

Matt Rosendale for Montana

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

99.00

Transaction ID : SB.1

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TRUIST

Mailing Address 1445 NEW YORK AVE NW 4TH FL

City
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

20.00

Transaction ID : SB.2

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TRUIST

Mailing Address 1445 NEW YORK AVE NW 4TH FL

City
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

200.00

Transaction ID : SB.3

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

319.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Matt Rosendale for Montana

Full Name (Last, First, Middle Initial)

A. TRUIST

Mailing Address 1445 NEW YORK AVE NW 4TH FL

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		21		2025

City
WASHINGTONState
DCZip Code
20005

FEC Identification Number

C

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

15.00

Transaction ID : SB.4

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. INTUIT

Mailing Address 2700 COAST AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2025

City
MOUNTAIN VIEWState
CAZip Code
94043

FEC Identification Number

C

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

99.00

Transaction ID : SB.6

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. TRUIST

Mailing Address 1445 NEW YORK AVE NW 4TH FL

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		21		2025

City
WASHINGTONState
DCZip Code
20005

FEC Identification Number

C

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

30.00

Transaction ID : SB.7

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

144.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Matt Rosendale for Montana

Full Name (Last, First, Middle Initial)

A. TRUIST

Mailing Address 1445 NEW YORK AVE NW 4TH FL

City
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 21 / 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

200.00

Transaction ID : SB.8

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TRUIST

Mailing Address 1445 NEW YORK AVE NW 4TH FL

City
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 21 / 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : SB.9

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 07 / 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

99.00

Transaction ID : SB.10

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

314.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Matt Rosendale for Montana

Full Name (Last, First, Middle Initial)

A. TRUIST

Mailing Address 1445 NEW YORK AVE NW 4TH FL

City
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : SB.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LEX POLITICA PLLC

Mailing Address PO BOX 341016

City
AUSTINState
TXZip Code
78734Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

378.00

Transaction ID : SB.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RIGHTSIDE COMPLIANCE

Mailing Address PO BOX 341027

City
AUSTINState
TXZip Code
78734Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

13500.00

Transaction ID : SB.12

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

13893.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Matt Rosendale for Montana

Full Name (Last, First, Middle Initial)

A. ROSENDALE, MATT, , ,

Mailing Address PO BOX 4907

City
HELENAState
MTZip Code
59504Purpose of Disbursement
MOVING SERVICESCandidate Name
ROSENDALE, MATT, , ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: MT District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2025

FEC Identification Number

C H4MT00050

Amount of Each Disbursement this Period

4167.41

Transaction ID : SB.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. EXXON MOBILE

Mailing Address 5959 LAS COLINAS BLVD

City
IRVINGState
TXZip Code
75039Purpose of Disbursement
MOVING SERVICES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

236.55

Transaction ID : SB17RB04

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. HOLIDAY STATIONSTORE

Mailing Address 3226 ROSEBUD DR

City
BILLINGSState
MTZip Code
59102Purpose of Disbursement
MOVING SERVICES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

100.54

Transaction ID : SB17RB03

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4167.41

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Matt Rosendale for Montana

Full Name (Last, First, Middle Initial)

A. UHAUL

Mailing Address PO BOX 21502

City
PHOENIXState
AZZip Code
85036Purpose of Disbursement
MOVING SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

3145.11

Transaction ID : SB17RB01

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. VARMA, AASHKA, , ,

Mailing Address PO BOX 4907

City
HELENAState
MTZip Code
59504Purpose of Disbursement
ADMIN/SCHEDULING SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

8000.00

Transaction ID : SB.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8000.00

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

26837.41

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Matt Rosendale for Montana

Full Name (Last, First, Middle Initial)

A. ROSENDALE, MATT, , ,

Mailing Address PO BOX 4907

City
HELENAState
MTZip Code
59504Purpose of Disbursement
LOAN REPAYMENTCandidate Name
ROSENDALE, MATT, , ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: MT District: 02

Date of Disbursement

M M	D D	Y Y Y Y
03	25	2025

FEC Identification Number

☒ H4MT00050

Amount of Each Disbursement this Period

400000.00

Transaction ID : SB.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROSENDALE, MATT, , ,

Mailing Address PO BOX 4907

City
HELENAState
MTZip Code
59504Purpose of Disbursement
LOAN REPAYMENTCandidate Name
ROSENDALE, MATT, , ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: MT District: 02

Date of Disbursement

M M	D D	Y Y Y Y
03	25	2025

FEC Identification Number

☒ H4MT00050

Amount of Each Disbursement this Period

100000.00

Transaction ID : SB.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROSENDALE, MATT, , ,

Mailing Address PO BOX 4907

City
HELENAState
MTZip Code
59504Purpose of Disbursement
LOAN REPAYMENTCandidate Name
ROSENDALE, MATT, , ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: MT District: 02

Date of Disbursement

M M	D D	Y Y Y Y
03	25	2025

FEC Identification Number

☒ H4MT00050

Amount of Each Disbursement this Period

250000.00

Transaction ID : SB.18

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

750000.00

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

750000.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 13 OF 18

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10131217

Matt Rosendale for Montana

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2014

☒ Primary REINSTATED☐ General☐ Other (specify) ▼

ROSENDALE, MATT, , ,

Mailing Address

1954 HWY 16

City

GLENDDIVE

State

MT

ZIP Code

59330

☒ Personal Funds of the Candidate

Original Amount of Loan

250000.00

Cumulative Payment To Date

250000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 17 / 2013M M / D D / Y Y Y Y
NONE

0.00 % (apr)

☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

0.00

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

PAGE 14 OF 18

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10140421

Matt Rosendale for Montana

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2014

☒ Primary REINSTATED☐ General☐ Other (specify) ▼

ROSENDALE, MATT, , ,

Mailing Address

1954 HWY 16

City

GLEN DIVE

State

MT

ZIP Code

59330

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

100000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 / 21 / 2014M M / D D / Y Y Y Y
/ / NONEM M / D D / Y Y Y Y
/ / NONEM M / D D / Y Y Y Y
/ / NONE

0.00

% (apr)

☐ Yes☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

0.00

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

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10140404

Matt Rosendale for Montana

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2014

☒ Primary REINSTATED☐ General☐ Other (specify) ▼

ROSENDALE, MATT, , ,

Mailing Address

1954 HWY 16

City

GLEN DIVE

State

MT

ZIP Code

59330

☒ Personal Funds of the Candidate

Original Amount of Loan

400000.00

Cumulative Payment To Date

400000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 / 25 / 2014

M M / D D / Y Y Y Y

D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

0.00

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

PAGE 16 OF 18

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10140523

Matt Rosendale for Montana

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2014

☒ Primary REINSTATED☐ General☐ Other (specify) ▼

ROSENDALE, MATT, , ,

Mailing Address

1954 HWY 16

City

GLEN DIVE

State

MT

ZIP Code

59330

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 23 / 2014M M / D D / Y Y Y Y
/ / NONEM M / D D / Y Y Y Y
/ / NONEM M / D D / Y Y Y Y
/ / NONE

0.00

% (apr)

☐ Yes☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

40000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10140616

Matt Rosendale for Montana

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2014

☒ Primary REINSTATED☐ General☐ Other (specify) ▼

ROSENDALE, MATT, , ,

Mailing Address

1954 HWY 16

City

GLEN DIVE

State

MT

ZIP Code

59330

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 16 / 2014

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

25000.00

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

PAGE 18 OF 18

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10140625

Matt Rosendale for Montana

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2014

☒ Primary REINSTATED☐ General☐ Other (specify) ▼

ROSENDALE, MATT, , ,

Mailing Address

1954 HWY 16

City

GLENDDIVE

State

MT

ZIP Code

59330

☒ Personal Funds of the Candidate

Original Amount of Loan

58500.70

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

58500.70

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 25 / 2014M M / D D / Y Y Y Y
/ / NONEM M / D D / Y Y Y Y
/ /M M / D D / Y Y Y Y
/ /M M / D D / Y Y Y Y
/ /M M / D D / Y Y Y Y
/ /M M / D D / Y Y Y Y
/ /M M / D D / Y Y Y Y
/ /M M / D D / Y Y Y 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).....▶

58500.70

TOTALS This Period (last page in this line only).....▶

123500.70

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