Only

## STATEMENT OF

PAGE 1/8

**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 2022 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] 03 18 2022 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

Local 202-694-1100

F	EC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE	OF C	COMMITTEE	
Can	didate	e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complet information below.)	e the candidate
Name Cand		Rosendale, Matt, , Mr.,	
Cand		Office REP Sought: X House Senate President	State
Party	Affiliati	on REP Sought: X House Senate President	District 02
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	mocratic, ublican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ted organization is a:
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association Co	ooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated 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.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.	FEC ID number C	
	4.		

FEC <b>Form 1</b> (Revised 02	2/2009)	Page <b>3</b>
Write or Type Committee Name		
Matt Rosendale	for Montana	
6. Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
FREEDOMWORKS VIO	CTORY 2022  PO BOX 26141  ALEXANDRIA  CITY  STATE	ZIP CODE
	Organization X Affiliated Committee Joint Fundraising Representative Left of J	eadership PAC Sponsor  ossession of committee
HOBBS, CA Full Name  Mailing Address	ABELL, , , , PO BOX 4907  HELENA MT 59604	
Title or Position	CITY STATE	ZIP CODE
ASSISTANT TREASURER	Telephone number	
<ol> <li>Treasurer: List the name and any designated agent (e.g., as</li> </ol>	address (phone number optional) of the treasurer of the committee; and the nasistant treasurer).	ame and address of
Full Name GALT, ERR of Treasurer  Mailing Address	OL, , , , 4071 RANCH LANE  MARTINSDALE  CITY  STATE	ZIP CODE
Title or Position TREASURER	Telephone number 406 –	572 - 3312

FEC Form 1 (F	Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent HOI	BBS, CABELL, , ,	
Mailing Address	PO BOX 4907	
	HELENA MT 59604  CITY STATE	ZIP CODE
Title or Position ASSISTANT TREASU	URER Telephone number	
Banks or Other Deposit safety deposit boxes of	ositories: List all banks or other depositories in which the committee deposits funds, holior maintains funds.	
Name of Bank, Depos		
Name of Bank, Depos	sitory, etc.	
Name of Bank, Depos	Sitory, etc.  AGLE BANK	
Name of Bank, Depos	Sitory, etc.  AGLE BANK	
Name of Bank, Depos	AGLE BANK  2001 K ST NW	ZIP CODE
Name of Bank, Depos	AGLE BANK  2001 K ST NW  WASHINGTON  CITY  STATE	ZIP CODE
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	AGLE BANK  2001 K ST NW  WASHINGTON  CITY  STATE	ZIP CODE
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	AGLE BANK  2001 K ST NW  WASHINGTON  CITY  STATE  Sitory, etc.  RUIST/BB&T BANK	ZIP CODE

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

(h). <b>Joint Fundrais</b>			
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
l	d Constitution Affiliated Constitution Laint Foun	ducinia a Dominia adalah	Loodonskin DAO Corona
ROSENDALE H	d Organization, Affiliated Committee, Joint Fun ARRIS 2022	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 4907		
	HELENA 	MT	59604
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Joint	int Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Ident		int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Ident		int Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Ident		int Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Ident	ify by name, address (phone number – optional)		
Pesignated Agent: Ident	ify by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Ident  Full Name   Mailing Address  TITLE OR POSITIO	ify by name, address (phone number – optional)		
Pesignated Agent: Ident Full Name Mailing Address  TITLE OR POSITIO	ify by name, address (phone number – optional)  CITY   COTY  COTION IN TOTAL CONTROL OF THE PROPERTY OF THE PR	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name	ify by name, address (phone number – optional)  CITY   CITY   Cories: List all banks or other depositories in which anintains funds.  S FARGO BANK	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name	ify by name, address (phone number – optional)  CITY   CITY   Cories: List all banks or other depositories in which anintains funds.  S FARGO BANK	STATE A Telephone Number	ZIP CODE A

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

h). <b>Joint Fundraisi</b> r		FEC ID number	C
1.			C
2.		FEC ID number	
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
ROSENDALE MA	AJORITY FUND		
<u> </u>			
	PO BOX 4907		
Mailing Address	10 201 400		
	HELENA	MT	59604
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC S
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)  CITY		
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, YELL	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, YELL	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.  DWSTONE BANK	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.  DWSTONE BANK	STATE A	ZIP CODE A

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

5(g) o	r(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected ROSENDALE VIC	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	1390 CHAIN BRIDGE ROAD #515		
		MCLEAN	VA	22101
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name			
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name Mailing Address	CITY A	STATE A	ZIP CODE A
9.	Full Name Mailing Address  TITLE OR POSITION	CITY   CITY   Tele  ries: List all banks or other depositories in which the intains funds.	ephone Number	
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or ma	CITY   CITY   Tele  ries: List all banks or other depositories in which the intains funds.	ephone Number	s funds, holds accounts, rents
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY   CITY   Tele  ries: List all banks or other depositories in which the intains funds.	ephone Number	s funds, holds accounts, rents

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

h). Joint Fundraisin	g Faiticipant.				
1.				FEC ID number	
2.				FEC ID number	C
3.				FEC ID number	C
4.				FEC ID number	C
			loint Fundrai	sing Representati	ve, or Leadership PAC Spo
TAKE BACK THE	HOUSE 2022	: 			
Mailing Address	PO BOX 30844				
	BETHESDA			MD	20824
Relationship:		CITY ▲		STATE 4	XIP CODE ▲
		Affiliated Committee		Fundraising Represer	Leadership PAC S
				Fundraising Represer	ntative Leadership PAC S
esignated Agent: Identify				Fundraising Represer	Leadership PAC S
esignated Agent: Identify				Fundraising Represer	Leadership PAC S
esignated Agent: Identify	by name, address		optional)		Leadership PAC S
esignated Agent: Identify  Full Name	by name, address	(phone number – c	optional)		
esignated Agent: Identify	by name, address	(phone number – c	optional)		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or ma	by name, address	(phone number – c	optional)	STATE A	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or ma	by name, address	(phone number – c	optional)	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor dety deposit boxes or maintenance of Bank, expository, etc.	by name, address	(phone number – c	optional)	STATE A	ZIP CODE A