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FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An A	uthorized Com	mittee		Office Use Only				
NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typing er the lines.	, type	12FE4M5				
MATT ROSENDALE	FOR MONTA	NA							
ADDRESS (number and street)	1954 HWY 16								
Check if different than previously reported. (ACC)	GLENDIVE				MT 5	9330			
2. FEC IDENTIFICATION N	IUMRER ▼	CITY ▲		(STATE A	ZIP CODE ▲			
C C00548289		3. IS THIS REPORT	NEW (N)	OR	AMENDE (A)	STATE ▼ DISTRICT			
4. TYPE OF REPORT (C (a) Quarterly Reports:	hoose One)	(b) 12-Day PRE	-Election Repor	t for the:		_			
X April 15 Quarterly	Report (Q1)		Primary (12P)		General (12	G) Runoff (12R)			
July 15 Quarterly			Convention (1	2C)	Special (12	S)			
October 15 Quart		Election on	M M /	D D /	Y Y Y Y	in the State of			
January 31 Year-E	End Report (YE)	(c) 30-Day POST -Election Report for the:							
			General (30G)		Runoff (30F	Special (30S)			
Termination Repo	t (TER)	Election on	M M /	D D /	YYYY	in the State of			
5. Covering Period	01 / 01 /	Y Y Y Y Y Y 2017	through	M M 03	/ 31 /	Y Y Y Y 2017			
I certify that I have examined to	VanCanagan,	•	owledge and b	elief it is tro	ue, correct and	complete.			
Va Signature of Treasurer	nCanagan, Bill, , Mr.,		[Electronically F	iled] [Date 04	/ 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
NOTE: Submission of false, error	neous, or incomplet	e information may	subject the pers	on signing t	his 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

2017

01

01

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2017

03

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

MATT ROSENDALE FOR MONTANA

Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 205682.19 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 18450.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 187232.19 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 305.00 1324635.43 (from Line 17) (b) Total Offsets to Operating 16126.49 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 305.00 1308508.94 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 5908.02 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 236693.20 Schedule C and/or Schedule D).....

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 05/2016)

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Write or Type Committee Name

MATT ROSENDALE FOR MONTANA

01 2017 03 01 31 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 164748.00 (i) Itemized (use Schedule A)..... 29363.95 0.00 (ii) Unitemized (iii) TOTAL of contributions 0.00 194111.95 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 8524.00 (such as PACs) 0.00 3046.24 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 205682.19 0.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 1133500.70 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 1133500.70 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 16126.49 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 0.00 1355309.38 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3 (Revised 05/2016)

COLUMN A COLUMN B II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 305.00 1324635.43 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 10000.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 0.00 10000.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other 0.00 18450.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs) TOTAL CONTRIBUTION REFUNDS 0.00 18450.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 305.00 1353085.43 (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 6213.02 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 0.00 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... 6213.02 25. SUBTOTAL (add Line 23 and Line 24)..... 305.00 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD 5908.02 (subtract Line 26 from Line 25).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:					PA	GE	5	0	F	9
(check only one)										
	X	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) Date of Disbursement Google 2017 01 03 Mailing Address 1600 Ampitheatre Pkwy. City State Zip Code **FEC Identification Number** CA Mountain View 94043 Purpose of Disbursement Subscription Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: 20.00 Senate Primary General Transaction ID: SB17.7902 Other (specify) President Memo Item District: State: Full Name (Last, First, Middle Initial) Google Date of Disbursement Mailing Address 1600 Ampitheatre Pkwy. 03 2017 City State Zip Code **FEC Identification Number** Mountain View CA 94043 Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type 20.00 Disbursement For: Office Sought: House Senate Primary General Transaction ID: SB17.7903 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) c. Google Date of Disbursement Mailing Address 1600 Ampitheatre Pkwy. 03 2017 City State Zip Code **FEC Identification Number** Mountain View CA 94043 Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type 20.00 Office Sought: Disbursement For: House General Senate Primary Transaction ID: SB17.7904 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 60.00 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:				F	PAGE	6	OF	:	9
(check	onl	y one)							
	×	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) Date of Disbursement RightSide Compliance 2017 03 03 Mailing Address P.O. Box 341027 City State Zip Code **FEC Identification Number** TX Austin 78734 Purpose of Disbursement Compliance and Bookkeeping Services Candidate Name Amount of Each Disbursement this Period Category/ Type 227.50 Office Sought: House Disbursement For: Senate Primary General Transaction ID: SB17.7905 Other (specify) President Memo Item District: State: Full Name (Last, First, Middle Initial) RightSide Compliance Date of Disbursement Mailing Address P.O. Box 341027 2017 City State Zip Code **FEC Identification Number** TX 78734 Austin Purpose of Disbursement Compliance and Bookkeeping Services Candidate Name Amount of Each Disbursement this Period Category/ Type 17.50 Disbursement For: Office Sought: House Senate Primary General Transaction ID: SB17.7906 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 245.00 TOTAL This Period (last page this line number only)..... 305.00

SCHEDULE C (FEC Form 3) **LOANS**

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

PAGE FOR LINE NUMBER: **X** 13a (check only one)

OF

9

13b Transaction ID: SC/10.4377 NAME OF COMMITTEE (In Full) MATT ROSENDALE FOR MONTANA LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Rosendale, Matt, , , General Mailing Address 1954 Hwy 16 Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate MT 59330 Glendive Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 50000.00 10000.00 36693.20 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D31 D M 07M ž013 Noně x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 36693.20 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.

: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC '5 F9 DCF Hz G7 < 98 I @ 'CF' + H9 A = N5 H+CB

Form/Schedule: SC/10 Transaction ID: SC/10.4377

(Previous loan balance of \$50000 was reduced by \$3306.80 because the campaign granted the candidate, in his personal capacity, rights to the campaign's email list valued at \$3306.80)(A previous settlement amount of 3306.80 has been rescinded)

Form/Schedule: Transaction ID:

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

PAGE OF FOR LINE NUMBER:

9

X 13a (check only one) Detailed Summary Page 13b Transaction ID: SC/10.4371 NAME OF COMMITTEE (In Full) MATT ROSENDALE FOR MONTANA LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Rosendale, Matt, , , General Mailing Address 1954 Hwy 16 Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate MT 59330 Glendive 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: (If none, enter 0) 0.00 D05D M09M ž013 Noně x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 200000.00 TOTALS This Period (last page in this line only) 236693.20

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