

# 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

TROY DOWNING FOR US SENATE

ADDRESS (number and street)

PO BOX 6668

Check if different than previously reported. (ACC)

BOZEMAN

MT

59771

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00640052

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

MT

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

07 / 01 / 2022

through

M M / D D / Y Y Y Y

09 / 30 / 2022

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

Downing, Troy, , ,

Type or Print Name of Treasurer

Downing, Troy, , ,

Signature of Treasurer

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 11 / 2022

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

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**TROY DOWNING FOR US SENATE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	0.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	0.00	0.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	0.00	0.00
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	10134.38	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	282156.32	

**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)

Write or Type Committee Name

**TROY DOWNING FOR US SENATE**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	250000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	250000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	0.00	250000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	10134.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	10134.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	0.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10134.38

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

NAME OF COMMITTEE (In Full) **TROY DOWNING FOR US SENATE** Transaction ID : **SC/10.4125**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Downing, Troy, , ,			<input type="checkbox"/> Memo Item	Election: 2015 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 6668				
City Bozeman	State MT	ZIP Code 59771	<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan 250000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 250000.00
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<b>TERMS</b>	Date Incurred M 03 / D 22 / Y 2018	Date Due M M / D D / On Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	250000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	250000.00

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

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**TROY DOWNING FOR US SENATE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Downing, Troy, , ,</b>			Nature of Debt (Purpose):
Mailing Address P.O. Box 6668			
City Bozeman	State MT	Zip Code 59771	

Outstanding Balance Beginning This Period <input type="text" value="3788.96"/>	<b>Transaction ID : SD10.4120</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3788.96"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gardner, Kevin, , ,</b>			Nature of Debt (Purpose):
Mailing Address P.O. Box 778			
City Manhattan	State MT	Zip Code 59741	

Outstanding Balance Beginning This Period <input type="text" value="2198.06"/>	<b>Transaction ID : SD10.4118</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2198.06"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Holtzman Vogel Josefiak Torchinsky PLLC</b>			Nature of Debt (Purpose):
Mailing Address 1010 Wisconsin Avenue Suite 530			
City Washington	State DC	Zip Code 20007	

Outstanding Balance Beginning This Period <input type="text" value="4608.00"/>	<b>Transaction ID : SD10.4116</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4608.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="10595.02"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	<input type="text"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**TROY DOWNING FOR US SENATE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Huckaby Davis Lisker Inc</b>			Nature of Debt (Purpose): Transaction ID: SD10.6561
Mailing Address 228 South Washington Street Suite 115			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period	Transaction ID : <b>SD10.4109</b>	
6136.15		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	6136.15

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Strategic Perception Inc</b>			Nature of Debt (Purpose): Transaction ID: SD10.6339
Mailing Address 1957 Proper Road			
City Woodstock	State VT	Zip Code 05091	

Outstanding Balance Beginning This Period	Transaction ID : <b>SD10.4111</b>	
12500.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	12500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Vertical Strategies</b>			Nature of Debt (Purpose): Transaction ID: SD10.6340
Mailing Address 190 Monroe Avenue NW Suite 300			
City Grand Rapids	State MI	Zip Code 49503	

Outstanding Balance Beginning This Period	Transaction ID : <b>SD10.4113</b>	
2925.15		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2925.15

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	21561.30
2) <b>TOTALS</b> This Period (last page this line number only) .....	32156.32
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	250000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	282156.32