

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

RECEIVED  
2012 OCT 24 AM 11:48  
FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5  
ERIC BROSTEIN FOR CONGRESS

ADDRESS (number and street) 520 LOGAN ST APT 310  
Check if different than previously reported. (ACC) HELENA MT 59601

2. FEC IDENTIFICATION NUMBER C00514182  
CITY STATE ZIP CODE STATE DISTRICT  
MT 01

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 06 05 2012 in the State of MT

(c) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 06 05 2012 in the State of MT

5. Covering Period 06 30 2012 through 10 15 2012

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 HALVDAN BROSTEIN  
Signature of Treasurer Halvdan Brostein Date 10 17 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

12030930816

SUMMARY PAGE  
of Receipts and Disbursements

Write or Type Committee Name

ERIC BRDSTEN FOR CONGRESS

Report Covering the Period:

From:

06 30 2012

To:

10 15 2012

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	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)) ....	6000	63902
(b) Total Contribution Refunds (from Line 20(d)) .....		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	6000	63902
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	6752	198380
(b) Total Offsets to Operating Expenditures (from Line 14) .....		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	6752	198380
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	2991	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	131262	

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 Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

[Empty box]

1916.28

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES.....

[Empty box]

[Empty box]

19. LOAN REPAYMENTS:

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

675.2

421.38

(b) Of All Other Loans.....

[Empty box]

[Empty box]

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b)).....

675.2

421.38

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees.....

[Empty box]

[Empty box]

(b) Political Party Committees.....

[Empty box]

[Empty box]

(c) Other Political Committees  
(such as PACs).....

[Empty box]

[Empty box]

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c)).....

[Empty box]

[Empty box]

21. OTHER DISBURSEMENTS.....

[Empty box]

[Empty box]

22. TOTAL DISBURSEMENTS  
(add Lines 17, 18, 19(c), 20(d), and 21) ▶

675.2

2337.66

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

42.88

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

6000

25. SUBTOTAL (add Line 23 and Line 24).....

10288

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

675.2

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25).....

2991

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**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)		PAGE		OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/>	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14		

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)  
**ERIC BROSTEN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BROSTEN ERIC D**

Mailing Address  
**520 LOGAN**

City **HELENA** State **MT** Zip Code **59601**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
**10 / 02 / 2012**

Amount of Each Receipt this Period  
**60.00**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

**60.00**

**60.00**

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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NAME OF COMMITTEE (In Full)  
*Eric Brasten For Congress*

Full Name (Last, First, Middle Initial) <b>A. BROSTEN ERIC D</b>		Date of Disbursement 09 / 28 / 2012
Mailing Address 520 LOGAN APT 310		Amount of Each Disbursement this Period 675.2
City HELENA	State MT	
Zip Code 59601		Category/ Type
Purpose of Disbursement REPAYMENT OF LOAN		
Candidate Name		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement
Mailing Address		
City	State	Amount of Each Disbursement this Period
Zip Code		
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement
Mailing Address		
City	State	Amount of Each Disbursement this Period
Zip Code		
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

SUBTOTAL of Disbursements This Page (optional) .....	675.2
TOTAL This Period (last page this line number only) .....	675.2

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

NAME OF COMMITTEE (In Full)  
**ERIC BROSTEN FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)  
**BROSTEN ERIC D**

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
**520 LOGAN ST APT 310**

City State ZIP Code  
**HELENA MT 59601**

Original Amount of Loan <b>174000</b>	Cumulative Payment To Date <b>42138</b>	Balance Outstanding at Close of This Period <b>131862</b>
--	--	--

TERMS

Date Incurred MM / DD / YYYY	Date Due MM / DD / YYYY	Interest Rate % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input type="text"/>

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

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

(Use separate schedule(s) for each numbered line)

NAME OF COMMITTEE (In Full)

*ERIC BROSTEN FOR CONGRESS*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional) .....	▶	
2) TOTALS This Period (last page this line number only) .....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....	▶	<i>1,318.62</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		<i>1,318.62</i>

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>10/18/12</i>
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*JMW*  
 PREPARER

*10/24/12*  
 DATE PREPARED

12030930824