

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS OF THE SENATE For An Authorized Committee

CLERK OF THE SENATE

15 FEB -5 AM 11:46

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 CHARLIE HARDY FOR U S SENATE

ADDRESS (number and street) P.O. BOX 1222

Check if different than previously reported. (ACC) CHEYENNE WY 82003-1222

2. FEC IDENTIFICATION NUMBER C00554758 3. IS THIS REPORT NEW OR AMENDED CITY STATE ZIP CODE STATE DISTRICT WY

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 11 04 2014 in the State of WY (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 10 01 2014 through 10 15 2014

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 CHARLES E HARDY

Signature of Treasurer Charles E. Hardy Date 01 27 2015

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

15020093163

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

CHARLIE HARDY FOR SENATE

Report Covering the Period: From: **10 01 2014** To: **10 15 2014**

| | 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))... | 1 803 04 | 43 208 68 |
| (b) Total Contribution Refunds (from Line 20(d)) ... | 000 | 983 60 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))... | 1 803 04 | 42 225 08 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) ... | 3 722 78 | 67 399 56 |
| (b) Total Offsets to Operating Expenditures (from Line 14)... | 000 | 0 00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))... | 3 722 78 | 67 399 56 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)... | 4 034 93 | |
| 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)... | 56 939 40 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

15020093164

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

CHARLIE HARDY FOR SENATE

Report Covering the Period: From:

10 01 2014

To:

10 15 2014

| 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)... | 593.57 | 18,941.64 |
| (ii) Unitemized | 1,209.47 | 24,266.92 |
| (iii) TOTAL of contributions from individuals .. | 1,803.04 | 43,208.56 |
| (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)).. | 1,803.04 | 43,208.56 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .. | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate... | 0.00 | 29,201.41 |
| (b) All Other Loans... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))... | 0.00 | 29,201.41 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .. | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)... | 1,803.04 | 72,417.97 |

15020093165

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... | 37 22 78 | 67 399 56 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ... | 000 | 0 00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate... | 000 | 000 |
| (b) Of All Other Loans | 000 | 000 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))... | 000 | 000 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees... | 000 | 983 60 |
| (b) Political Party Committees... | 000 | 000 |
| (c) Other Political Committees (such as PACs) ... | 000 | 000 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))... | 000 | 983 60 |
| 21. OTHER DISBURSEMENTS | 000 | 000 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 37 22 78 | 68 383 16 |

III. CASH SUMMARY

| | |
|---|---------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD... | 5954 67 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 1803 04 |
| 25. SUBTOTAL (add Line 23 and Line 24)... | 7757 71 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)... | 3722 78 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)... | 4034 93 |

15020093168

**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 5 OF 30 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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)
CHARLIE HARDY FOR SENATE

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) HANDEN, STEPHEN | | Date of Receipt 10 04 2014 |
| Mailing Address 420 MESA RD | | Amount of Each Receipt this Period 100.00 |
| City COLORADO SPRINGS | State CO Zip Code 80905 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer RETIRED | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) | Election Cycle-to-Date | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) HUTT, DOROTHY | | Date of Receipt 10 04 2014 |
| Mailing Address 1515 W. 28th ST. # 201 | | Amount of Each Receipt this Period 100.00 |
| City LOVELAND | State CO Zip Code 80538 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer RETIRED | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) | Election Cycle-to-Date | |

| | | |
|---|----------------------------|---|
| Full Name (Last, First, Middle Initial) MARUJO, CAROL (US CITIZEN) | | Date of Receipt 10 11 2014 |
| Mailing Address PO BOX 23-6000 | | Amount of Each Receipt this Period 300.00 |
| City SANTIAGO de PURISCAL, COSTA RICA | State C Zip Code | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer RETIRED | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) | Election Cycle-to-Date | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 500.00 |
| TOTAL This Period (last page this line number only)..... | |

15020093167

**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 6 OF 30 | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) WILKINSON, BRUCE | | Date of Receipt 10 01 2014 |
| Mailing Address 816 ADAMS ST. SE | | Amount of Each Receipt this Period 93.57 |
| City OLYMPIA | State WA | |
| FEC ID number of contributing federal political committee. C | | VALUE OF RV LOANED TO CAMPAIGN BEGINNING 7/1/14; PRORATED FOR 10/1/14-10/15/14. |
| Name of Employer CHARLIE HARDY FOR SENATE | Occupation CAMPAIGN MANAGER | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 654.96 | |

| | | |
|---|------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial) | | Date of Receipt |
| Mailing Address | | Amount of Each Receipt this Period |
| City | State Zip Code | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date | |

| | | |
|---|------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial) | | Date of Receipt |
| Mailing Address | | Amount of Each Receipt this Period |
| City | State Zip Code | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 93.57 |
| TOTAL This Period (last page this line number only)..... | 593.57 |

15020093168

**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) | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

| | | | |
|--|--|--|--------------------------|
| Full Name (Last, First, Middle Initial) A. CITI CARDS | | Date of Disbursement 10 07 2014 | |
| Mailing Address Box 6500 | | Amount of Each Disbursement this Period 1,000.00 | |
| City SIoux FALLS | State SD | | Zip Code 57117 |
| Purpose of Disbursement CREDIT CARD PAYMENT - SEE BELOW | | | Category/ Type |
| Candidate Name CHARLIE HARDY | | | |
| Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: WY | District: | | |

| | | | |
|--|--|---|-------------------|
| Full Name (Last, First, Middle Initial) B. STAPLES | | Date of Disbursement 10 02 2014 | |
| Mailing Address | | Amount of Each Disbursement this Period 12.71 MEMO - CITICARD CREDIT CARD PAYMENT DATED 10/07/2014. | |
| City | State | | Zip Code |
| Purpose of Disbursement OFFICE SUPPLIES | | | Category/ Type |
| Candidate Name CHARLIE HARDY | | | |
| Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: WY | District: | | |

| | | | |
|--|--|---|-------------------|
| Full Name (Last, First, Middle Initial) C. USPS | | Date of Disbursement 10 06 2014 | |
| Mailing Address | | Amount of Each Disbursement this Period 37.00 MEMO - CITICARD CREDIT CARD PAYMENT DATED 10/07/2014. | |
| City | State | | Zip Code |
| Purpose of Disbursement POSTAGE | | | Category/ Type |
| Candidate Name CHARLIE HARDY | | | |
| Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: WY | District: | | |

| | |
|---|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1,000.00 |
| TOTAL This Period (last page this line number only) | |

15020093169

**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) | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. GASAMAT | | Date of Disbursement 10 07 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 40.21 MEMO - CITICARD CREDIT CARD PAYMENT DATED 10/07/2014. |
| City | State Zip Code | |
| Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE | Category/Type | |
| Candidate Name CHARLIE HARDY | | |
| Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: WY District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. OFFICE DEPOT | | Date of Disbursement 10 07 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 59.36 MEMO - CITICARD CREDIT CARD PAYMENT DATED 10/07/2014. |
| City | State Zip Code | |
| Purpose of Disbursement OFFICE SUPPLIES | Category/Type | |
| Candidate Name CHARLIE HARDY | | |
| Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: WY District: | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. US PS | | Date of Disbursement 10 07 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 268.52 MEMO - CITICARD CREDIT CARD PAYMENT DATED 10/07/2014. |
| City | State Zip Code | |
| Purpose of Disbursement POSTAGE | Category/Type | |
| Candidate Name CHARLIE HARDY | | |
| Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: WY District: | | |

0.00

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

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

15020093170

**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 9 OF 30 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. MODEL SIGNS | | Date of Disbursement 10 07 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 800.00 MEMO-CITICARD CREDIT CARD PAYMENT DATED 10/07/2014. |
| City | State Zip Code | |
| Purpose of Disbursement YARD SIGNS | Category/ Type | |
| Candidate Name CHARLIE HARDY | | |
| Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: WY District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. MODEL SIGNS | | Date of Disbursement 10 08 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 640.54 MEMO-CITICARD CREDIT CARD PAYMENT DATED 10/07/2014. |
| City | State Zip Code | |
| Purpose of Disbursement YARD SIGNS | Category/ Type | |
| Candidate Name CHARLIE HARDY | | |
| Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: WY District: | | |

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

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

15020093171

**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 <u>10</u> OF <u>36</u> | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | | |

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS | | Date of Disbursement M M D D Y Y Y Y 10 06 2014 |
| Mailing Address PO BOX 297812 | | Amount of Each Disbursement this Period 420.00 |
| City FT. LAUDERDALE FL | State FL | |
| Zip Code 33329-7812 | | Category/ Type |
| Purpose of Disbursement CREDIT CARD PAYMENT | | |
| Candidate Name CHARLIE HARDY | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: WY | District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. GASAMAT | | Date of Disbursement M M D D Y Y Y Y 08 22 2014 |
| Mailing Address 620 E. 16th St. | | Amount of Each Disbursement this Period 20.36 |
| City CHEYENNE | State WY | |
| Zip Code 82001 | | Category/ Type MEMO-AMEX CREDIT CARD PAYMENT DATED 10/06/2014. |
| Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE | | |
| Candidate Name CHARLIE HARDY | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: WY | District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. GASAMAT | | Date of Disbursement M M D D Y Y Y Y 08 23 2014 |
| Mailing Address 620 E. 16th St. | | Amount of Each Disbursement this Period 48.88 |
| City CHEYENNE | State WY | |
| Zip Code 82001 | | Category/ Type MEMO-AMEX CREDIT CARD PAYMENT DATED 10/06/2014. |
| Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE | | |
| Candidate Name CHARLIE HARDY | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: WY | District: | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 420.00 |
| TOTAL This Period (last page this line number only)..... | |

15020093172

**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 **11** OF **30**

| | | | |
|---|------------------------------------|-------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |
|---|------------------------------------|-------------------------------------|------------------------------------|

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NAME OF COMMITTEE (In Full)

CHARLIE HARDY FOR SENATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. GASAMAT

08 25 2014

Mailing Address

620 E. 16th ST.

City **CHEYENNE WY** State **WY** Zip Code **82001**

Amount of Each Disbursement this Period

75.00

Purpose of Disbursement

FUEL FOR CAMPAIGN VEHICLE

Candidate Name

CHARLIE HARDY

Category/
Type

**MEMO - AMEX CREDIT
CARD PAYMENT DATED
10/06/2014.**

Office Sought: House
 Senate
 President

Disbursement For: Primary
 General
 Other (specify)

State: **WY** District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. GASAMAT

08 25 2014

Mailing Address

620 E. 16th ST.

City **CHEYENNE WY** State **WY** Zip Code **82001**

Amount of Each Disbursement this Period

54.94

Purpose of Disbursement

FUEL FOR CAMPAIGN VEHICLE

Candidate Name

CHARLIE HARDY

Category/
Type

**MEMO - AMEX CREDIT
CARD PAYMENT DATED
10/06/2014.**

Office Sought: House
 Senate
 President

Disbursement For: Primary
 General
 Other (specify)

State: **WY** District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. GASAMAT

08 25 2014

Mailing Address

620 E. 16th ST.

City **CHEYENNE WY** State **WY** Zip Code **82001**

Amount of Each Disbursement this Period

75.00

Purpose of Disbursement

FUEL FOR CAMPAIGN VEHICLE

Candidate Name

CHARLIE HARDY

Category/
Type

**MEMO - AMEX CREDIT
CARD PAYMENT DATED
10/06/2014**

Office Sought: House
 Senate
 President

Disbursement For: Primary
 General
 Other (specify)

State: **WY** District:

0.00

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

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

15020093173

**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) | | | |
| | <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| | <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. USPS | | Date of Disbursement 08 27 2014 |
| Mailing Address 2120 CAPITOL AVE. | | Amount of Each Disbursement this Period 58.80 MEMO - AMEX CREDIT CARD PAYMENT DATED 10/06/2014. |
| City CHEYENNE WY | State WY | |
| Zip Code 82001 | | |
| Purpose of Disbursement POSTAGE | Candidate Name CHARLIE HARDY | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: WY | District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. USPS | | Date of Disbursement 08 29 2014 |
| Mailing Address 2120 CAPITOL AVE. | | Amount of Each Disbursement this Period 98.00 MEMO - AMEX CREDIT CARD PAYMENT DATED 10/06/2014. |
| City CHEYENNE WY | State WY | |
| Zip Code 82001 | | |
| Purpose of Disbursement POSTAGE | Candidate Name CHARLIE HARDY | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: WY | District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. GASAMAT | | Date of Disbursement 08 30 2014 |
| Mailing Address 620 E. 16th ST. | | Amount of Each Disbursement this Period 31.15 MEMO - AMEX CREDIT CARD PAYMENT DATED 10/06/2014. |
| City CHEYENNE WY | State WY | |
| Zip Code 82001 | | |
| Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE | Candidate Name CHARLIE HARDY | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: WY | District: | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

15020093174

**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 13 OF 30 |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

| | | | |
|---|--|---|--------------------------|
| Full Name (Last, First, Middle Initial) A. WYOMING TROPHY & ENGRAVING | | Date of Disbursement 09 06 2014 | |
| Mailing Address 1620 THOMES AVE. | | Amount of Each Disbursement this Period 10 60 MEMO-AMEX CREDIT CARD PAYMENT DATED 10/06/2014. | |
| City CHEYENNE | State WY | | Zip Code 82001 |
| Purpose of Disbursement PROMOTIONAL MATERIALS | | | Category/ Type |
| Candidate Name PRO CHARLIE HARDY | | | |
| Office Sought: House <input checked="" type="checkbox"/> Senate President | Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) | | |
| State: WY | District: | | |

| | | | |
|--|--|--|-------------------------------|
| Full Name (Last, First, Middle Initial) B. AMEX | | Date of Disbursement 09 22 2014 | |
| Mailing Address PO BOX 297812 | | Amount of Each Disbursement this Period 232 66 MEMO-AMEX CREDIT CARD PAYMENT DATED 10/06/2014. | |
| City FT. LAUDERDALE | State FL | | Zip Code 33329-7812 |
| Purpose of Disbursement INTEREST ON CREDIT CARD BAL. | | | Category/ Type |
| Candidate Name CHARLIE HARDY | | | |
| Office Sought: House <input checked="" type="checkbox"/> Senate President | Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) | | |
| State: WY | District: | | |

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

SUBTOTAL of Disbursements This Page (optional)..... **000**

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

15020095175

**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 14 OF 30

| | | | |
|---|------------------------------------|-------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 18a 20c | <input type="checkbox"/> 18b 21 |
|---|------------------------------------|-------------------------------------|------------------------------------|

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NAME OF COMMITTEE (In Full)

CHARLIE HARDY FOR SENATE

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. FACEBOOK | | Date of Disbursement 10 01 2014 |
| Mailing Address HACKER WAY | | Amount of Each Disbursement this Period 108 01 |
| City MENLO PARK CA | State CA Zip Code 94025 | |
| Purpose of Disbursement ADVERTISING | | Category/ Type |
| Candidate Name CHARLIE HARDY | | |
| Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> | Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> | |
| State: WY District: _____ | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. VALLEY MART | | Date of Disbursement 10 02 2014 |
| Mailing Address 3800 US 191 | | Amount of Each Disbursement this Period 125 00 |
| City FARSON WY | State WY Zip Code 82932 | |
| Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE | | Category/ Type |
| Candidate Name CHARLIE HARDY | | |
| Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> | Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> | |
| State: WY District: _____ | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. PILOT | | Date of Disbursement 10 03 2014 |
| Mailing Address 650 STAGECOACH DR. | | Amount of Each Disbursement this Period 974 |
| City ROCK SPRINGS WY | State WY Zip Code 82901 | |
| Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE | | Category/ Type |
| Candidate Name CHARLIE HARDY | | |
| Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> | Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> | |
| State: WY District: _____ | | |

242 75

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

15020093176

**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 15 OF 30

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

CHARLIE HARDY FOR SENATE

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. PILOT | | Date of Disbursement 10 03 2014 |
| Mailing Address 650 STAGECOACH DR. | | Amount of Each Disbursement this Period 124 13 |
| City ROCK SPRINGS WY | State Zip Code WY 82901 | |
| Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE | | Category/ Type |
| Candidate Name CHARLIE HARDY | | |
| Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: WY District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. EXXONMOBIL | | Date of Disbursement 10 06 2014 |
| Mailing Address 2029 DELL RANGE BLVD. | | Amount of Each Disbursement this Period 12 79 |
| City CHEYENNE WY | State Zip Code WY 82009 | |
| Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE | | Category/ Type |
| Candidate Name CHARLIE HARDY | | |
| Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: WY District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. PILOT | | Date of Disbursement 10 03 2014 |
| Mailing Address 650 STAGECOACH DR. | | Amount of Each Disbursement this Period 10 73 |
| City ROCK SPRINGS WY | State Zip Code WY 82901 | |
| Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE | | Category/ Type |
| Candidate Name CHARLIE HARDY | | |
| Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: WY District: | | |

1.4765

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

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

15020093177

**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) | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. BRASHEAR, NICK | | Date of Disbursement 10 07 2014 |
| Mailing Address 1701 CENTRAL AVE #503 | | Amount of Each Disbursement this Period 400 00 |
| City CHEYENNE WY | State WY | |
| Zip Code 82001 | | |
| Purpose of Disbursement VOLUNTEER ORGANIZING | | |
| Candidate Name CHARLIE HARDY | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: WY | District: | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. AGLULGD, FELIX | | Date of Disbursement 10 07 2014 |
| Mailing Address 1326 MIRADA DRIVE NW | | Amount of Each Disbursement this Period 400 00 |
| City OLYMPIA WA | State WA | |
| Zip Code 98502 | | |
| Purpose of Disbursement VOLUNTEER ORGANIZING | | |
| Candidate Name CHARLIE HARDY | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: WY | District: | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. EXXONMOBIL | | Date of Disbursement 10 14 2014 |
| Mailing Address 2029 DELL RANGE BLVD. | | Amount of Each Disbursement this Period 157 66 |
| City CHEYENNE WY | State WY | |
| Zip Code 82009 | | |
| Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE | | |
| Candidate Name CHARLIE HARDY | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: WY | District: | |

957 66

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

15020093178

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)
HARDY, CHARLES E. PERSONAL FUNDS

Mailing Address
PO BOX 1951

City **CHEYENNE** State **WY** ZIP Code **82003-1951**

Election:
 Primary
 General
 Other (specify) ▼

Original Amount of Loan **809.41** Cumulative Payment To Date **000** Balance Outstanding at Close of This Period **809.41**

TERMS Date Incurred **VARIOUS** Date Due **NO DUE DATE** Interest Rate **000 % (apr)** Secured: 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)..... ▶

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.

15020093179

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

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

PAGE 19 OF 80

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

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)
HARDY, CHARLES E. PERSONAL FUNDS

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 1951

City State ZIP Code
CHEYENNE WY 82003-1951

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 4500.00 | 0.00 | 4500.00 |

TERMS

| Date Incurred | Date Due | Interest Rate | Secured: |
|-------------------|--------------------|---------------------|---|
| 02 05 2014 | NO DUE DATE | 0.00 % (apr) | <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: |
| 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)..... ▶

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.

15020093180

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 20 OF 30
FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)
HARDY, CHARLES E. PERSONAL FUNDS

Election:
 Primary
 General
 Other (specify) ▾

Mailing Address
PO BOX 1951

City State ZIP Code
CHEYENNE WY 82003-1951

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
9500.00 0.00 9500.00

TERMS Date Incurred Date Due Interest Rate Secured:
02 14 2014 No DUE DATE 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)..... **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.

15020093181

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 21 OF 30

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

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)
HARDY, CHARLES E. PERSONAL FUNDS

Mailing Address
PO BOX 1951

Election:
 Primary
 General
 Other (specify) ▾

City **CHEYENNE** State **WY** ZIP Code **82003-1951**

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 250.00 | 0.00 | 250.00 |

TERMS

| Date Incurred | Date Due | Interest Rate | Secured: |
|-------------------|--------------------|---------------------|---|
| 04 04 2014 | NO DUE DATE | 0.00 % (apr) | <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: |
| 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)..... ▶

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

Carry outstanding balance only to LINE 8, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

15020093182

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)
HARDY, CHARLES E. PERSONAL FUNDS

Election:
 Primary
 General
 Other (specify) ▾

Mailing Address
PO BOX 1951

City **CHEYENNE** State **WY** ZIP Code **82003-1951**

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 3,500.00 | 0.00 | 3,500.00 |

| TERMS | Date Incurred | Date Due | Interest Rate | Secured: |
|-------|---------------|-------------|---------------|---|
| | 04 16 2014 | NO DUE DATE | 0.00 % (apr) | <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: |
| 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)..... ▶

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.

15020093183

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

CHARLIE HARDY FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)

HARDY, CHARLES E. PERSONAL FUNDS

Election:

Primary
 General
 Other (specify) ▾

Mailing Address

PO BOX 1951

City

CHEYENNE

State

WY

ZIP Code

82003-1951

Original Amount of Loan

1,500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1,500.00

TERMS

Date Incurred

04 21 2014

Date Due

NO DUE DATE

Interest Rate

0.00 % (apr)

Secured:

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)..... ▶

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.

15020093184

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)
HARDY, CHARLES E. PERSONAL FUNDS

Election:
 Primary
 General
 Other (specify) ▾

Mailing Address
PO BOX 1951

City **CHEYENNE** State **WY** ZIP Code **82003-1951**

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 900.00 | 000 | 900.00 |

| TERMS | Date Incurred | Date Due | Interest Rate | Secured: |
|-------|---------------|-------------|---------------|---|
| | 04 25 2014 | NO DUE DATE | 0.00 % (apr) | <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: |
| 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)..... ▶

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

Carry outstanding balance only to LINE 9, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

15020093185

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)
HARDY, CHARLES E. PERSONAL FUNDS

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 1951

City **CHEYENNE** State **WY** ZIP Code **82003-1951**

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 1,000.00 | 0.00 | 1,000.00 |

| TERMS | Date Incurred | Date Due | Interest Rate | Secured: |
|-------|---------------|-------------|---------------|---|
| | 05 01 2014 | NO DUE DATE | 0.00 % (apr) | <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: |
| 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)..... ▶

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.

15020093186

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)
HARDY, CHARLES E. PERSONAL FUNDS

Election:
 Primary
 General
 Other (specify) ▾

Mailing Address
PO BOX 1951

City **CHEYENNE** State **WY** ZIP Code **82003-1951**

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 1,000.00 | 0.00 | 1,000.00 |

TERMS

| Date Incurred | Date Due | Interest Rate | Secured: |
|---------------|-------------|---------------|---|
| 05 07 2014 | NO DUE DATE | 0.00 % (apr) | <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: |
| 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)..... ▶

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.

15020093187

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 27 OF 30

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

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)
HARDY, CHARLES E. PERSONAL FUNDS

Election:
 Primary
 General
 Other (specify) v

Mailing Address
PO BOX 1951

City **CHEYENNE** State **WY** ZIP Code **82003-1951**

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 3,400.00 | 0.00 | 3,400.00 |

TERMS

| Date Incurred | Date Due | Interest Rate | Secured: |
|---------------|-------------|---------------|---|
| 05 23 2014 | NO DUE DATE | 0.00 % (apr) | <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: |
| 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)..... ▶

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.

15020093188

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

CHARLIE HARDY FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)

HARDY, CHARLES E. PERSONAL FUNDS

Election:

Primary
 General
 Other (specify) ▾

Mailing Address

PO BOX 1951

City

CHEYENNE

State

WY

ZIP Code

82003-1951

Original Amount of Loan

350.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

350.00

TERMS

Date Incurred

06 05 2014

Date Due

NO DUE DATE

Interest Rate

0.00 % (apr)

Secured:

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)..... ▶

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.

15020093189

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 29 OF 30

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

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)
HARDY, CHARLES E. PERSONAL FUNDS

Election:
 Primary
 General
 Other (specify) ▾

Mailing Address
PO BOX 1951

City **CHEYENNE** State **WY** ZIP Code **82003-1951**

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 2,500.00 | 0.00 | 2,500.00 |

TERMS

| Date Incurred | Date Due | Interest Rate | Secured: |
|---------------|-------------|---------------|---|
| 06 27 2014 | NO DUE DATE | 0.00 % (apr) | <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: |
| 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)..... ▶

TOTALS This Period (last page in this line only) ... ▶ **29,209.41**

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

15020093190

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

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

FOR LINE NUMBER: (check only one)

9
 10

Excluding Loans

NAME OF COMMITTEE (In Full)

CHARLIE HARDY FOR SENATE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RAW IMAGE

Nature of Debt (Purpose):

CAMPAIGN VIDEOS AND WEBSITE DEVELOPMENT

Mailing Address

525 HAMPTON LANE

City

State

KEY BISCANE FL 33149

Outstanding Balance Beginning This Period

2462.09

Amount Incurred This Period

000

Payment This Period

000

Outstanding Balance at Close of This Period

2462.09

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CITICARDS

Nature of Debt (Purpose):

CREDIT CARD DEBT

Mailing Address

BOX 6500

City

State

SIoux FALLS SD 57117

Outstanding Balance Beginning This Period

3995.16

Amount Incurred This Period

3676.73

Payment This Period

1000.00

Outstanding Balance at Close of This Period

6671.89

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AMEX

Nature of Debt (Purpose):

CREDIT CARD DEBT

Mailing Address

PO BOX 297812

City

State

FT. LAUDERDALE FL 33329-7812

Outstanding Balance Beginning This Period

18658.75

Amount Incurred This Period

357.66

Payment This Period

420.00

Outstanding Balance at Close of This Period

18596.41

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)

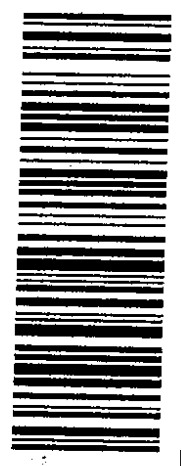
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

27730.39
29209.41
56939.80

15020093191

Charlie Hardy for U.S. Senate Committee
P.O. Box 1222
Cheyenne WY 82003-1222

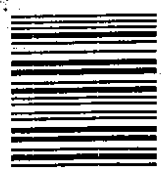
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL®



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FEB 00 2015

U.S. SENATE
TRACKING NUMBER
13-020060

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Office of Public Records
232 Hart Building
Washington, D.C. 20510-711

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Senate Post Office

FTP 09 2015

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED 1/30/15
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USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

| | SHIPPING DATE | NEXT BUSINESS DAY DELIVERY |
|-------------------|---------------|----------------------------|
| - FEDERAL EXPRESS | _____ | <input type="checkbox"/> |
| UPS | _____ | <input type="checkbox"/> |
| DHL | _____ | <input type="checkbox"/> |
| AIRBORNE EXPRESS | _____ | <input type="checkbox"/> |

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Date of Receipt

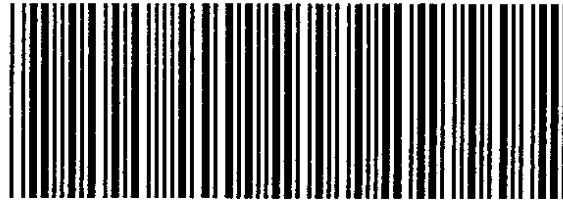
POSTMARK ILLEGIBLE POSTMARK

FAX _____
Date of Receipt

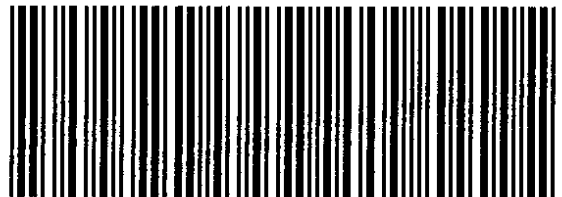
OTHER _____
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 2/5/15

15020093193



SEN PATCH



SEN PATCH

15020093194