

**FEC FORM 3**

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

SECRETARY OF THE SENATE  
14 DEC 15 AM 11:56

Office Use Only

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

C H A R L I E H A R D Y F O R S E N A T E

ADDRESS (number and street)

1 9 0 1 C E N T R A L A V E # A

Check if different than previously reported. (ACC)

C H E Y E N N E W Y 8 2 0 0 1

2. FEC IDENTIFICATION NUMBER ▼

C 0 0 5 5 4 7 5 8

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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 \_\_\_\_\_ in the State of \_\_\_\_\_

(c) 30-Day POST-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on 11 04 2014 in the State of W Y

5. Covering Period 10 16 2014 through 11 24 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 12 02 2014

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

Office Use Only							
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**FEC FORM 3**  
(Revised 02/2003)

14021435219

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

Page 5

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

CHARLIE HARDY FOR SENATE

Report Covering the Period: From: <sup>MM</sup> 1 <sup>DD</sup> 0 <sup>YY</sup> 16 <sup>YY</sup> 20 <sup>YY</sup> 14 To: <sup>MM</sup> 1 <sup>DD</sup> 1 <sup>YY</sup> 24 <sup>YY</sup> 20 <sup>YY</sup> 14

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of  (date of general election)	COLUMN C Total for  (date after general election)  through  (last day of reporting period)
<b>11. CONTRIBUTIONS</b>		
(other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
7,605.00		
(ii) Unitemized		
6,728.81		
(iii) Total of contributions from individuals		
14,333.81		
(b) Political Party Committees		
443.00		
(c) Other Political Committees		
0.00		

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POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Page 6

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00		
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
14,776.81		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00		
(b) All Other Loans		
0.00		
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00		
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00		
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
14,776.81		

14021455221

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Page 7

Write or Type Committee Name

CHARLIE HARDY FOR SENATE

Report Covering the Period: From: 1 0 1 6 2 0 1 4 To: 1 1 2 4 2 0 1 4

II. DISBURSEMENTS

Table with 3 columns: COLUMN A Total this Period, COLUMN B Election Cycle Total as of \* (date of general election) (\* See page 5 for date), COLUMN C Total for \* (date after general election) through \* (last day of reporting period) (\* See page 5 for dates). Rows include 17. OPERATING EXPENDITURES (7,537.01), 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES (0.00), 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate (0.00), (b) Of All Other Loans (0.00), (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) (0.00), 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees (0.00), (b) Political Party Committees (0.00).

14021435222

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Page 8

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00

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

0.00

21. OTHER DISBURSEMENTS

0.00

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

7,537.01

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

7,605.00

**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

7,537.01

**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	2,607.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)...	14,776.81
25. SUBTOTAL (add Line 23 and Line 24)...	17,384.16
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	7,537.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	9,847.15

14021435223

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 OF 34	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
<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**

<b>A.</b> Full Name (Last, First, Middle Initial) COLAVITA, ANTHONY		Date of Receipt M M D D Y Y 10 31 2014	
Mailing Address 411 WILLIAMSON ROAD City State Zip Code GLADWYNE PA 19035			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) SOWADA, BARBARA		Date of Receipt M M D D Y Y 11 24 2014	
Mailing Address 2632 POPO AGIE DRIVE City State Zip Code ROCK SPRINGS WY 82901			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 200.00	

<b>C.</b> Full Name (Last, First, Middle Initial) ZANCANELLA, BARBARA		Date of Receipt M M D D Y Y 11 24 2014	
Mailing Address 532 FREMONT CIRCLE City State Zip Code ROCK SPRINGS WY 82901			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	, , .

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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:	PAGE 11 OF 34
	(check only one)	
<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) <b>A. HESTROFFER, BERTON</b>		Date of Receipt
Mailing Address 7358 N DAMEN AVE UNIT 2N		M M D D Y Y 10 20 2014
City CHICAGO	State IL	Zip Code 60645
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. SORENSEN, DALE</b>		Date of Receipt
Mailing Address PO BOX 316		M M D D Y Y 10 20 2014
City INVERNESS	State CA	Zip Code 94937
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. SCHEELAR, EARL</b>		Date of Receipt
Mailing Address 2322 ROOSEVELT AVE		M M D D Y Y 10 20 2014
City BERKELEY	State CA	Zip Code 94703
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 50.00	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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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 12 OF 34
	<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**

A. Full Name (Last, First, Middle Initial) <b>BAUER, ELIZABETH</b>		Date of Receipt
Mailing Address 3302 S 44TH ST		M M D D Y Y 10 31 2014
City OMAHA	State NE	Zip Code 68105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 200.00
		100.00

B. Full Name (Last, First, Middle Initial) <b>FIECHTER, FRANCES</b>		Date of Receipt
Mailing Address 16822 E EASTER WAY		M M D D Y Y 10 16 2014
City AURORA	State CO	Zip Code 80016
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00
		100.00

C. Full Name (Last, First, Middle Initial) <b>FAGAN, GEORGE</b>		Date of Receipt
Mailing Address PO BOX 790		M M D D Y Y 11 24 2014
City LIMON	State CO	Zip Code 80828
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 200.00
		50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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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:		PAGE 13 OF 34	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
<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) <b>SANTINI, GEORGE</b>		Date of Receipt M M D D Y Y 11 19 2014
A. Mailing Address 2520 DEMING BLVD #1 City State Zip Code CHEYENNE WY 82001		Amount of Each Receipt this Period  50.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 217.15	

Full Name (Last, First, Middle Initial) <b>ALBRIGHT, JOSEPH</b>		Date of Receipt M M D D Y Y 11 24 2014
B. Mailing Address PO BOX 9760 City State Zip Code JACKSON WY 83002		Amount of Each Receipt this Period  250.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) <b>MCGREEVY, KATHLEEN</b>		Date of Receipt M M D D Y Y 11 24 2014
C. Mailing Address 4421 S HICKORY HILL ROAD City State Zip Code SIOUX FALLS SD 57103		Amount of Each Receipt this Period  150.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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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 15 OF 34	
	<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**

A. Full Name (Last, First, Middle Initial) <b>SHICKICH, LOIS</b>		Date of Receipt M M D D Y Y 10 31 2014
Mailing Address 1110 S CENTER ST		
City CASPER	State WY	Zip Code 82601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period  100.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  200.00	

B. Full Name (Last, First, Middle Initial) <b>KIRKBRIDE, MAE</b>		Date of Receipt M M D D Y Y 10 31 2014
Mailing Address 3540 COUNTY ROAD 132		
City CHEYENNE	State WY	Zip Code 82009
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period  100.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  275.00	

C. Full Name (Last, First, Middle Initial) <b>PRINE, MARGARET</b>		Date of Receipt M M D D Y Y 10 16 2014
Mailing Address 2017 HILLSIDE DR		
City LARAMIE	State WY	Zip Code 82070
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period  100.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14021435229

**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 16 OF 34	
	<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**

A. Full Name (Last, First, Middle Initial) <b>HOLBERT, MARY</b>			Date of Receipt
Mailing Address <b>920 8TH STREET</b>			M M D D Y Y 10 16 2014
City	State	Zip Code	
<b>ROCK SPRINGS</b>	<b>WY</b>	<b>82901</b>	
FEC ID number of contributing federal political committee.		<b>C</b>	Amount of Each Receipt this Period
Name of Employer		Occupation	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	
		250.00	

B. Full Name (Last, First, Middle Initial) <b>HOLBERT, MARY</b>			Date of Receipt
Mailing Address <b>920 8TH STREET</b>			M M D D Y Y 11 24 2014
City	State	Zip Code	
<b>ROCK SPRINGS</b>	<b>WY</b>	<b>82901</b>	
FEC ID number of contributing federal political committee.		<b>C</b>	Amount of Each Receipt this Period
Name of Employer		Occupation	25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	
		275.00	

C. Full Name (Last, First, Middle Initial) <b>CLONTS, MARY ANN</b>			Date of Receipt
Mailing Address			M M D D Y Y 11 19 2014
City	State	Zip Code	
FEC ID number of contributing federal political committee.		<b>C</b>	Amount of Each Receipt this Period
Name of Employer		Occupation	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	
		250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	175.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14021435230

**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 17 OF 34
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) GRIFFIN, MARY JO		Date of Receipt M M D D Y Y 10 20 2014	
Mailing Address 216 RIDGE AVE			
City	State	Zip Code	
BALTIMORE	MD	21286	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period  100.00	
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date  , 350.00 ,	

<b>B.</b> Full Name (Last, First, Middle Initial) CARR, MICHAEL		Date of Receipt M M D D Y Y 10 16 2014	
Mailing Address PO BOX 2181			
City	State	Zip Code	
CHEYENNE	WY	82003	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period  200.00	
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date  200.00	

<b>C.</b> Full Name (Last, First, Middle Initial) LUKE, MIKE		Date of Receipt M M D D Y Y 10 17 2014	
Mailing Address 1313 W 31ST ST			
City	State	Zip Code	
CHEYENNE	WY	82001	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period  300.00	
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date  550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	, 600.00 ,
<b>TOTAL</b> This Period (last page this line number only).....	, ,

14021435231

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 18 OF 34	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
<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**

<b>A.</b> Full Name (Last, First, Middle Initial) ANSELM, PATRICIA		Date of Receipt M M D D Y Y 11 19 2014	
Mailing Address 1727 COLLINS ST City State Zip Code ROCK SPRINGS WY 82901		Amount of Each Receipt this Period  1,000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation		Amount of Each Receipt this Period  2,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Election Cycle-to-Date 2,000.00			
<b>B.</b> Full Name (Last, First, Middle Initial) ANSELM, PATRICIA		Date of Receipt M M D D Y Y 11 19 2014	
Mailing Address 1727 COLLINS ST City State Zip Code ROCK SPRINGS WY 82901		Amount of Each Receipt this Period  2,000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation		Amount of Each Receipt this Period  100.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Election Cycle-to-Date 2,000.00			
<b>C.</b> Full Name (Last, First, Middle Initial) DE HERTEL, ROBERT		Date of Receipt M M D D Y Y 10 16 2014	
Mailing Address 2183 DATORO DRIVE City State Zip Code SAN JOSE CA 95130		Amount of Each Receipt this Period  3,100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation		Amount of Each Receipt this Period  250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Election Cycle-to-Date 250.00			
<b>SUBTOTAL</b> of Receipts This Page (optional).....		3,100.00	
<b>TOTAL</b> This Period (last page this line number only).....		, , .	

14021435232

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 19 OF 34	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
<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**

A. Full Name (Last, First, Middle Initial) <b>MELONUK, ROBERT</b>		Date of Receipt M M D D Y Y 11 19 2014
Mailing Address PO BOX 61		Amount of Each Receipt this Period  100.00
City	State Zip Code FORT LARAMIE WY 82212	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period  100.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  200.00	

B. Full Name (Last, First, Middle Initial) <b>MCDANIEL, RODGER</b>		Date of Receipt M M D D Y Y 11 19 2014
Mailing Address 921 ARAPAHO ST		Amount of Each Receipt this Period  100.00
City	State Zip Code CHEYENNE WY 82009	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period  200.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  200.00	

C. Full Name (Last, First, Middle Initial) <b>RUDOLPH, RUTH</b>		Date of Receipt M M D D Y Y 11 24 2014
Mailing Address 1251 N 21ST APT K55		Amount of Each Receipt this Period  200.00
City	State Zip Code LARAMIE WY 82072	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period  300.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

14021435233

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 20 OF 34	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 1c	<input type="checkbox"/> 1d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)  
**CHARLIE HARDY FOR SENATE**

A. Full Name (Last, First, Middle Initial) <b>NEYER, SARA</b>		Date of Receipt
Mailing Address <b>PO BOX 2126</b>		M M D D Y Y Y Y 11 24 2014
City	State	Zip Code
<b>GILLETTE</b>	<b>WY</b>	<b>82717</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer		50.00
Occupation		,
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
	200.00	
	,	

B. Full Name (Last, First, Middle Initial) <b>KELLERMAN, SEYMOUR</b>		Date of Receipt
Mailing Address <b>21 COGSWELL AVE</b>		M M D D Y Y Y Y 10 31 2014
City	State	Zip Code
<b>CAMBRIDGE</b>	<b>MA</b>	<b>02140</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer		50.00
Occupation		,
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
	200.00	
	,	

C. Full Name (Last, First, Middle Initial) <b>WEDEL, SUE</b>		Date of Receipt
Mailing Address <b>802 S 12TH</b>		M M D D Y Y Y Y 10 17 2014
City	State	Zip Code
<b>LARAMIE</b>	<b>WY</b>	<b>82070</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer		100.00
Occupation		,
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
	200.00	
	,	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	,

14021435234



**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 21 OF 34
	<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) <b>SCOTT, SUSAN</b>		Date of Receipt M M D D Y Y 11 10 2014
Mailing Address PO BOX 765		
City INVERNESS	State CA	Zip Code 94937
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00	

Full Name (Last, First, Middle Initial) <b>OGG, THOMAS</b>		Date of Receipt M M D D Y Y 11 24 2014
Mailing Address PO BOX 101		
City TEN SLEEP	State WY	Zip Code 82442
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>GOODWIN, VICKIE</b>		Date of Receipt M M D D Y Y 10 31 2014
Mailing Address 32 FAIRWAY DR		
City DOUGLAS	State WY	Zip Code 82633
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

1402143523

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 22 OF 34	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 1c	<input type="checkbox"/> 1d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)  
**CHARLIE HARDY FOR SENATE**

A. Full Name (Last, First, Middle Initial) <b>BLOOMBERG, JASON</b>		Date of Receipt
Mailing Address <b>13707 PAMELA LANE</b>		M M / D D / Y Y Y Y 10 / 27 / 2014
City <b>CHEYENNE</b>	State <b>WY</b>	Zip Code <b>82009</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer		180.00
Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date
		300.00

B. Full Name (Last, First, Middle Initial) <b>Lander House Party</b>		Date of Receipt
Mailing Address		M M / D D / Y Y 10 / 31 / 2014
City	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer		43.00
Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date
		43.00

C. Full Name (Last, First, Middle Initial) <b>Casper House Party</b>		Date of Receipt
Mailing Address		M M / D D / Y Y 10 / 20 / 2014
City	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer		100.00
Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date
		100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	323.00
<b>TOTAL</b> This Period (last page this line number only).....	

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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 23 OF 34
	<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) <b>Sheridan County Democrats</b>		Date of Receipt
A. Mailing Address		M M D D Y Y 10 17 2014
City State Zip Code		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer Occupation		300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
		300.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	8,048.00

14021435237

**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 24 OF 34
	<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) <b>A. BACKBONE CAMPAIGN</b>		Date of Disbursement M M D D Y Y 11 03 2014
Mailing Address		Amount of Each Disbursement this Period  238.50
City	State Zip Code	
Purpose of Disbursement LIGHT RENTAL	Category/ Type	
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>B. CAMPBELL COUNTY OBSERVER</b>		Date of Disbursement M M D D Y Y 10 31 2014
Mailing Address 1001 S. Douglas Hwy. B-6		Amount of Each Disbursement this Period  200.00
City	State Zip Code	
Purpose of Disbursement ADVERTISEMENT	Category/ Type	
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>C. CASPER RADIO GROUP</b>		Date of Disbursement M M D D Y Y 11 03 2014
Mailing Address 145 S. Durbin St. Suite 303		Amount of Each Disbursement this Period  896.00
City	State Zip Code	
Purpose of Disbursement ADVERTISEMENT	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1,334.50
<b>TOTAL</b> This Period (last page this line number only).....	

14021435236

**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 25 OF 34
	<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) <b>A. Citi Bank Card</b>		Date of Disbursement MM DD YY 10 22 2014
Mailing Address		Amount of Each Disbursement this Period  1,500.00
City State Zip Code		
Purpose of Disbursement Citi Bank Card Debt	Category/Type	
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>B. Citi Bank Card</b>		Date of Disbursement MM DD YY 11 14 2014
Mailing Address		Amount of Each Disbursement this Period  600.00
City State Zip Code		
Purpose of Disbursement Citi Bank Card Debt	Category/Type	
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>C. Exxon</b>		Date of Disbursement MM DD YY 10 31 2014
Mailing Address 2029 DELL RANGE BLVD		Amount of Each Disbursement this Period  100.00
City State Zip Code CHEYENNE, WY 82009		
Purpose of Disbursement Fuel for Campaign Vehicle	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2,200.00
<b>TOTAL</b> This Period (last page this line number only).....	

14021435239

**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 26 OF 34	
	<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) <b>A. EXXON</b>		Date of Disbursement M M D D Y Y 10 31 2014
Mailing Address 2029 DELL RANGE BLVD		Amount of Each Disbursement this Period  100.00
City CHEYENNE, WY 82009	State Zip Code	
Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE		Category/ Type
Candidate Name CHARLIE HARDY		
Office Sought: <input checked="" type="checkbox"/> House <input 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>B. FACEBOOK</b>		Date of Disbursement M M D D Y Y 11 05 2014
Mailing Address 1601 WILLOW ROAD		Amount of Each Disbursement this Period  303.82
City MENLO PARK, CA 94025-1452	State Zip Code	
Purpose of Disbursement ADVERTISING		Category/ Type
Candidate Name CHARLIE HARDY		
Office Sought: <input checked="" type="checkbox"/> House <input 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>C. ALGULGO, FELIX</b>		Date of Disbursement M M D D Y Y 10 21 2014
Mailing Address 1326 MIRADA DRIVE NW		Amount of Each Disbursement this Period  100.00
City OLYMPIA, WA 98502	State Zip Code	
Purpose of Disbursement VOLUNTEER ORGANIZING		Category/ Type
Candidate Name CHARLIE HARDY		
Office Sought: <input checked="" type="checkbox"/> House <input 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	503.82
<b>TOTAL</b> This Period (last page this line number only).....	

14021435240

**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 27 OF 34	
	<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) <b>A. COOK, JAKE</b>		Date of Disbursement V V D D Y Y 10 31 2014
Mailing Address		Amount of Each Disbursement this Period  100.00
City State Zip Code		
Purpose of Disbursement VOLUNTEER ORGANIZING	Category/ Type	
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>B. LITTLE AMERICA</b>		Date of Disbursement M M Y Y 10 2014
Mailing Address 2800 W LINCOLNWAY		Amount of Each Disbursement this Period  33.60
City State Zip Code CHEYENNE, WY 82003		
Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE	Category/ Type	
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>C. MONTPELIER BROADCASTING</b>		Date of Disbursement M M D D Y Y 10 30 2014
Mailing Address 169 RIVER ST		Amount of Each Disbursement this Period  216.00
City State Zip Code MONTPELIER, VT 05602		
Purpose of Disbursement ADVERTISING	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	349.60
<b>TOTAL</b> This Period (last page this line number only).....	

14021435241

**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 28 OF 34	
	<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) <b>A. MONTPELIER BROADCASTING</b>		Date of Disbursement M M D D Y Y 10 30 2014
Mailing Address 169 RIVER ST		Amount of Each Disbursement this Period  216.00
City	State Zip Code	
MONTPELIER, VT	05602	
Purpose of Disbursement ADVERTISING	Category/ Type	
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>B. BRASHEAR, NICK</b>		Date of Disbursement M M D D Y Y 10 21 2014
Mailing Address 1901 CENTRAL AVE #503		Amount of Each Disbursement this Period  100.00
City	State Zip Code	
CHEYENNE, WY	82001	
Purpose of Disbursement VOLUNTEER ORGANIZING	Category/ Type	
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>C. BRASHEAR, NICK</b>		Date of Disbursement M M D D Y Y 10 31 2014
Mailing Address 1901 CENTRAL AVE #503		Amount of Each Disbursement this Period  100.00
City	State Zip Code	
CHEYENNE, WY	82001	
Purpose of Disbursement VOLUNTEER ORGANIAING	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	416.00
<b>TOTAL</b> This Period (last page this line number only).....	

14021435242



**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 29 OF 34

<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)		Date of Disbursement	
<b>A. PILOT</b>		M M D D Y Y Y 10 27 2014	
Mailing Address 650 STAGECOACH DRIVE		Amount of Each Disbursement this Period	
City State Zip Code ROCK SPRINGS, WY 82901		43.17	
Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE		,	
Candidate Name CHARLIE HARDY		Category/ Type	
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)		Date of Disbursement	
<b>B. PILOT</b>		M M D D Y Y Y 10 27 2014	
Mailing Address 650 STAGECOACH DRIVE		Amount of Each Disbursement this Period	
City State Zip Code ROCK SPRINGS, WY 82901		82.62	
Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE		,	
Candidate Name CHARLIE HARDY		Category/ Type	
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)		Date of Disbursement	
<b>C. REMAX</b>		M M D D Y Y Y 11 06 2014	
Mailing Address 4000 CENTRAL AVE		Amount of Each Disbursement this Period	
City State Zip Code CHEYENNE, WY 82001		450.00	
Purpose of Disbursement CAMPAIGN OFFICE RENTAL		,	
Candidate Name CHARLIE HARDY		Category/ Type	
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:		
<b>SUBTOTAL</b> of Disbursements This Page (optional).....		575.79	
<b>TOTAL</b> This Period (last page this line number only).....		,	

14021435243

**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 30 OF 34	
	<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
<b>A. REMAX</b>		M M D D Y Y 11 06 2014
Mailing Address 4000 CENTRAL AVE		Amount of Each Disbursement this Period  550.00
City State Zip Code CHEYENNE, WY 82001		
Purpose of Disbursement CAMPAIGN OFFICE RENTAL		
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)	Category/ Type
State: WY District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. THE RADIO NETWORK</b>		M M D D Y Y 10 27 2014
Mailing Address 40 SHASHONE		Amount of Each Disbursement this Period  600.00
City State Zip Code GREENRIVER, WY 82935		
Purpose of Disbursement ADVERTISING		
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)	Category/ Type
State: WY District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. USPS</b>		M M D D Y Y 11 18 2014
Mailing Address		Amount of Each Disbursement this Period  352.80
City State Zip Code		
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)	Category/ Type
State: WY District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1,502.80
<b>TOTAL</b> This Period (last page this line number only).....	

14021435244

**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 31 OF 34	
	<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) <b>A. 24 HOUR CONVIENCE STORE</b>		Date of Disbursement M M D D Y Y 10 24 2014
Mailing Address 1704 Elk St		Amount of Each Disbursement this Period  69.76
City State Zip Code Rock Springs, WY 82901		
Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE	Category/ Type	
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 type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> General	
State: WY District:		

Full Name (Last, First, Middle Initial) <b>B. AM EX</b>		Date of Disbursement M M D D Y Y 11 07 2014
Mailing Address PO BOX 297812		Amount of Each Disbursement this Period  233.09
City State Zip Code FT LAUDERDALE, FL 33329		
Purpose of Disbursement INTEREST ON DEBT	Category/ Type	
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 type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> General	
State: WY District:		

Full Name (Last, First, Middle Initial) <b>C. GAS A MAT</b>		Date of Disbursement M M D D Y Y 10 17 2014
Mailing Address 620 E LINCOLNWAY		Amount of Each Disbursement this Period  36.40
City State Zip Code CHEYENNE WY 82001		
Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE	Category/ Type	
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 type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> General	
State: WY District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	339.25
<b>TOTAL</b> This Period (last page this line number only) .....	

14021435245

**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 32 OF 34	
	<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) <b>A. GAS A MAT</b>		Date of Disbursement
Mailing Address 620 E LINCOLNWAY		Amount of Each Disbursement this Period  37.38
City CHEYENNE, WY 82001	State Zip Code	
Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE		MEMO CREDIT CARD PMT ON 11/14/2014
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>B. GAS A MAT</b>		Date of Disbursement M M D D Y Y 11 04 2014
Mailing Address 620 E LINCOLNWAY		Amount of Each Disbursement this Period  9.03
City CHEYENNE, WY 82001	State Zip Code	
Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE		MEMO CREDIT CARD PMT ON 11/14/2014
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>C. GAS A MAT</b>		Date of Disbursement M M D D Y Y 11 05 2014
Mailing Address 620 E LINCOLNWAY		Amount of Each Disbursement this Period  38.60
City CHEYENNE, WY 82001	State Zip Code	
Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE		MEMO CREDIT CARD PMT ON 11/14/2014
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	85.01
<b>TOTAL</b> This Period (last page this line number only).....	

14021435246

**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 33 OF 34	
	<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
<b>A. GAS A MAT</b>		M M D D Y Y 11 10 2014
Mailing Address 620 E LINCOLNWAY		Amount of Each Disbursement this Period
City State Zip Code CHEYENNE, WY 82001		
Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE		23.72
Candidate Name CHARLIE HARDY		MEMO CREDIT CARD PMT ON 11/14/2014
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)		Date of Disbursement
<b>B. LITTLE AMERICA</b>		M M D D Y Y 10 24 2014
Mailing Address 2800 WEST LINCOLNWAY		Amount of Each Disbursement this Period
City State Zip Code CHEYENNE, WY 82001		
Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE		59.10
Candidate Name CHARLIE HARDY		MEMO-CREDIT CARD PMT ON 11/14/2014
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)		Date of Disbursement
<b>C. LITTLE AMERICA</b>		M M D D Y Y 10 24 2014
Mailing Address 2800 WEST LINCOLNWAY		Amount of Each Disbursement this Period
City State Zip Code CHEYENNE, WY 82001		
Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE		5.83
Candidate Name CHARLIE HARDY		MEMO-CREDIT CARD PMT ON 11/14/2014
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	88.65
<b>TOTAL</b> This Period (last page this line number only).....	

14021435247

**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 34 OF 34
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b

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NAME OF COMMITTEE (In Full)  
**CHARLIE HARDY FOR SENATE**

Full Name (Last, First, Middle Initial) <b>A. LOAF N JUG</b>		Date of Disbursement M M D D Y Y 10 26 2014
Mailing Address 3036 College Dr		Amount of Each Disbursement this Period  124.68  MEMO-CREDIT CARD PMT ON 11/14/2014
City State Zip Code Rock Springs, WY 82901		
Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE	Category/ Type	
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>B. PILOT</b>		Date of Disbursement M M D D Y Y 10 27 2014
Mailing Address 41 SE WYOMING BLVD		Amount of Each Disbursement this Period  16.91  MEMO-CREDIT CARD PMT ON 11/14/2014
City State Zip Code CASPER WY 82609		
Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE	Category/ Type	
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>C.</b>		Date of Disbursement M
Mailing Address		Amount of Each Disbursement this Period  ,
City State 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	141.59
<b>TOTAL</b> This Period (last page this line number only).....	7,537.01

14021435248

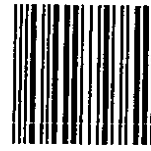
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CHEYENNE, WY  
82001  
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*Charlie Hardy for U.S. Senate Committee*  
*P.O. Box 1222*  
*Cheyenne, WY 82003-1951*

*To: Secretary of the Senate*  
*Office of Public Records*  
*P.O. Box 2517*  
*Alexandria, VA 22301-0517*

14021435249

# United States Senate

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OVERNIGHT DELIVERY SERVICE:

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FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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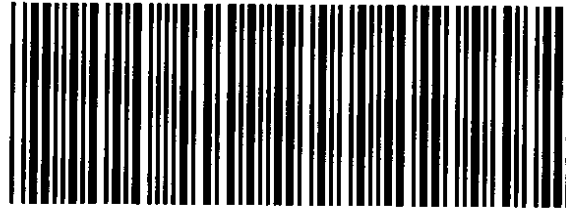
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Date of Receipt

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Date of Receipt or Postmark

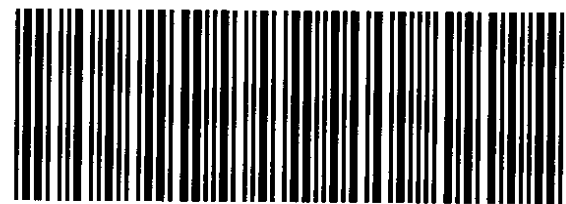
PREPARER **DH** DATE PREPARED **12-15-14**

14921435250





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