

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

15 FEB -5 AM 11:45

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

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

X

AMENDED (A)

WY

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X 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

in the State of

5. Covering Period

07 31 2014

through

09 30 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.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

CHARLIE HARDY FOR SENATE

Report Covering the Period: From: 07 31 2014 To: 09 30 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)) ...	14,549.61	41,405.64
(b) Total Contribution Refunds (from Line 20(d)) ...	0.00	983.60
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	14,549.61	40,422.04
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ...	11,202.29	63,676.78
(b) Total Offsets to Operating Expenditures (from Line 14) ...	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	11,202.29	63,676.78
8. Cash on Hand at Close of Reporting Period (from Line 27) ...	5,954.67	
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) ...	54,325.41	

For further information contact:

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

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

15020093235

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

CHARLIE HARDY FOR SENATE

Report Covering the Period: From: **07 31 2014** To: **09 30 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)...	6061.39	18348.07
(ii) Unitemized	8,488.22	23057.45
(iii) TOTAL of contributions from individuals	14,549.61	41405.52
(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))..	14,549.61	41405.52
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0.00	29201.41
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	29201.41
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)...	14,549.61	70,614.93

15020093236

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...	11,202.29	63,676.78
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ...	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	0.00	983.60
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ...	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	983.60
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	11,202.29	64,660.38

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	2,607.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	14,549.61
25. SUBTOTAL (add Line 23 and Line 24)...	17,156.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	11,202.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	5,954.67

15020093237

**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 38	
	<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

A. Full Name (Last, First, Middle Initial)
WILKINSON, BRUCE

Mailing Address
816 ADAMS ST. SE

City **OLYMPIA** State **WA** Zip Code **98501**

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

Name of Employer
CHARLIE HARDY FOR SENATE Occupation **CAMPAIGN MANAGER**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
561.39

Date of Receipt
08 01 2014

Amount of Each Receipt this Period
374.26
VALUE OF RV LOANED TO CAMPAIGN BEGINNING 7/1/2014; PORTION ATTRIBUTED TO GENERAL ELECTION.

B. Full Name (Last, First, Middle Initial)
CARTER, ROCK

Mailing Address
11019 N. BALSAM TREE

City **MEQUON** State **WI** Zip Code **53092**

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

Name of Employer
RETIRED Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2,000.00

Date of Receipt
08 09 2014

Amount of Each Receipt this Period
1,000.00

C. Full Name (Last, First, Middle Initial)
MAINLAND, JEFFREY

Mailing Address
3422 SOUTH LANE

City **FRANKSVILLE** State **WI** Zip Code **53126**

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

Name of Employer
KOLAR ARMS Occupation **OWNER**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1,000.00

Date of Receipt
08 09 2014

Amount of Each Receipt this Period
500.00

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

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

1,874.26

15020093238

**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 38	
	<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) A. STERNITZKE, MARY ELLEN		Date of Receipt 08 09 2014
Mailing Address 507 E. 18th STREET		Amount of Each Receipt this Period 500.00
City CHEYENNE	State Zip Code WY 82001	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer CATHOLIC CHARITIES OF WY	Occupation PSYCHOLOGIST	
Receipt For: <input checked="" type="checkbox"/> Primary General Other (specify)	Election Cycle-to-Date 700.00	

Full Name (Last, First, Middle Initial) B. SCHEELAR, EARL		Date of Receipt 08 09 2014
Mailing Address 2322 ROOSEVELT AVE.		Amount of Each Receipt this Period 200.00
City BERKELEY	State Zip Code CA 94703	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation RETIRED	
Receipt For: <input checked="" type="checkbox"/> Primary General Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) C. BRADLEY, ALICE		Date of Receipt 08 09 2014
Mailing Address 245 S. LOWELL ST.		Amount of Each Receipt this Period 200.00
City CASPER	State Zip Code WY 82601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer	Occupation RETIRED	
Receipt For: <input checked="" type="checkbox"/> Primary General Other (specify)	Election Cycle-to-Date 450.00	

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL 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 7 OF 38	
	<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) SPRINGER, LK		Date of Receipt 08 09 2014
Mailing Address 1819 SIGNATURE CT.		Amount of Each Receipt this Period 100.00
City LONGBMONT	State CO	
Zip Code 80504		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) POWERS, GEORGE		Date of Receipt 08 17 2014
Mailing Address 515 E. 18th STREET		Amount of Each Receipt this Period 500.00
City CHEYENNE	State WY	
Zip Code 82001		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer SUNDAHL, POWERS, KAPA-MARTIN	Occupation ATTORNEY	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) PASCAL, CAROL		Date of Receipt 08 21 2014
Mailing Address 1722 MORRIE AVE.		Amount of Each Receipt this Period 500.00
City CHEYENNE	State WY	
Zip Code 82001		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period 1000.00
Receipt For: Primary <input checked="" type="checkbox"/> General Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	1,100.00
TOTAL This Period (last page this line number only).....	

15020093240

**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 8 OF 38	
	<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) BRIZUELA, GUILLERMO		Date of Receipt 08 25 2014
Mailing Address 314 S. 24TH		Amount of Each Receipt this Period 400.00
City LARAMIE	State WY	
Zip Code 82070		Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C		
Name of Employer INDIAN LANDSCAP. CO.	Occupation OWNER	Amount of Each Receipt this Period 400.00
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

B. Full Name (Last, First, Middle Initial) GRIFFIN, MARY JO		Date of Receipt 08 28 2014
Mailing Address 216 RIDGE AVE		Amount of Each Receipt this Period 200.00
City BALTIMORE	State MD	
Zip Code 21286		Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation RETIRED	Amount of Each Receipt this Period 250.00
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

C. Full Name (Last, First, Middle Initial) ACHTENBERG, BEN		Date of Receipt 08 28 2014
Mailing Address 47 HALIFAX ST.		Amount of Each Receipt this Period 200.00
City BOSTON	State MA	
Zip Code 02130		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer NOT EMPLOYED	Occupation	Amount of Each Receipt this Period 300.00
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

15020093241

**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 9 OF 38	
	<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) A. BELLAMY, RAY			Date of Receipt 09 08 2014
Mailing Address 509 VINNEDGE RIDE			Amount of Each Receipt this Period 500.00
City TALLAHASSEE	State FL	Zip Code 32303	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00
Name of Employer FL STATE UNIV.		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. BRADLEY, ALICE			Date of Receipt 09 13 2014
Mailing Address 245 S. LOWELL ST.			Amount of Each Receipt this Period 400.00
City CASPER	State WY	Zip Code 82601	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 850.00
Name of Employer		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 850.00	

Full Name (Last, First, Middle Initial) C. CARR, MICHAEL			Date of Receipt 09 18 2014
Mailing Address PO BOX 2181			Amount of Each Receipt this Period 200.00
City CHEYENNE	State WY	Zip Code 82003	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 300.00
Name of Employer		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional)	1,100.00
TOTAL This Period (last page this line number only)	

15020093242

**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 10 OF 38	
	<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) A. MONTERASTELLI, ROXANNE		Date of Receipt 09 19 2014
Mailing Address 1065 BEAUMONT DR.		Amount of Each Receipt this Period 100.00
City CASPER	State WY	
Zip Code 82601		
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 <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		
FEC ID number of contributing federal political committee. C		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) C.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		
FEC ID number of contributing federal political committee. C		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	

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	5,874.26

15020093243

**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>11</u> OF <u>38</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 08 07 2014	
Mailing Address PO BOX 297812		Amount of Each Disbursement this Period 0.00 NO PAYMENT THIS STATEMENT.	
City FT. LAUDERDALE	State FL		Zip Code 33329-7812
Purpose of Disbursement NO PAYMENT			Category/ Type
Candidate Name CHARLIE HARDY			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify)		
State: WY	District:		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement 07 17 2014	
Mailing Address PO BOX 297812		Amount of Each Disbursement this Period 125.58 MEMO-AMEX CREDIT CARD PAYMENT DATED 08/07/2014.	
City FT. LAUDERDALE	State FL		Zip Code 33329-7812
Purpose of Disbursement INTEREST ON CC DEBT			Category/ Type
Candidate Name CHARLIE HARDY			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary 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).....	0.00
TOTAL This Period (last page this line number only).....	

15020093244

**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 12 OF 38
	<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. OFFICE DEPT		Date of Disbursement 07 01 2014
Mailing Address 1225 DEL RANGE BLVD.		Amount of Each Disbursement this Period 79.26 MEMO-AMEX CREDIT CARD PAYMENT DATED 08/07/2014.
City CHEYENNE WY	State WY	
Zip Code 82001		
Purpose of Disbursement OFFICE SUPPLIES		
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 Other (specify)	
State: WY	District:	

Full Name (Last, First, Middle Initial) B. GASAMAT		Date of Disbursement 07 01 2014
Mailing Address 620 E. 16th ST.		Amount of Each Disbursement this Period 44.00 MEMO-AMEX CREDIT CARD PAYMENT DATED 08/07/2014.
City CHEYENNE WY	State WY	
Zip Code 82001		
Purpose of Disbursement GAS FOR CAMPAIGN VEHICLE		
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 Other (specify)	
State: WY	District:	

Full Name (Last, First, Middle Initial) C. MODEL SIGNS		Date of Disbursement 07 07 2014
Mailing Address 110 CENTER ST.		Amount of Each Disbursement this Period 1389.66 MEMO-AMEX CREDIT CARD PAYMENT DATED 08/07/2014.
City ROCK SPRINGS WY	State WY	
Zip Code 82901		
Purpose of Disbursement PRINTING YARD SIGNS		
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 Other (specify)	
State: WY	District:	

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

15020093245

**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 38
	<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 07 14 2014
Mailing Address 1620 THOMES AVE		Amount of Each Disbursement this Period 109.14 MEMO: AMEX CREDIT CARD PAYMENT DATED 08/07/2014.
City CHEYENNE	State WY	
Zip Code 82001		
Purpose of Disbursement PRINTING CAMPAIGN MATERIALS		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	
State: WY	District:	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement 07 15 2014
Mailing Address 2120 CAPITOL AVE.		Amount of Each Disbursement this Period 8.45 MEMO: AMEX CREDIT CARD PAYMENT DATED 08/07/2014.
City CHEYENNE	State WY	
Zip Code 82001		
Purpose of Disbursement POSTAGE		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	
State: WY	District:	

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement 08 27 2014
Mailing Address PO BOX 297812		Amount of Each Disbursement this Period 690.00
City FT. LAUDERDALE	State FL	
Zip Code 33329-7812		
Purpose of Disbursement CREDIT CARD PAYMENT-SEE BELOW		
Candidate Name CHARLIE HARDY		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	
State: WY	District:	

SUBTOTAL of Disbursements This Page (optional).....	690.00
TOTAL This Period (last page this line number only).....	

15020093246

**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. VERIZON WIRELESS

Date of Disbursement
07 24 2014

Mailing Address
FRONTIER MALL

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

Purpose of Disbursement
TELEPHONE

Candidate Name
CHARLIE HARDY

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: **WY** District:

Amount of Each Disbursement this Period
450.59
MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014.

Full Name (Last, First, Middle Initial)
B. OFFICE DEPOT

Date of Disbursement
07 24 2014

Mailing Address
1225 DELRANGE BLVD.

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

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name
CHARLIE HARDY

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: **WY** District:

Amount of Each Disbursement this Period
40.87
MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014.

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

Date of Disbursement
07 24 2014

Mailing Address
620 E. 16th ST.

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

Purpose of Disbursement
FUEL FOR CAMPAIGN VEHICLE

Candidate Name
CHARLIE HARDY

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: **WY** District:

Amount of Each Disbursement this Period
42.23
MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014.

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

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

15020093247

**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 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. USPS		Date of Disbursement 07 24 2014	
Mailing Address 2120 CAPITOL AVE.		Amount of Each Disbursement this Period 147.00 MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014.	
City CHEYENNE	State WY		Zip Code 82001
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 Other (specify)		
State: WY District:			

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement 07 24 2014	
Mailing Address 2120 CAPITOL AVE.		Amount of Each Disbursement this Period 10584 MEMO: AMEX CREDIT CARD PAYMENT DATED 08/27/2014.	
City CHEYENNE	State WY		Zip Code 82001
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 Other (specify)		
State: WY District:			

Full Name (Last, First, Middle Initial) C. GASAMAT		Date of Disbursement 07 25 2014	
Mailing Address 620 E. 16th ST.		Amount of Each Disbursement this Period 3713 MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014.	
City CHEYENNE	State WY		Zip Code 82001
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 Other (specify)		
State: WY District:			

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

15020093248

**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. HAMPTON INN		Date of Disbursement 07 28 2014
Mailing Address 2500 N. FEDERAL BLVD.		Amount of Each Disbursement this Period 126.55 MEMO - AMEX CREDIT CARD PAYMENT DATED 08/27/2014.
City RIVERTON WY	State WY	
Zip Code 82501		Amount of Each Disbursement this Period 126.55 MEMO - AMEX CREDIT CARD PAYMENT DATED 08/27/2014.
Purpose of Disbursement MOTEL		
Candidate Name CHARLIE HARDY		
Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Amount of Each Disbursement this Period 126.55 MEMO - AMEX CREDIT CARD PAYMENT DATED 08/27/2014.
State: WY	District: _____	

Full Name (Last, First, Middle Initial) B. GASAMAT		Date of Disbursement 07 28 2014
Mailing Address 620 E. 16th ST.		Amount of Each Disbursement this Period 26.46 MEMO - AMEX CREDIT CARD PAYMENT DATED 08/27/2014.
City CHEYENNE WY	State WY	
Zip Code 82001		Amount of Each Disbursement this Period 26.46 MEMO - AMEX CREDIT CARD PAYMENT DATED 08/27/2014.
Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE		
Candidate Name CHARLIE HARDY		
Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Amount of Each Disbursement this Period 26.46 MEMO - AMEX CREDIT CARD PAYMENT DATED 08/27/2014.
State: WY	District: _____	

Full Name (Last, First, Middle Initial) C. C+D PRINTING		Date of Disbursement 07 31 2014
Mailing Address 5351 TENNYSON ST. UNIT C-1		Amount of Each Disbursement this Period 1507.20 MEMO - AMEX CREDIT CARD PAYMENT DATED 08/27/2014.
City DENVER CO	State CO	
Zip Code 80212		Amount of Each Disbursement this Period 1507.20 MEMO - AMEX CREDIT CARD PAYMENT DATED 08/27/2014.
Purpose of Disbursement PRINTING		
Candidate Name CHARLIE HARDY		
Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Amount of Each Disbursement this Period 1507.20 MEMO - AMEX CREDIT CARD PAYMENT DATED 08/27/2014.
State: WY	District: _____	

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

15020093249

**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 08 01 2014
Mailing Address 620 E. 16th ST.		Amount of Each Disbursement this Period 42 13 MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014.
City CHEYENNE State WY Zip Code 82001		
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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State: WY District:		

Full Name (Last, First, Middle Initial) B. USA		Date of Disbursement 08 01 2014
Mailing Address 2120 CAPITOL AVE.		Amount of Each Disbursement this Period 11760 MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014.
City CHEYENNE State WY Zip Code 82001		
Purpose of Disbursement POSTAGE	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State: WY District:		

Full Name (Last, First, Middle Initial) C. WYOMING TROPHY + ENGRAVING		Date of Disbursement 08 01 2014
Mailing Address 1620 THOMES AVE.		Amount of Each Disbursement this Period 369 24 MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014.
City CHEYENNE State WY Zip Code 82001		
Purpose of Disbursement PRINTING CAMPAIGN MATERIALS	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State: WY District:		

SUBTOTAL of Disbursements This Page (optional).....	000
TOTAL This Period (last page this line number only).....	

15020093250

**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 08 03 2014	
Mailing Address 620 E. 16th ST.		Amount of Each Disbursement this Period 18 65 MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014.	
City CHEYENNE	State WY		Zip Code 82001
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	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify)		
State: WY	District:		

Full Name (Last, First, Middle Initial) B. MODEL SIGNS		Date of Disbursement 08 07 2014	
Mailing Address 110 CENTER STREET		Amount of Each Disbursement this Period 674 16 MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014.	
City ROCK SPRINGS	State WY		Zip Code 82901
Purpose of Disbursement PRINTING YARD SIGNS			Category/ Type
Candidate Name CHARLIE HARDY			
Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify)		
State: WY	District:		

Full Name (Last, First, Middle Initial) C. MAX'S CONOLO		Date of Disbursement 08 14 2014	
Mailing Address 706 N. CENTER ST.		Amount of Each Disbursement this Period 100 00 MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014.	
City CASPER	State WY		Zip Code 82601
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	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify)		
State: WY	District:		

SUBTOTAL of Disbursements This Page (optional).....	000
TOTAL This Period (last page this line number only).....	

15020093251

**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. CITY CARDS		Date of Disbursement 08 03 2014
Mailing Address BOX 6500		Amount of Each Disbursement this Period 33 18
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"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	
State: WY District:		

Full Name (Last, First, Middle Initial) B. CITY CARDS		Date of Disbursement 08 28 2014
Mailing Address BOX 6500		Amount of Each Disbursement this Period 39 12
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"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: WY District:		

Full Name (Last, First, Middle Initial) C. CITY CARDS		Date of Disbursement 09 19 2014
Mailing Address BOX 6500		Amount of Each Disbursement this Period 69 43
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"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: WY District:		

SUBTOTAL of Disbursements This Page (optional)	14173
TOTAL This Period (last page this line number only)	

15020093252

**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. MODEL SIGNS		Date of Disbursement 09 03 2014
Mailing Address 110 CENTER ST		Amount of Each Disbursement this Period 1976 90 MEMO - CITI CORP CREDIT CARD PAYMENT DATED 09/19/2014
City ROCK SPRINGS	State WY	
Zip Code 82901		
Purpose of Disbursement CAMPAIGN SIGNS	Category/Type	
Candidate Name CHARLIE HARDY		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary General Other (specify)	
State: WY	District:	

Full Name (Last, First, Middle Initial) B. PILOT		Date of Disbursement 09 04 2014
Mailing Address 650 STAGE COACH DR.		Amount of Each Disbursement this Period 227 14 MEMO - CITI CORP CREDIT CARD PAYMENT DATED 09/19/2014
City ROCK SPRINGS	State WY	
Zip Code 82901		
Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE	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).....	

15020093253

**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 22 OF 39
	<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. LITTLE AMERICA		Date of Disbursement 09 17 2014	
Mailing Address 2800 W. LINCOLNWAY		Amount of Each Disbursement this Period 22757	
City CHEYENNE	State WY		Zip Code 82009
Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE			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) B. FACEBOOK		Date of Disbursement 09 12 2014	
Mailing Address HACKER WAY		Amount of Each Disbursement this Period 25006	
City MENLO PARK	State CA		Zip Code 94025
Purpose of Disbursement ADS ON FACEBOOK			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. REMAX CAPITOL PROPERTIES		Date of Disbursement 09 03 2014	
Mailing Address 4000 CENTRAL AVE.		Amount of Each Disbursement this Period 90000	
City CHEYENNE	State WY		Zip Code 82001
Purpose of Disbursement CAMPAIGN OFFICE RENTAL			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:			

SUBTOTAL of Disbursements This Page (optional).....	137763
TOTAL This Period (last page this line number only).....	

15020093254

**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 23 OF 38

<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

<p>A. REMAX CAPITOL PROPERTIES</p> <p>Full Name (Last, First, Middle Initial)</p>		<p>Date of Disbursement</p> <p>09 03 2014</p>
<p>Mailing Address 4000 CENTRAL AVE.</p>		<p>Amount of Each Disbursement this Period</p> <p>11 00 00</p>
<p>City CHEYENNE WY State Zip Code 82001</p>		
<p>Purpose of Disbursement CAMPAIGN STAFF APT. RENTAL</p>		
<p>Candidate Name CHARLIE HARDY</p>		
<p>Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/></p>	<p>Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)</p>	
<p>State: WY District:</p>	<p>Full Name (Last, First, Middle Initial)</p>	
<p>B. OFFICE DEPOT</p> <p>Full Name (Last, First, Middle Initial)</p>		<p>Date of Disbursement</p> <p>09 02 2014</p>
<p>Mailing Address 1225 DEL RANGE BLVD</p>		<p>Amount of Each Disbursement this Period</p> <p>157 58</p>
<p>City CHEYENNE WY State Zip Code 82001</p>		
<p>Purpose of Disbursement OFFICE SUPPLIES</p>		
<p>Candidate Name CHARLIE HARDY</p>		
<p>Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/></p>	<p>Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)</p>	
<p>State: WY District:</p>	<p>Full Name (Last, First, Middle Initial)</p>	
<p>C. FACE BOOK</p> <p>Full Name (Last, First, Middle Initial)</p>		<p>Date of Disbursement</p> <p>09 02 2014</p>
<p>Mailing Address 1 HACKER WAY</p>		<p>Amount of Each Disbursement this Period</p> <p>63 23</p>
<p>City MENLO PARK CA State Zip Code 94025</p>		
<p>Purpose of Disbursement ADS ON FACEBOOK</p>		
<p>Candidate Name CHARLIE HARDY</p>		
<p>Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/></p>	<p>Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)</p>	
<p>State: WY District:</p>	<p>Full Name (Last, First, Middle Initial)</p>	
<p>SUBTOTAL of Disbursements This Page (optional).....</p>		<p>132081</p>
<p>TOTAL This Period (last page this line number only).....</p>		

15020093255

**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. WILKINSON, BRUCE		Date of Disbursement 08 01 2014
Mailing Address 816 ADAMS ST. SE		Amount of Each Disbursement this Period 374.26
City OLYMPIA	State WA	
Zip Code 98501		Category/ Type IN-KIND
Purpose of Disbursement CAMPAIGN VEHICLE LOANED VALUE		
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. CENTURY LINK		Date of Disbursement 08 01 2014
Mailing Address CENTURY LINK TOWER		Amount of Each Disbursement this Period 299.68
City PHOENIX	State AZ	
Zip Code 85012		Category/ Type
Purpose of Disbursement INTERNET SERVICE		
Candidate Name CHARLIE HARDY		
Office Sought: <input 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.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
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:	

374.26

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

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

15020093256

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

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

PAGE 26 OF 38

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
809.41	000	809.41

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
VARIOUS	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.

15020093257

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

Election:
 Primary
 General
 Other (specify) ▼

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

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

TERMS

Date Incurred 02 05 2014	Date Due NO DUE DATE	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
------------------------------------	--------------------------------	--------------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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.

15020093258

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

9500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9500.00

TERMS

Date Incurred

02 / 14 / 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.

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 29 OF 38

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 1957

City State ZIP Code
CHEYENNE WY 82003-1957

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) 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.

15020093260

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

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
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.

15020093261

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

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
1,500.00	0.00	1,500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04 21 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.

15020093262

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 32 OF 38

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
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 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

15020093263

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 33 OF 38

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 1957

City **CHEYENNE** State **WY** ZIP Code **82003-1957**

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.

15020093264

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 34 OF 38

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.

15020093265

**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
3,400.00	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.

15020093266

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 36 OF 38

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
, 350.00	, 0.00	, 350.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 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.

15020093267

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 37 OF 38

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)..... ▶ **79,209.41**

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

15020093268

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

(Use separate schedule(s) for each numbered line) PAGE 28 OF 34
 FOR LINE NUMBER: (check only one) 9 10

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 Zip Code KEY DISCANE, FL 33149	
Outstanding Balance Beginning This Period <div style="text-align: center; font-size: 1.2em;">246209</div>	
Amount Incurred This Period <div style="text-align: center; font-size: 1.2em;">000</div>	Payment This Period <div style="text-align: center; font-size: 1.2em;">000</div>
Outstanding Balance at Close of This Period <div style="text-align: right; font-size: 1.2em;">246209</div>	

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 Zip Code SIoux FALLS SD 57117	
Outstanding Balance Beginning This Period <div style="text-align: center; font-size: 1.2em;">145051</div>	
Amount Incurred This Period <div style="text-align: center; font-size: 1.2em;">268638</div>	Payment This Period <div style="text-align: center; font-size: 1.2em;">14173</div>
Outstanding Balance at Close of This Period <div style="text-align: right; font-size: 1.2em;">399516</div>	

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 Zip Code FT. LAUDERDALE FL 33329-7812	
Outstanding Balance Beginning This Period <div style="text-align: center; font-size: 1.2em;">1054198</div>	
Amount Incurred This Period <div style="text-align: center; font-size: 1.2em;">880677</div>	Payment This Period <div style="text-align: center; font-size: 1.2em;">69000</div>
Outstanding Balance at Close of This Period <div style="text-align: right; font-size: 1.2em;">1865875</div>	

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page this line number only)	2511600
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	2920941
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	5432541

15020093269

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



7024 2120 0004 6012 9289



1004



20510

1st Class Mail

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CHEYENNE, WY
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Screened by
Senate Post Office

FEB 09

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REQUESTED

U. S. SENATE
TRACKING NUMBER
13-020060

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



LABEL 107R, OCT 1997

Screened by
Senate Post Office

FEB 23 2015

07266002051

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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Date of Receipt

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USPS REGISTERED/CERTIFIED 11/30/15
Postmark

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"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

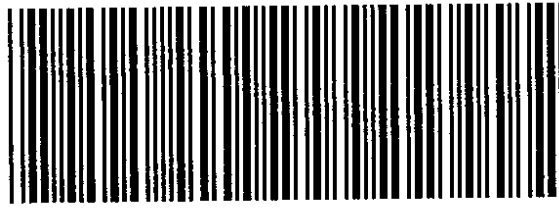
POSTMARK ILLEGIBLE POSTMARK

FAX _____
Date of Receipt

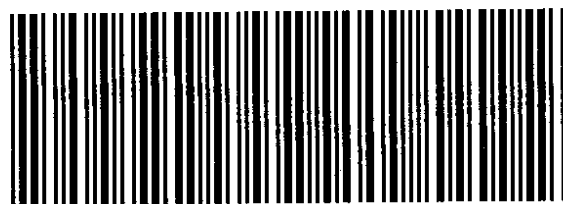
OTHER _____
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 2/15/15

15020093271



SEN PATCH



SEN PATCH

15020093272