

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

SECRETARY OF THE SENATE

15 FEB -5 AM 11:46

Office Use Only

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

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

ADDRESS (number and street) P O B O X 1 2 2 2

Check if different than previously reported. (ACC) C H E Y E N N E W Y 8 2 0 0 3 - 1 2 2 2

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT

C 0 0 5 5 4 7 5 8 IS THIS REPORT NEW (N) OR AMENDED (A) W Y

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 M M 11 D D 04 Y Y 2014 in the State of W Y

5. Covering Period M M 10 D D 16 Y Y 2014 through M M 11 D D 24 Y Y 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.

15020093301

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

CHARLIE HARDY FOR US SENATE

Report Covering the Period: From: M M D D Y Y Y Y To: M M D D Y Y
10 16 2014 11 24 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)) ...		
(b) Total Contribution Refunds (from Line 20(d)) ..		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..		
(b) Total Offsets to Operating Expenditures (from Line 14)...		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...		
8. Cash on Hand at Close of Reporting Period (from Line 27)...	7,339.33	
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) ..	57,506.11	

For further information contact:

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

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

15020093302

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

CHARLIE HARDY FOR US SENATE

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y 11 / 24 / 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)...		
(ii) Unitemized.....		
(iii) TOTAL of contributions from individuals .		
(b) Political Party Committees...		
(c) Other Political Committees (such as PACs)...		
(d) The Candidate.....		
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
13. LOANS:		
(a) Made or Guaranteed by the Candidate...		
(b) All Other Loans...		
(c) TOTAL LOANS (add Lines 13(a) and (b))...		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..		
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...		

15020093303

DETAILED SUMMARY PAGE
of Disbursements

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

III. CASH SUMMARY

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

15020093304

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 US SENATE

Report Covering the Period: From: M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 1 4 To: M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 1 4

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 1 4 (date of general election)	COLUMN C Total for M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 1 4 (date after general election) through M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 1 4 (last day of reporting period)
11. CONTRIBUTIONS		
(other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
8,248.00	22,414.64	4,775.00
(ii) Unitemized		
6,728.81	28,649.70	2,346.03
(iii) Total of contributions from individuals		
14,976.81	51,064.34	7,121.03
(b) Political Party Committees		
443.00	443.00	0.00
(c) Other Political Committees		
0.00	0.00	0.00

15020093305

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	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
14,976.81	51,507.34	7,121.03
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	29,209.41	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	29,209.41	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
14,976.81	80,716.75	7,121.03

15020093306

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 US 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

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)
17. OPERATING EXPENDITURES		
11,672.41	75,371.22	3,700.75
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	983.60	0.00
(b) Political Party Committees		
0.00	0.00	0.00

15020093307

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)
(c) Other Political Committees (such as PACs)		
0.00	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))		
0.00	983.60	0.00
21. OTHER DISBURSEMENTS		
0.00	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)		
11,672.41	76,354.82	3,700.75

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))

14,776.81	49,880.74	7,121.03
-----------	-----------	----------

IV. NET OPERATING EXPENDITURES

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

11,672.41	75,371.22	3,700.75
-----------	-----------	----------

V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	4,034.93
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)...	14,976.81
25. SUBTOTAL (add Line 23 and Line 24)...	19,011.74
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	11,672.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	7,339.33

15020093308

**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 47	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

Full Name (Last, First, Middle Initial) ALLEN, ALBINA		Date of Receipt MM / DD / YYYY 10 / 16 / 2014
Mailing Address 1000 8TH STREET		Amount of Each Receipt this Period 50.00
City ROCK SPRINGS	State Zip Code WY 82901	
FEC ID number of contributing federal political committee. C		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) KINNAMAN, ANGELINE		Date of Receipt MM / DD / YYYY 10 / 16 / 2014
Mailing Address 320 8TH STREET		Amount of Each Receipt this Period 100.00
City RAWLINS	State Zip Code WY 82301	
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	

Full Name (Last, First, Middle Initial) NEWCOMB, ANNE		Date of Receipt MM / DD / YYYY 10 / 16 / 2014
Mailing Address PO BOX 2465		Amount of Each Receipt this Period 100.00
City JACKSON	State Zip Code WY 83001	
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	

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

15020093309

**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 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 1b	<input type="checkbox"/> 1c
<input type="checkbox"/> 12	<input type="checkbox"/> 3a	<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)
COLAVITA, ANTHONY

Mailing Address
411 WILLIAMSON ROAD

City State Zip Code
GLADWYNE PA 19035

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
10 31 2014

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
SOWADA, BARBARA

Mailing Address
2632 POPO AGIE DRIVE

City State Zip Code
ROCK SPRINGS WY 82901

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
11 24 2014

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
ZANCANELLA, BARBARA

Mailing Address
532 FREMONT CIRCLE

City State Zip Code
ROCK SPRINGS WY 82901

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
11 24 2014

Amount of Each Receipt this Period
100.00

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

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

300.00

15020093310

**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 47	
	(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"/> 3a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

Full Name (Last, First, Middle Initial) A. HESTROFFER, BERTON		Date of Receipt
Mailing Address 7358 N DAMEN AVE UNIT 2N		M / M / D / D / Y / Y / Y
City CHICAGO	State IL	10 / 20 / 2014
Zip Code 60645		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer		250.00
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. SORENSEN, DALE		Date of Receipt
Mailing Address PO BOX 316		M / M / D / D / Y / Y / Y
City INVERNESS	State CA	10 / 20 / 2014
Zip Code 94937		
FEC ID number of contributing federal political committee. C		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
		250.00

Full Name (Last, First, Middle Initial) C. SCHEELAR, EARL		Date of Receipt
Mailing Address 2322 ROOSEVELT AVE		M / M / D / D / Y / Y / Y
City BERKELEY	State CA	10 / 20 / 2014
Zip Code 94703		
FEC ID number of contributing federal political committee. C		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
		350.00

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

15020093311

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 OF 47	
	(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

A. Full Name (Last, First, Middle Initial)
BAUER, ELIZABETH

Mailing Address
3302 S 44TH ST

City **OMAHA** State **NE** Zip Code **68105**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
M M / D D / Y Y Y Y
10 31 2014

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
FIECHTER, FRANCES

Mailing Address
16822 E EASTER WAY

City **AURORA** State **CO** Zip Code **80016**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 16 2014

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
FAGAN, GEORGE

Mailing Address
PO BOX 790

City **LIMON** State **CO** Zip Code **80828**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
M M / D D / Y Y Y Y
11 24 2014

Amount of Each Receipt this Period
50.00

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

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

250.00

15020093312

**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 47
(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

A. Full Name (Last, First, Middle Initial)
SANTINI, GEORGE

Mailing Address
2520 DEMING BLVD #1

City State Zip Code
CHEYENNE WY 82001

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
217.15

Date of Receipt
M M / D D / Y Y Y
11 19 2014

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
ALBRIGHT, JOSEPH

Mailing Address
PO BOX 9760

City State Zip Code
JACKSON WY 83002

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y
11 24 2014

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MCGREEVY, KATHLEEN

Mailing Address
4421 S HICKORY HILL ROAD

City State Zip Code
SIOUX FALLS SD 57103

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y
11 24 2014

Amount of Each Receipt this Period
150.00

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

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

450.00

15020093313

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 OF 47	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 1b	<input type="checkbox"/> 1c	<input type="checkbox"/> 1d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 3a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

Full Name (Last, First, Middle Initial) SPRINGER, LK		Date of Receipt M M / D D / Y Y Y Y 10 20 / 2014
Mailing Address 1819 SIGNATURE CT		Amount of Each Receipt this Period 100.00
City LONGMONT	State Zip Code CO 80504	
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	

Full Name (Last, First, Middle Initial) PETERSEN, LESLIE		Date of Receipt M M / D D / Y Y Y Y 11 24 / 2014
Mailing Address PO BOX 568		Amount of Each Receipt this Period 100.00
City WILSON	State Zip Code WY 83014	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
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	

Full Name (Last, First, Middle Initial) MOTTONEN, LOIS		Date of Receipt M M / D D / Y Y Y Y 10 18 / 2014
Mailing Address 2843 DEMING BLVD		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 1,500.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,500.00	

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

15020093314

**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 47	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 3a	<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) SHICKICH, LOIS		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1110 S CENTER ST		Amount of Each Receipt this Period 100.00
City CASPER	State Zip Code WY 82601	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 200.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

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

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

15020093315

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 OF 47	
	(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

A. Full Name (Last, First, Middle Initial) HOLBERT, MARY		Date of Receipt MM / DD / YYYY 10 / 16 / 2014
Mailing Address 920 8TH STREET		Amount of Each Receipt this Period 50.00
City ROCK SPRINGS	State Zip Code WY 82901	
FEC ID number of contributing federal political committee. C		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	

B. Full Name (Last, First, Middle Initial) HOLBERT, MARY		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 920 8TH STREET		Amount of Each Receipt this Period 275.00
City ROCK SPRINGS	State Zip Code WY 82901	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
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) CLONTS, MARY ANN		Date of Receipt MM / DD / YYYY 11 / 19 / 2014
Mailing Address		Amount of Each Receipt this Period 100.00
City	State Zip Code	
FEC ID number of contributing federal political committee. C		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	

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

15020093316

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 17 OF 47	
	(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

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

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

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

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

15020093317

**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 47	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 1b	<input type="checkbox"/> 1c	<input type="checkbox"/> 1d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 3a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

Full Name (Last, First, Middle Initial) ANSELM, PATRICIA		Date of Receipt	
A. Mailing Address 1727 COLLINS ST		M / D / Y	
City ROCK SPRINGS	State WY	11	19 / 2014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1,000.00	
Name of Employer	Occupation	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date 2,000.00			

Full Name (Last, First, Middle Initial) ANSELM, PATRICIA		Date of Receipt	
B. Mailing Address 1727 COLLINS ST		M / D / Y	
City ROCK SPRINGS	State WY	11	19 / 2014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2,000.00	
Name of Employer	Occupation	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date 2,000.00			

Full Name (Last, First, Middle Initial) DE HERTEL, ROBERT		Date of Receipt	
C. Mailing Address 2183 DATORO DRIVE		M / D / Y	
City SAN JOSE	State CA	10	16 / 2014
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			

SUBTOTAL of Receipts This Page (optional).....	3,100.00
TOTAL This Period (last page this line number only).....	

15020093318

**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 19 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

Full Name (Last, First, Middle Initial) MELONUK, ROBERT		Date of Receipt M M D D Y Y Y Y 11 19 2014
Mailing Address PO BOX 61		Amount of Each Receipt this Period 100.00
City FORT LARAMIE	State Zip Code WY 82212	
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	

Full Name (Last, First, Middle Initial) MCDANIEL, RODGER		Date of Receipt M M D D Y Y Y Y 11 19 2014
Mailing Address 921 ARAPAHO ST		Amount of Each Receipt this Period 100.00
City CHEYENNE	State Zip Code 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	

Full Name (Last, First, Middle Initial) RUDOLPH, RUTH		Date of Receipt M M D D Y Y Y Y 11 24 2014
Mailing Address 1251 N 21ST APT K55		Amount of Each Receipt this Period 200.00
City LARAMIE	State Zip Code 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	

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

15020093319

**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 47	
	(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"/> 3a	<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) NEYER, SARA		Date of Receipt M M / D D / Y Y 11 24 / 2014
Mailing Address PO BOX 2126		Amount of Each Receipt this Period 50.00
City GILLETTE	State Zip Code WY 82717	
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	

B. Full Name (Last, First, Middle Initial) KELLERMAN, SEYMOUR		Date of Receipt M M / D D / Y Y 10 31 / 2014
Mailing Address 21 COGSWELL AVE		Amount of Each Receipt this Period 50.00
City CAMBRIDGE	State Zip Code MA 02140	
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) WEDEL, SUE		Date of Receipt M M / D D / Y Y 10 17 / 2014
Mailing Address 802 S 12TH		Amount of Each Receipt this Period 100.00
City LARAMIE	State Zip Code WY 82070	
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	

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

15020093320

**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 47	
	<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) SCOTT, SUSAN		Date of Receipt M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address PO BOX 765		Amount of Each Receipt this Period 200.00
City INVERNESS	State Zip Code CA 94937	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 200.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

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

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

15020093321

**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 22 OF 47	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 3a	<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) BLOOMBERG, JASON		Date of Receipt M M / D D / Y Y Y Y 10 27 2014
Mailing Address 13707 PAMELA LANE		Amount of Each Receipt this Period 180.00
City CHEYENNE	State Zip Code WY 82009	
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. Full Name (Last, First, Middle Initial) Lander House Party		Date of Receipt M M / D D / Y Y Y Y 10 31 2014
Mailing Address		Amount of Each Receipt this Period 43.00
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 43.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 43.00	

C. Full Name (Last, First, Middle Initial) Casper House Party		Date of Receipt M M / D D / Y Y Y Y 10 20 2014
Mailing Address		Amount of Each Receipt this Period 100.00
City	State Zip Code	
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 100.00	

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

15020093322

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

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

FOR LINE NUMBER:		PAGE 23 OF 47	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 1b	<input type="checkbox"/> 1c	<input type="checkbox"/> 1d
<input type="checkbox"/> 12	<input type="checkbox"/> 3a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

Full Name (Last, First, Middle Initial) Sheridan County Democrats		Date of Receipt	
Mailing Address		M / M / D / D / Y / Y	
City	State	10	17 2014
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		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	

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

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

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	8,248.00

15020093323

**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 47

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CHARLIE HARDY FOR SENATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y
11 / 03 / 2014

A. BACKBONE CAMPAIGN

Mailing Address

City State Zip Code

Purpose of Disbursement
LIGHT RENTAL

Candidate Name
CHARLIE HARDY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary
 Other (specify) General

State: WY District:

Amount of Each Disbursement this Period

238.50

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y
10 / 31 / 2014

B. CAMPBELL COUNTY OBSERVER

Mailing Address
1001 S. Douglas Hwy. B-6

City State Zip Code

Purpose of Disbursement
ADVERTISEMENT

Candidate Name
CHARLIE HARDY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary
 Other (specify) General

State: WY District:

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y
11 / 03 / 2014

C. CASPER RADIO GROUP

Mailing Address
145 S. Durbin St. Suite 303

City State Zip Code

Purpose of Disbursement
ADVERTISEMENT

Candidate Name
CHARLIE HARDY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary
 Other (specify) General

State: WY District:

Amount of Each Disbursement this Period

896.00

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

1,334.50

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

15020093324

**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 47
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Citi Bank Card		M M D D Y Y Y Y 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)		Date of Disbursement
B. Citi Bank Card		M M D D Y Y Y Y 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)		Date of Disbursement
C. Exxon		M M D D Y Y Y Y 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:		

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

15020093325

**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 47
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b
	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

Full Name (Last, First, Middle Initial) A. EXXON		Date of Disbursement M M / D D / Y 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 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. FACEBOOK		Date of Disbursement M M / D D / Y 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 type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WY District:		

Full Name (Last, First, Middle Initial) C. ALGULGO, FELIX		Date of Disbursement M M / D D / Y 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 type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WY District:		

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

15020093326

**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 47

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

Full Name (Last, First, Middle Initial) A. COOK, JAKE		Date of Disbursement M M D D Y Y 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. LITTLE AMERICA		Date of Disbursement M M D D Y Y Y Y 10 27 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) C. MONTPELIER BROADCASTING		Date of Disbursement M M D D Y Y 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:		

SUBTOTAL of Disbursements This Page (optional)	349.60
TOTAL This Period (last page this line number only)	

15020093327

**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 47
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b
	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

Full Name (Last, First, Middle Initial) A. MONTEPELIER BROADCASTING		Date of Disbursement M M / D D Y Y Y 10 / 30 2014
Mailing Address 169 RIVER ST		Amount of Each Disbursement this Period 216.00
City MONTEPELIER, VT	State Zip Code 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. BRASHEAR, NICK		Date of Disbursement M M / D D Y Y Y 10 / 21 2014
Mailing Address 1901 CENTRAL AVE #503		Amount of Each Disbursement this Period 100.00
City CHEYENNE, WY	State Zip Code 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) C. BRASHEAR, NICK		Date of Disbursement M M / D D Y Y Y 10 / 31 2014
Mailing Address 1901 CENTRAL AVE #503		Amount of Each Disbursement this Period 100.00
City CHEYENNE, WY	State Zip Code 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:	

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

15020093328

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

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

FOR LINE NUMBER:
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. PILOT		M M / D D Y Y 10 / 27 2014
Mailing Address 650 STAGECOACH DRIVE		Amount of Each Disbursement this Period 43.17
City	State Zip Code	
ROCK SPRINGS, WY 82901		
Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE		Category/ Type
Candidate Name CHARLIE HARDY		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<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. PILOT		M M / D D Y Y 10 / 27 2014
Mailing Address 650 STAGECOACH DRIVE		Amount of Each Disbursement this Period 82.62
City	State Zip Code	
ROCK SPRINGS, WY 82901		
Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE		Category/ Type
Candidate Name CHARLIE HARDY		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<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
C. REMAX		M M / D D Y Y 11 / 06 2014
Mailing Address 4000 CENTRAL AVE		Amount of Each Disbursement this Period 450.00
City	State Zip Code	
CHEYENNE, WY 82001		
Purpose of Disbursement CAMPAIGN OFFICE RENTAL		Category/ Type
Candidate Name CHARLIE HARDY		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WY	District:	

SUBTOTAL of Disbursements This Page (optional).....	575.79
TOTAL This Period (last page this line number only).....	

15020093329

**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 47

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CHARLIE HARDY FOR SENATE

Full Name (Last, First, Middle Initial)

A. REMAX

Date of Disbursement

M M / D D / Y Y
11 / 06 / 2014

Mailing Address
4000 CENTRAL AVE

City State Zip Code
CHEYENNE, WY 82001

Amount of Each Disbursement this Period

550.00

Purpose of Disbursement
CAMPAIGN OFFICE RENTAL

Category/
Type

Candidate Name
CHARLIE HARDY

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: WY District:

Full Name (Last, First, Middle Initial)

B. THE RADIO NETWORK

Date of Disbursement

M M / D D / Y Y
10 / 27 / 2014

Mailing Address
40 SHASHONE

City State Zip Code
GREENRIVER, WY 82935

Amount of Each Disbursement this Period

600.00

Purpose of Disbursement
ADVERTISING

Category/
Type

Candidate Name
CHARLIE HARDY

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: WY District:

Full Name (Last, First, Middle Initial)

C. USPS

Date of Disbursement

M M / D D / Y Y
11 / 18 / 2014

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

352.80

Purpose of Disbursement
POSTAGE

Category/
Type

Candidate Name
CHARLIE HARDY

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: WY District:

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

1,502.80

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

15020093330

**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 47
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

Full Name (Last, First, Middle Initial) A. 24 HOUR CONVIENCE STORE		Date of Disbursement M M D D Y 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	
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) B. AM EX		Date of Disbursement M M D D Y 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	
Candidate Name CHARLIE HARDY	Category/Type	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) C. GAS A MAT		Date of Disbursement M M D D Y 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	
Candidate Name CHARLIE HARDY	Category/Type	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:		

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

15020093331

**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 47

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CHARLIE HARDY FOR SENATE

Full Name (Last, First, Middle Initial)

A. GAS A MAT

Date of Disbursement

MM / DD / YY
11 / 14 / 2014

Mailing Address
620 E LINCOLNWAY

City State Zip Code
CHEYENNE, WY 82001

Amount of Each Disbursement this Period

37.38

Purpose of Disbursement
FUEL FOR CAMPAIGN VEHICLE

Category/
Type

MEMO - CREDIT
CARD PMT ON
11/14/2014

Candidate Name
CHARLIE HARDY

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: WY District:

Full Name (Last, First, Middle Initial)

B. GAS A MAT

Date of Disbursement

MM / DD / YY
11 / 04 / 2014

Mailing Address
620 E LINCOLNWAY

City State Zip Code
CHEYENNE, WY 82001

Amount of Each Disbursement this Period

9.03

Purpose of Disbursement
FUEL FOR CAMPAIGN VEHICLE

Category/
Type

MEMO CREDIT
CARD PMT ON
11/14/2014

Candidate Name
CHARLIE HARDY

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: WY District:

Full Name (Last, First, Middle Initial)

C. GAS A MAT

Date of Disbursement

MM / DD / YY
11 / 05 / 2014

Mailing Address
620 E LINCOLNWAY

City State Zip Code
CHEYENNE, WY 82001

Amount of Each Disbursement this Period

38.60

Purpose of Disbursement
FUEL FOR CAMPAIGN VEHICLE

Category/
Type

MEMO - CREDIT
CARD PMT ON
11/14/2014

Candidate Name
CHARLIE HARDY

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: WY District:

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

85.01

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

15020093332

**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 47

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CHARLIE HARDY FOR SENATE

Full Name (Last, First, Middle Initial)

A. GAS A MAT

Date of Disbursement

M	M	D	D	Y	Y
11		10		2014	

Mailing Address
620 E LINCOLNWAY

City State Zip Code
CHEYENNE, WY 82001

Amount of Each Disbursement this Period

23.72

Purpose of Disbursement
FUEL FOR CAMPAIGN VEHICLE

<input type="checkbox"/>

MEMO CREDIT
CARD PMT ON
11/14/2014

Candidate Name
CHARLIE HARDY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: WY District:

Full Name (Last, First, Middle Initial)

B. LITTLE AMERICA

Date of Disbursement

M	M	D	D	Y	Y
10		24		2014	

Mailing Address
2800 WEST LINCOLNWAY

City State Zip Code
CHEYENNE, WY 82001

Amount of Each Disbursement this Period

59.10

Purpose of Disbursement
FUEL FOR CAMPAIGN VEHICLE

<input type="checkbox"/>

MEMO-CREDIT CARD
PMT ON 11/14/2014

Candidate Name
CHARLIE HARDY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: WY District:

Full Name (Last, First, Middle Initial)

C. LITTLE AMERICA

Date of Disbursement

M	M	D	D	Y	Y
10		24		2014	

Mailing Address
2800 WEST LINCOLNWAY

City State Zip Code
CHEYENNE, WY 82001

Amount of Each Disbursement this Period

5.83

Purpose of Disbursement
FUEL FOR CAMPAIGN VEHICLE

<input type="checkbox"/>

MEMO-CREDIT CARD
PMT ON 11/14/2014

Candidate Name
CHARLIE HARDY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: WY District:

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

88.65

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

1502009333

**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 47

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CHARLIE HARDY FOR SENATE

Full Name (Last, First, Middle Initial)

A. LOAF N JUG

Date of Disbursement

MM / DD / YY
10 / 26 / 2014

Mailing Address
3036 College Dr

City State Zip Code
Rock Springs, WY 82901

Amount of Each Disbursement this Period

124.68

Purpose of Disbursement
FUEL FOR CAMPAIGN VEHICLE

MEMO-CREDIT CARD
PMT ON 11/14/2014

Candidate Name
CHARLIE HARDY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: WY District:

Full Name (Last, First, Middle Initial)

B. PILOT

Date of Disbursement

MM / DD / YY
10 / 27 / 2014

Mailing Address
41 SE WYOMING BLVD

City State Zip Code
CASPER WY 82609

Amount of Each Disbursement this Period

16.91

Purpose of Disbursement
FUEL FOR CAMPAIGN VEHICLE

MEMO-CREDIT CARD
PMT ON 11/14/2014

Candidate Name
CHARLIE HARDY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: WY District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

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

141.59

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

7,537.01

15020093334

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

809.41

Cumulative Payment To Date

000

Balance Outstanding at Close of This Period

809.41

TERMS

Date Incurred

VARIOUS

Date Due

NO DUE DATE

Interest Rate

000 % (apr)

Secured:

Yes No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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

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

15020093335

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

Election:
 Primary
 General
 Other (specify) ▾

Mailing Address
PO BOX 1951

City State ZIP Code
CHEYENNE WY 82003-1951

Original Amount of Loan 4500.00	Cumulative Payment To Date 000	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.

15020093336

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

Election:
 Primary
 General
 Other (specify) ▾

Mailing Address
PO BOX 1951

City State ZIP Code
CHEYENNE WY 82003-1951

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

TERMS Date Incurred Date Due Interest Rate Secured:
02 14 2014 No DUE DATE 0.00 % (apr) Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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.

15020093337

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 38 OF 47

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
250.00	0.00	250.00

TERMS Date Incurred **04 04 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.

15020093338

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

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

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 1951

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

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

TERMS Date Incurred **04 16 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 8, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

15020093339

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

PAGE 40 OF 47

13a
 13b

NAME OF COMMITTEE (In Full)

CHARLIE HARDY FOR SENATE

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

HARDY, CHARLES E. PERSONAL FUNDS

Election:

Primary
 General
 Other (specify) ▾

Mailing Address

PO BOX 1951

City

CHEYENNE

State

WY

ZIP Code

82003-1951

Original Amount of Loan

1,500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1,500.00

TERMS

Date Incurred

04 21 2014

Date Due

NO DUE DATE

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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

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

15020093340

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 41 OF 47

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

NAME OF COMMITTEE (in Full)
CHARLIE HARDY FOR SENATE

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

Election:
 Primary
 General
 Other (specify) _____

Mailing Address
PO BOX 1951

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

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

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 25 2014	NO DUE DATE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)..... ▶

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

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

15020093341

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 42 OF 47

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

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

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

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 1951

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

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05 01 2014	NO DUE DATE	0.00 % (APR)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)..... ▶

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

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

15020093342

SCHEDULE C (FEC Form 3)
LOANS

PAGE 93 OF 99
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

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

Election:
 Primary
 General
 Other (specify)

Mailing Address
PO BOX 1951

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

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05 07 2014	NO DUE DATE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)..... ▶

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

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

15020093343

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 44 OF 47

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.

1500093344

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
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.

15020093345

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
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.

15020093346

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
10

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR U.S. 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 KEY BISCAYNE	State FL	Zip Code 33149	
Outstanding Balance Beginning This Period 2,462.09		Amount Incurred This Period 0.00	Payment This Period 0.00
		Outstanding Balance at Close of This Period 2,462.09	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CITICARDS		Nature of Debt (Purpose): CREDIT CARD DEBT	
Mailing Address BOX 6500			
City SIOUX FALLS	State SD	Zip Code 57117	
Outstanding Balance Beginning This Period 6,671.89		Amount Incurred This Period 2,636.23	Payment This Period 2,100.00
		Outstanding Balance at Close of This Period 7,208.12	

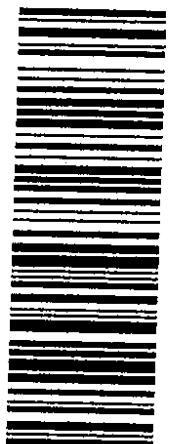
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor AMEX		Nature of Debt (Purpose): CREDIT CARD DEBT	
Mailing Address PO BOX 297812			
City FT. LAUDERDALE	State FL	Zip Code 33329-7812	
Outstanding Balance Beginning This Period 18,596.41		Amount Incurred This Period 449.08	Payment This Period 419.00
		Outstanding Balance at Close of This Period 18,626.49	

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page this line number only)	28,296.70
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	29,209.41
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	57,506.11

15020093347

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



7014 2120 0004 6012 9289



1004 20510

1st Class Mail

U.S. POSTAGE
PAID
CHEYENNE, WY
82001
JAN 30 15
AMDUNT
\$16.55
00039072-10

Screened by
Senate Post Office

FEB 09

RETURN RECEIPT
REQUESTED



U.S. SENATE
TRACKING NUMBER
13-020060
Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, D.C. 20510-711



LABEL107R, OCT 1997

WWW.USPS.GOV

PRIORITY
MAIL
UNITED STATES POSTAL SERVICE™

Screened by
Senate Post Office

FEB 29 2015

84556002051

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED 1/30/15
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

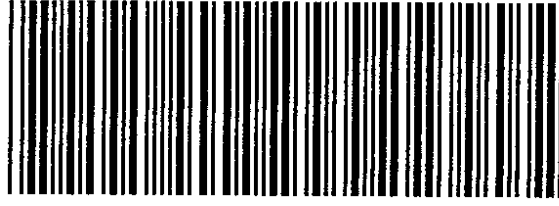
POSTMARK ILLEGIBLE POSTMARK

FAX _____
Date of Receipt

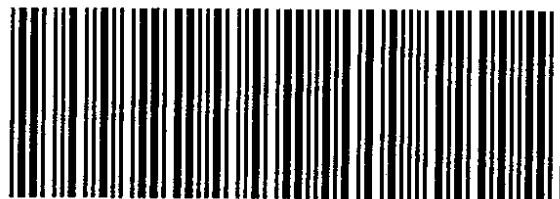
OTHER _____
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 2/5/15

15020093349



SEN PATCH



SEN PATCH

15020093350