

14 OCT 30 AM 11:55

October 23, 2014

Secretary of the Senate Office of Public Records 232 Hart Senate Office Building Washington, DC 20510-7116

To Whom It May Concern:

Enclosed herewith is the Report of Receipts and Disbursements for an Authorized Committee, FEC Form 3, covering the period from 10/1/4014 through 10/15/2014. This is the Committee's Pre-Election Report for the General. This report is submitted by the Charlie Hardy for Senate campaign committee, FEC Identification Number C00554758.

Sincerely

David Finley

David Finley

Treasurer

Charlie Hardy for Senate

Encl.

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED CECRETARY OF THE SENAM

14 OCT 30 AM 11:55

FEC FORM 3

(Revised 02/2003)

FORM 3 For An Authorized Committee Office Use Only Example: If typing, type 12FE4M5 TYPE OR PRINT ▼ NAME OF over the lines. COMMITTEE (in full) CHARLIE HARDY FOR SENATE ADDRESS (number and street) Check if different than previously reported. (ACC) ZIP CODE STATE CITY FEC IDENTIFICATION NUMBER ▼ STATE ▼ DISTRICT **AMENDED** NEW C 00 55 4758 3. IS THIS OR (A) (N) REPORT TYPE OF REPORT (Choose One) (b) 12-Day PRE-Election Report for the: (a) Quarterly Reports: Runoff (12R) General (12G) Primary (12P) April 15 Quarterly Report (Q1) Special (12S) Convention (12C) July 15 Quarterly Report (Q2) in the 04 2014 State of October 15 Quarterly Report (Q3) Election on January 31 Year-End Report (YE) 30-Day POST-Election Report for the: Special (30S) Runoff (30R) General (30G) in the Termination Report (TER) State of Election on 01 2014 through Covering Period 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 2014 Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FE5AN018

Office

Use

Only

Γ		FEC Form 3 (Revised 02/2003)			ARY PAGE nd Disbursements	S		Page 2	٦
W	Vrite (or Type Committee Name HARUE HARDY	FOR	5EA	ATE				
R	leport	Covering the Period: From:	10	01	2014	То:	10	15 20	14
					COLUMN A This Period			COLUMN B on Cycle-to-Date	
6.	Net	Contributions (other than loans)	•						
	(a)	Total Contributions (other than loans) (from Line 11(e))			1803.0	4		43.208	. 68
	(b)	Total Contribution Refunds (from Line 20(d))			0.0	0	,	.983	.60
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))			1,803.0	14		42, 225	508
7.	Net	Operating Expenditures	•						
	(a)	Total Operating Expenditures (from Line 17)			3.722.7	1g	2	67.399	1,56
	(b)	Total Offsets to Operating Expenditures (from Line 14)			, 0.0	0		0	.00

8. Cash on Hand at Close of Reporting Period (from Line 27)...

 Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...

(c) Net Operating Expenditures

(subtract Line 7(b) from Line 7(a))...

 Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)... 372278 403493

0.00

67.399.56

56.939.80

For further information contact:

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

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

FE5AN018

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)	of Receipts	Page 3	
Write or Type Committee Name CHARUE HARDY FOR	SENATE		
Report Covering the Period: From:	01 2014 To:	10 75 2014	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other ThanPolitical Committees(i) Itemized (use Schedule A)	593.57	18,941,64	
(ii) Unitemized (iii) TOTAL of contributions from individuals .	1,209.47	43, 208.56	
(b) Political Party Committees (c) Other Political Committees (such as PACs)	, , 000	0.00	
(d) The Candidate	1,803.04	, 0.00 , 43,208,56	
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	, 0.00	0.00	
13. LOANS: (a) Made or Guaranteed by the Candidate	, 000	2920141	
(b) All Other Loans (c) TOTAL LOANS (add Lines 13(a) and (b))	, 0.00 , 0.00	29,201.41	
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	, , 0.00	, , 0.00	
15. OTHER RECEIPTS (Dividends, Interest, etc.)	, 0.00	, 0.00	
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	, 1,803.04	, 72.417.97	

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FEC Form 3 (Revised 02/2003)		DETAILED SUMMARY PAGE of Disbursements	Page 4	
	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
17.	OPERATING EXPENDITURES	372278	67.399 56	
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	000	000	
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	000	0.00	
	(b) Of All Other Loans(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00 0.00	0 00 0 00	
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	000	983 60	
	(b) Political Party Committees (c) Other Political Committees (such as PACs)	0.00 0.00	0 00 0.00	
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	000	983.60	
21.	OTHER DISBURSEMENTS	0.00	0.00	
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	372278	68.383.16	
_	III. CASH	SUMMARY		
23.	CASH ON HAND AT BEGINNING OF REF	PORTING PERIOD	5.95467	
24	TOTAL RECEIPTS THIS PERIOD (from Lin	ne 16, page 3)	1803 04	
25.	SUBTOTAL (add Line 23 and Line 24)		775771	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line		from Line 22)	37-22.78	
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		ING PERIOD	403493	

COLLEGE A /FEC Forms 9)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 5 OF 30		
SCHEDULE A (FEC Form 3)		(check only one)		
ITEMIZED RECEIPTS		11a 11b 11c 11d		
	Detailed Summary Page	12 13a 13b 14 15		
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and	person for the purpose of soliciting contributions eto solicit contributions from such committee.			
NAME OF COMMITTEE (IN Full) CHACLIE HARDY FOR SE	ENATE			
Full Name (Last, First, Middle Initial) HANDEN STEPHEN		Date of Receipt		
Mailing Address	Malling Address			
City CO LORADO SPRINGS CO	Zip Code 90905	70 04 2014		
FEC ID number of contributing		Amount of Each Receipt this Period		
federal political committee.		100,00		
Name of Employer Occupation	on	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Cycle-to-Date	7		
Primary V General Other (specify)	, ,250.00			
Full Name (Last, First, Middle Initial) HUTT, DOROTHY	-	Date of Receipt		
B. Mailing Address W. 28th 5. # 201		70 04 2014		
City LOVELAND CO State	Zip Code 80538	-		
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period		
Name of Employer Occupation	n .	, ,/00,00		
	Cycle-to-Date	7		
Primary General Other (specify)	, ,300.00			
Full Name (Last, First, Middle Initial) MARUJO CAROL (US	CITIZEN)	Date of Receipt		
C. Mailing Address PO Box 23-6000	10 11 2014			
City State	OSTA RICA			
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period		
Name of Employer Occupation	n	, ,300.00		
	Sycle-to-Date	-		
Primary General Other (specify)	300.00			
LJ 7 (7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
SUBTOTAL of Receipts This Page (optional)		, ,500.00		
TOTAL This Period (last page this line number only)		, ,		

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SCHEDULE A (FEC Form 3)	Use separate schedule(s)	(check only one)	
ITEMIZED RECEIPTS	for each category of the	11a 11b 11c 11d	
	Detailed Summary Page	12 13a 13b 14 15	
Any information copied from such Reports and Statement or for commercial purposes, other than using the name at	rson for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) CHARLIE HARDY FOR SE			
Full Name (Last, First, Middle Initial) A. WILKINSON, BRUCE	Full Name (Last, First, Middle Initial) WILK IN SON, BRUCE		
Mailing Address ADAMS ST. S€	10 01 2014		
City OLYMPIA WA State	Zip Code 98501	-	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
Name of Employer CHARLIE HARDY FOR SEMATE OF	ion AMPAIGN MANAGER	VALUE OF RY LOANED TO CAMPAIGN BEGINNING	
Liberton Company	Cycle-to-Date	CAMPAIGN BEGINNING	
Primary General Other (specify)	, 654.96	10/1/14-10/15/14	
Full Name (Last, First, Middle Initial)		Date of Receipt	
B. Mailing Address	,	N. M	
City State	Zip Code		
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
Name of Employer Occupa	tion	, ,	
Receipt For: Election	Cycle-to-Date		
Primary General			
Other (specify)	, ,	<u> </u>	
Full Name (Last, First, Middle Initial)		Date of Receipt	
C. Mailing Address		u w	
City State	Zip Code		
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
Name of Employer Occupa	tion		
Receipt For: Election Primary General	Cycle-to-Date		
Other (specify)	3 3		
SUBTOTAL of Receipts This Page (optional)	, , 93.57		
COLUMN OF LICOSPIC TITO , ago (oparita)	, 93.57 593.57		
TOTAL This Period (last page this line number only)	, ,212.21		

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CHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sched for each category of Detailed Summary F	ule(s) (cl i the Page	OR LINE NUMBER: PAGE 7 OF 30 heck only one) 17 18 19a 19 20a 20b 20c 21
ny information copied from such Reports and Statements r for commercial purposes, other than using the name an	may not be sold or use d address of any political	d by any per il committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (IN FUIL) CHARLIE HARDY FUR. SE	NATE		
Full Name (Last, First, Middle Initial)			Date of Disbursement
CT/TETRO)	<u> </u>		10 07 2014
Mailing Address Box 6500	Zip Code		Amount of Each Disbursement this Period
City Sloux FALLS SD State	Zip Code 57//7		1000 00
Purpose of Disbursement CREDIT CARD PAYMENT-SEE	E BELOW		, , , , , , , , , , , , , , , , , , , ,
CHALLIE HARDY		Category/ Type	
	F1		
State: WY District: Full Name (Last, First, Middle Initial)			>
STAPLES			Date of Disbursement
Mailing Address			70 02 2014
City State	Zip Code	12.5	Amount of Each Disbursement this Period
Purpose of Disbursement OFACE SUAPLIES		-,	MEMO-CITICARD CRE
Candidate Name CHARUE HARDY		Category/ Type	CARD PAYMENT DATE
Office Sought: House Disbursement Senate President Other	· .		10/07/2014.
State: Wy District: Full Name (Last, First, Middle Initial)			
USPS			Date of Disbursement
Malling Address			70 06 2014
City State	Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement POSTAGE			MEMO - CITICADA CA
CHARLIE HARBY		Category/ Type	CARD PAYMENT DAT
Office Sought: House Disbursement Senate Print President Oth			Amount of Each Disbursement this Period 37.00 MEMO - CITICARD CR CARD PAYMENT DAT 10/07/2014.
State: District:			1.00.0.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 0 UF 0 (check only one) 17 18 19a 19b 20a 20b 20c 21
Any information copied from such Reports and Statements in or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) CHARLIE HARDY FOR SE	address of any political committ	person for the purpose of soliciting contributions see to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. GASAMAT Mailing Address City State	Zip Code	Date of Disbursement M/Ö Ö 7 ZŎ / Ý Amount of Each Disbursement this Period
14/1/	Category. Type	MEMO-CITICARD CREDIT CARD PAYMENT DATED 10/07/2014.
State: VV 7 District: Full Name (Last, First, Middle Initial) B. OFFICE DEPOT Mailing Address		Date of Disbursement
	···	Amount of Each Disbursement this Period 59.36 MEMO-CITTCARD CREDIT CARD PAYMENT DATED 10/07/2014.
Full Name (Last, First, Middle Initial) C. US PS Mailing Address City State 2 Purpose of Disbursement POSTAGE Candidate Name CHARLE HARDY Office Sought: House Disbursement Format		Date of Disbursement // 0 07 20 14 Amount of Each Disbursement this Period 26852 MEMO-CITICARD CREDIT CARD PAYMENT DATED /0/07/2014.
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)		, , 0.00

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	17 18 19a 19b 20a 20b 20c 21
Any information copied from such Reports and Statement or for commercial purposes, other than using the name of NAME OF COMMITTEE (In Full) CHARLIE HARDY FOR SE	and address of any political con	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. MODEL SIGNS Mailing Address		Date of Disbursement
City State	e Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement YARD SIGNS Candidate Name CHARLIE HARDY		BOO.00 MEMO-CITICARD CREDIT CARD PAYMENT DATE
Office Sought: House Disbursemen Senate President State: District: Disbursemen Oth		10/07/2014.
Full Name (Last, First, Middle Initial) B. MODEL SYBUS Mailing Address		Date of Disbursement
City Stat	te Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement YARD SIGNS Candidate Name CHARLIE HARDY		GOTY MEMO-CITICARD CRENT PRO CARD PAYMENT DATED
Office Sought: House Disbursemen		10/07/2014.
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	Т	egory/ /pe
	nt For: imary General ther (specify)	
SUBTOTAL of Disbursements This Page (optional)		, 0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 OF 36 (check only one) 17 18 19a 19b 20a 20b 20c 21
Any information copied from such Reports and Statements nor for commercial purposes, other than using the name and	nay not be sold or used by any address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLIE HARBY FOR SE		
Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement
Mailing Address Box 297812		10 06 2014
City FT. LAUDERDALE FL State	33329-7812	Amount of Each Disbursement this Period
Purpose of Disbursement CREDIT CARD PAYMENT Candidate Name		, ,420.00
CHARLIE HARDY	Category Type	
Office Sought: House Disbursement Fo Senate President State: District:		
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address E. 1663 ST.		08'32' 2014
Mailing Address E. 16-6. ST. City CHEYENNE WY	Zip Code 8 200 /	Amount of Each Disbursement this Period
Purpose of Disbursement FUEL FOR CAMPAIGN VEHIC		MEMO-AMEX CREDIT
CHARUE HARDY	Category Type	MEMO-AMEX CREDIT CARD PAYMENT DATE
Office Sought: House Disbursement Fo	/	10/06/2014.
Full Name (Last, First, Middle Initial)		Data of Disharanana
C. GASAMAT		Date of Disbursement
Mailing Address E. 164 ST.		08 23 2014
Mailing Address E. 164 ST. City CHEYENNE State Z	tip Code 8200 1	Amount of Each Disbursement this Period
Purpose of Disbursement FUEL FOR CAMPAIGN VEI	HICLE	MEMO- AMEL 10EN-
Candidate Name CHARLIE HARDY	Category Type	ARD PAYMENT DATED
Office Sought: House Disbursement Fo Senate Primary President Other (F27 /	10/06/2014.

,420,00

State: WY

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

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

District:

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SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE // OF 30 (check only one) 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) CHARLIE HARDY FOR SEA	accress of any political commit	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. GASAMAT Mailing Address E. 1649 ST.		Date of Disbursement "O'S ZS ZO'14
City CHEYENNE WY State Purpose of Disbursement FUEL FOR CAMPAIEN VEHICLE Candidate Name CHARLIE HARDY	Categor	Amount of Each Disbursement this Period 7-5.00 MBY0 - AMEX CREDIT CARD PAYMENT DATE
Office Sought: House Disbursement F	· · ·	10/06/2014.
GASAMAT		Date of Disbursement 0'8' 25' Zo 14
City CHEYENNE WY Purpose of Disbursement	l l	Amount of Each Disbursement this Period 54.94
FUEL FOR CAMPAIGN VEHICLE		MEMO-AMEX CREDIT CARD PAYMENT DATE 10/06/2014.
Full Name (Last, First, Middle Initial) C. GASAMAT Malling Address E. 166 ST.		Date of Disbursement *0'8' 25' 20'14
City CHEYENNE WY 8	Zip Code 3001	Amount of Each Disbursement this Period 75.00 MEMO - AMEX CREDIT
Purpose of Disbursement FUEL FOR CAMPAIGN VE Candidate Name CHARLE HARBY Office Sought: House Disbursement Senate Prima Other	Catego Type	

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

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

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ITEMIZED	DISE	BURSI	EMEN.	TS

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13- OF 30 (check only one) 1 17 18 19a 19b 20a 20b 20c 21
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) CHARLIE HARBY FOR SE	address of any political commi	y person for the purpose of soliciting contributions tree to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. USPS Mailing Address CAPITOL AVE.		Date of Disbursement "O'B 27 ZO'Y Amount of Each Disbursement this Period
Purpose of Disbursement POSTAGE Candidate Name HARDY Office Sought: House Disbursement For Primary President District:	Categor Type	MEND- AMEX CREDIT
Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement
Mailing Address 2/20 CAPITOL AVE City CHEYENNE WY State Purpose of Disbursement Candidate Name CHARLE HARDY Office Sought: House Disbursement For Senate President State: WY District:	General	Amount of Each Disbursement this Period 98.00 MEMO - AMEX CREDIT CARD PAYMENT DATES 10/06/2014.
Full Name (Last, First, Middle Initial) C. GASAMAT Mailing Address E. 16th ST. City CHEYENNE WY E Purpose of Disbursement FUEL FOR CAMPAIGN VEHI Candidate Name CHAPLIE HARDY Office Sought: House Primary President Other (Type	
State: Wy District: SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)		

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		FOR LINE NUMBER: PAGE /3 OF 30
SCHEDULE B (FEC Form 3)	Use separate schedule(s)	(check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	17 18 19a 19b 20a 21
		named for the number of soliciting contributions
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and	actives of any political committ	se to solicit contributions from such committee.
NAME OF COMMITTEE (IN FUIL) CHARLIE HARDY FOR S	ENATE	
Full Name (Last, First, Middle Initial)	10/10/6-	Date of Disbursement
A. WYOMING TROPHY & ENGRA	TVING	09 06 2014
Mailing Address THOMES AVE.	7to Cordo	Amount of Each Disbursement this Period
City CHEYENNE WY State	82001	10 60
Purpose of Disbursement PROMOTIONAL MATERIALS		MEMO- AMEX CREDIT
Candidate Name CHARLIE HARDY	Category Type	_ CARD PHYMEN DATE
Office Sought: House Disbursement F		10/06/2014.
President Other	(specify)	
State: VV District: Full Name (Last, First, Middle Initial)		Date of Disbursement
B. AMEY		09 22 2014
Mailing Address Po Box 297-8/2 State		07 22 2017
FT. LAUDERDALE FL	Zip Code	Amount of Each Disbursement this Period
FT. LAUDERDALE FL	33327-7812	23266
Purpose of Disbursement /NTEREST ON CREDIT C	ARD BAL.	MEMO-AMEX CREDIT
CHARUE HARDY	Categor Type	CARD PAYMENT DATED
Office Sought: House Disbursement Senate Prima	/	10/06/2014.
President Other	r (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	Cetego Type	ny/
Office Sought: House Disbursement		
Seriete 1	er (specify)	
State: District:		
		. 0,00
SUBTOTAL of Disbursements This Page (optional)	***************************************	· · · · · · · · · · · · · · · · · · ·
TOTAL This Period (last page this line number only)		. , , , , , , , , , , , , , , , , , , ,

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and a NAME OF COMMITTEE (in Full) CHARLIE HARDY FOR	doress or any possess com	(check on	17 18 20a 20b	PAGE 14 OF 30 18a 18b 20c 21 officiting contributions on such committee.
Full Name (Last, First, Middle Initial) A. FACE BOOK]	of Diebureament	2014
Purpose of Disbursement ADVERT SING Candidate Name CHARLIE HARDY Office Sought: House President State: WY District:	General	gory/		unsement this Period
Futi Name (Lest, First, Middle Initial) B. VALLEY MALT Mailing Address 3800 US 191 State	Zip Code			Dursement this Period
Candidate Name CHARLIE HARDY Office Sought: Venate President Other (c	Cate Ty	gory/ pe		,125,00
State: Wy District: Full Name (Last, First, Middle Initial) C. PILOT Mailing Address STAECOACH DR. City ROCK SPRINGS WY	in Code		te of Disburseme	nt 2014 bursement this Period
Purpose of Disbursement FUEL FOR CAMPAIGN VE Candidate Name CHARLIE HARDY Office Sought: House Disbursement Forman Senate Primar Other	Cente Ty	gory/	ount of Each Dis	9.74
State: V District: SUBTOTAL of Disbursements This Page (optional)				,242,75

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedu for each category of Detailed Summary P	the age		y one) 17 20a	18 20b	PAGE /5	19b 21
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and a	ey not be sold or use ddress of any politica	d by any po d committee	erson for to to solicit	the pur contri	pose of ac outions fro	m such com	ributions imittee.
NAME OF COMMITTEE (IN Full) CHARLIE HARDY FOR SEA							
Full Name (Last, First, Middle Initial) A. PILOT			Date	of Otel	bursement		
11001			- " <i>/</i>	0	63	20	14
Mailing Address STAGECOACH DR City ROCK SPRINGS WY	Zip Code 8290/		Amor	unt of	Each Disbu	rement this	s Period
			_			,124	1.13
Purpose of Disbursement FUEL FOR CAMPAIGN VEHI CAMPAIGN VEHI CHARLIE HARBY	CLE	Catagory/ Typa					
Office Sought: House Disbursement For Senate Primary Other (s	1 General						
Full Name (Last, First, Middle Initial)			Date	of Dis	bursement	!	
B. EXXONMOBIL		<u></u>	√ ا	Ö	06	20	14
Malling Address 2029 DELL RANGE BO City CHEYENNE WY	Zip Code				<u> </u>	ursement th	
				2 711		, 12	
FUEL FOR CAMPAIGN VE	HICLE	Category/				7	
Candidate Name CHARLIE HARDY Office Sought: House Disbursement For	.	Туре	-				
Senate Primary President Other (a							
State: Dy District: Full Name (Last, First, Middle Initial)			Det	e of Di	sbursemen	t	
C. PILOT		<u>. </u>		0	03	_	14
Mailing Address STAGE COACH DR.	0-4-						
Mailing Address 650 STAGE COACH DR. City ROCK SPRINGS WY	ip Code 8290/	<u>,</u>	Am	ount of	each Dist	oursement th	0,73
FUEL FOR CAMPAIGN VE	HICLE	Category/			1	, ,	- , 1
CANDIDATE HARDY Office Sought: House Disbursement Fo	r.	Туре	_				
Senate Primary Other (
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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full)	200.000		one) 7 18 20a 20b	PAGE 76 OF 30 19a 19b 20c 21 offciting contributions on such committee.
Full Name (Last, First, Middle Initial) A. BRASHEAL, NICK Mailing Address POI CENTRAL AVE			of Olebursement	2014
Purpose of Disbursement VOLUNTEBR ORGANIZING Candidate Name CHARLIE HARDY Office Sought: House Venate Primary Other (Other)	Zip Code 8 200 / Ca	anou degory/ Type	nt of Each Disb	ursement this Period, 400,00
State: Wy District: Full Name (Last, First, Middle Initial) B. AGLULGD, FELTX Mailing Address ALGARA DOWN	NW	1	of Disbursemen	2014
Mailing Address 1326 MIRADA DRIVE City OLYMPIA WA State		Amo	ant of Each Dis	bursement this Period 400.00
Purpose of Disbursement ORGANIZING— Candidate Name CHARLIE HARDY		ategory/ Type		, ·
Office Sought: House Disbursement For Senate Primar President Other State: Wy District:	y General			
Full Name (Last, First, Middle Initial) C. EXXONMOBIL	עעט -		of Disburseme	2014
Malling Address 2029 DELL RANGE B City CHEYENNE WY 8 Purpose of Disbursement CAMBAIGN VE		Amo	unt of Each Di	15766

Category/ Type

General

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Office Sought:

State: WY

HARDY

House

President

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Senate

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	Detailed Summary Pa	i	20a	20b	20c		21
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) CHARUE HARDY FOR	acurees of any possess	committee t	son for the pur o solicit contri	pose of sol putions from	Eciting continuing such com	ributic uraitte	жтэ 6.
Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·		Date of Dis	oursement.			
A. BATTERIES PLUS			10	14	201	ij	
Mailing Address FRONTIER MALL	DR.						
Mailing Address FLONTIER MALL City CHEYENNE WY State	82009		Amount of	Each Disbu			
Purpose of Disbursement BATTELY FOR CAMPAIEN VE	HICLE	Category/			,21.	<i>ې</i> د	6
CHARLIE HARDY		Тура					
State: WY District: Full Name (Last, First, Middle Initial)			Date of Di	bursement			
Mailing Address			70		201	4	
816 ADAMS ST. SE	Zip Code		Amount of	Each Disb	ursement ti	nis Pe	rlod
Purpose of Disbursement	18501		-		93	3 5	7
Purpose of Disbursement CAMPAIGN VEHICLE LOANED Candidate Name	VALUE	Category/	N	-KINB			
CHARLE HARDY Office Sought: House Disbursement	For:	Туре	1				
Senate Prim. President Othe	ary V General or (specify)				-		
State: VO / District: Full Name (Last, First, Middle Initial)			Code of C	Isbursemen	t		
C.			- Date of D	SUUI SCI HO	•		
Mailing Address			l				
City State	Zip Code		Amount o	f Each Dist	pursement t	this P	eriod
Purpose of Disbursement							
Candidate Name		Category/ Type					
Colinto	For: nary General er (specify)						

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State:

District:

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SCHEDULE C (FEC Form 3) LOANS			Use separate schedule(s) for each category of the Detailed Summary Page		. I LAL DISE ISOISICEIN FINA		
AME OF COMMITTEE (IN FUE) CHARLIE HARD			SENA	7E			
LOAN SOURCE Full Name (Last, I HARDY, CHARLE			250 NA	L FUNDS	1	ction: Primary General	
Mailing Address PO BOX 1951		<u>.</u>				Other (specify) w	
CHEYENNE	W	State	8200	de 3 -/95/			
Original Amount of Loan	41	Cumulative	Payment To	Date Ba	lance	Outstanding at Close of T	
TERMS	71			Interest Re	4.	Secured	
Date Incurred		·No	Date Due	DATE (X
List All Endorsers or Guarantors	if any) to	o Loan Soun	ce				
1. Full Name (Last, First, Middle In	itlal)	,		Name of Employer			
Mailing Address			,	Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:			
2. Full Name (Lest, First, Middle In	tial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle In	itial)	<u></u>		Name of Employer			
Malling Address		<u></u>		Occupation			
City	State	ZIP Code	<u></u>	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle In	itial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:			· · · · ·
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CHEDULE C (FEC Form 3) DANS	Lise separate schedule(a) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) 13a
AME OF COMMITTEE (IN FULL) CHARLIE HARDY FOR SENATE		
LOAN SOURCE Full Name (Last, First, Middle Initial) HARDY, CHARLES E CREDIT CARL Mailing Address	1.73	ction: Primary General Other (specify)
	Code 2003 - 1951 To Date Balance	Outstanding at Close of This Per
4500 00	0.00	4500.00
Date Incurred Date D 02 05 2014 No Dve		Secured: 96 (apr) Yes
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial) GONZALEZ, SUSANA	Name of Employer UNEMPLOYE	78
Mailing Address Po Box 1951	Occupation Amount	
City CHEYENNE State ZIP Code 82.001	Guaranteed Outstanding:	4500.00
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	

Mailing Address		Occupation		
		Amount		
City	State ZIP Code	Guaranteed Outstanding:		
I. Full Name (Last, Fire	t, Middle initial)	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	State ZiP Code	Guaranteed Outstanding:		

ZIP Code

State

Guaranteed

Outstanding: Name of Employer

Occupation

City

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

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SCHEDULE C	(FEC Form	3)
LOANS		

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

PAGE 20 OF 30

13a |

VANS	Detailed Summary Page 13b
NAME OF COMMITTEE (IN FUIL) CHARLIE HARDY FOR SENATE	
LOAN SOURCE Full Name (Last, First, Middle Initial) HARDY, CHARLES E · - CREDIT CARD	ADVANCE Election: X Primary General
Malling Address Po Box 1951	Other (specify) ▼
CHEYENNE WY 8200	Code 03-1951
Original Amount of Loan Cumulative Payment 1	To Date Balance Outstanding at Close of This Period 000 9500 00
TERMS Date incurred Date Dute 0 2 1 4 20 1 4 No DUE	T
List All Endorsers or Guarantors (if any) to Loan Source	1 Name of Frankrica
1. Full Name (Last, First, Middle Initial)	Name of Employer UNEMPLOYED
Mailing Address Po COX 1951	Occupation
CHEYENNE WY 82001	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount Guaranteed
City State ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
700	Amount Guaranteed
City State ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
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Carry outstanding balance only to LINE 3, Schedule D, for this line.	if no Schedule D, carry forward to appropriate line of Summary.

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		PAGE 2/ OF 30
CHEDULE C (FEC Form 3) CANS	for each antenne, of the	PR LINE NUMBER: neck only one) 13a 13b
AME OF COMMITTEE (In Full) CHARLIE HARDY FOR SENATE	-	
LOAN SOURCE Full Name (Last, First, Middle Initial) HARDY, CHARLES ECREDIT CA Mailing Address		nary
PO BOX M51	P Code 2003 — 195/	
Original Amount of Loan Cumulative Payme 250 00	nt To Date Belance Outst	anding at Close of This Perio
TERMS Date incurred Date 04 04 2-014 NO DUE		Secured: (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial) ON PALES, SUSANA Mailing Address	Name of Employer UNEMPLOYED Occupation	
PO BOX MSI City CHEYENNE WY 21P Gods 21P God	Amount Guaranteed Outstanding:	250 00
2. Full Name (Last, First, Middle Initial)	Name of Employer	<u>, , , , , , , , , , , , , , , , , , , </u>
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:	
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SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER: (check only one)

13a 13b

PAGE 22- OF 30

	Detailed Summary Page 13b
NAME OF COMMITTEE (In Full) CHARLIE HARDY FOR SENATE	
LOAN SOURCE Full Name (Last, First, Middle Initial) HARDY CHARLES E - CREDIT CARD	Election: X-Primary
	General
Mailing Address Po Box 1951	Other (specify) 🔻
PO BOX 1951 City CHEYENNE WY State 8200	. Code - 5 — 195/
Original Amount of Loan Cumulative Paymer	·
3500 00	000 350000
TERMS Date incurred Date	
04 16 2014 NO DUE	DATE 000 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial) 6008ACEL SUSANA	Name of Employer UNEMPLOYED
Mailing Address	Occupation
PO BOX 1951	Amount
CHEYENNE WY ZIP 82001	Guaranteed 3500 00 Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Curistanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
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Carry outstanding balance only to LINE 3, Schedule D, for this line	. If no Schedule D, carry forward to appropriate line of Summary.

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SCHEDULE C (FEC Form 3) LOANS Use separate schedule(s) for each category of the Detailed Summary Page NAME OF COMMITTEE (In Full) CHAPLIE HARDY FOR SENATE LOAN SOURCE Full Name (Last, First, Middle Initial) HARDY CHARLES E - CREDIT CARD, ADVANCE PAGE 2.3 OF 30 FOR LINE NUMBER: (check only one) 13a 13b

HARDY, CHARLES E CREDIT CA	
Mailing Address Po Box 1951	Other (specify) •
	P Code 003-1951
Original Amount of Loan Cumulative Payme	
150000	000 1500.00
TERMS Date incurred Date	
04 21 2014 NO DUE	E DATE 000 % (apr) Yes X
List All Endorsers or Guarantors (If any) to Loan Source	
1. Full Name (Last, First, Middle Initial) GONZALEZ, SUSANA	Name of Employer UNEMPLOYED
Mailing Address	Occupation
PO BOX 1951	Amount 150000
CITY HEYENNE WY 82001	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
City State ZIP Code 4. Full Name (Last, First, Middle initial)	
Oity	Outstanding:
4. Full Name (Last, First, Middle Initial)	Outstanding: Name of Employer

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SCHEDULE C (FEC Form 3) LOANS

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FOR LINE NUMBER: (check only one)

13a 13b

PAGE 24 OF 30

CHARLIE HARDY FOR SOVATE LOAN SOURCE Full Name (Last, First, Middle Initial) HARDY, CHARLES E CREDIT CARD A	
Mailing Address PO BOX 1951	Other (specify) 🕎
City CHEYENNE WY 82003	ode 3-1951
Original Amount of Loan Cumulative Payment To	
90000	000 90000
TERMS Date Incurred Date Due	
04 25 2014 NO DUE	DATE 000 % (apr) Yes No.
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial) GON BALEZ, SUSANA Mailing Address	Name of Employer UNEMPLOYED
Mailing Address PO BOX - 1951	Occupation
	Amount 900 00
CHYCHEYENNE WY 82001	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
TD 0-1	Amount Guaranteed
City State ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount Guaranteed
City State ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Malling Address	Occupation
City State ZIP Code	Amount Guaranteed
City State ZIP Code	Outstanding:
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SCHEDULE C (FEC Form 3) LOANS

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FOR LINE NUMBER: (check only one)

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PAGE 25 OF 35

LOAN SOURCE Full Name (Last, First, N HARDY, CHARLES E	· ·	ZD ADVANCE	Election: X Primary General
Mailing Address PO BOX 1951		- •	Other (specify) 🔻
CHEYENNE V	State 820	Code 103-1951	
Original Amount of Loan	Cumulative Paymen	•	Balance Outstanding at Close of This Perio
100000		000	1000 00
TERMS Date Incurred	Date	Due Interest	Rate Secured:
05 01 2014	NO DUE	DATE	0 0 0 % (apr) Yes X
List All Endorsers or Guarantors (if any)	to Losn Source		
 Full Name (Last, First, Middle Initial) GONZALEZ, SUSAA Mailing Address 	<i>JA</i>	Name of Employer UN EMPLO Occupation	YEB
PO BOX 1951			·
City of State	ZIP Code	Amount Guaranteed	1000 00
CHEYENNE SWY	ZIP 6000/	Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Malling Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	······································
Malling Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
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SCHEDULE C (FEC Form 3) LOANS

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PAGE 26 OF 30 FOR LINE NUMBER: (check only one)

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	ed ADVANCE	✓ Primary General
Mailing Address PO BOX 1951		Other (specify) 🕎
CHEYENNE State ZIP 82	Code 2003 - 1951	
Original Amount of Loan Cumulative Payment	•	slance Outstanding at Close of This Period
100000	000	100000
TERMS Date incurred Date D	ue Interest R	ste Secured:
05 02 2014 NO DUE	DATE	000 % (apr) Yea X
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial) 60NZALEZ, SUSANA	Name of Employer UNEMPLOY	IEB
Mailing Address	Occupation	
PO BOX 1951	Amount Guaranteed	1000 00
CHYCHEYENNE SUY ZIP 82001	Outstanding:	700000
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	· · · · · · · · · · · · · · · · · · ·
	Amount Guaranteed	
City State ZIP Code	Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount Guaranteed	
City State ZIP Code	Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	· · · · · · · · · · · · · · · · · · ·
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
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SCHEDULE C (FEC Form 3) LOANS

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PAGE 27-OF 30

HARLIE HARD DAN SOURCE FUI Name HARDY, CHARLE	e (Lest. First, Mic	idle initial)	ADVANCE	Election: X Primary General
Address PO BOX 19	51		• •	Other (specify) ▼
CHEYENNE	wy		Code 93-1951	
Original Amount of Loan		Cumulative Payment	•	islance Outstanding at Close of This Pr
31	40000		000	34 00 00
ERMS Date Inquire	d	Oute C	tue Interest R	ate Secured:
05 23 3	2014	NO DUE	DATE	000 % (apr) Yes.
let All Endorsers or Gua		o Loan Source		
Full Name (Last, First, GONZALEZ Mailing Address	Middle Initial) SUSAN	IA	Name of Employer UNEMPLO Occupation	YES
PO BOX 195	1			
CHEYENNE		ZIB-Code 8 ZOO/	Amount Guaranteed Outstanding:	340000
. Full Name (Last, First, N		00001	Name of Employer	
Mailing Address			Occupation	
			Amount Guaranteed	
City	State	ZIP Code	Outstanding:	
l. Fuil Name (Last, First, N	(iddle initial)		Name of Employer	
Mailing Address			Occupation	
		70.0-4	Amount Guaranteed	
City	State	ZiP Code	Outstanding:	
i. Full Name (Last, First, A	(iddie initial)		Name of Employer	
Mailing Address			Occupation	
	<u></u>		Amount	
City	State	ZIP Code	Guaranteed Outstanding:	
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CHEDULE C (FEC Form 3)		Use separate schedule for each category of th Detailed Summary Pag	ne (check only one)
AME OF COMMITTEE (In Full) CHARLIE HARDY FOR	SENATE		
HARDY, CHARLES E	He Initial) CLED 17 CAR	D ADVANCE	Election: · X Primary General Other (specify)
CHEYENNE WY	State ZIP C	ode 8- <i>19C1</i>	
Original Amount of Loan	Cumulative Payment T		ance Outstanding at Close of This Per
350 00		000	.35000
TERMS Date Incurred 0.6 0.5 2014	Date Dur	=	
List All Endorsers or Guarantors (if any) to			76 (apr) Yes
Full Name (Last, First, Middle Initial) GONZALEZ, SUSANA Meiling Address		Name of Employer UNEMPLOS Occupation	(E)
PO BOX 1951 CHEYENNE WY	ZiB ₄ Code	Amount Guaranteed	350 00
2. Full Name (Last, First, Middle Initial)	28 2001	Outstanding: Name of Employer	
Mailing Address	· · · · · · · · · · · · · · · · · · ·	Occupation	
		Amount Guaranteed	
City State	ZIP Code	Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Malling Address		Occupation	
City State	ZIP Gode	Amount Gusranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
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	ADVANCE)	ection: (Primary General Other (specify) •
LOAN SOURCE Full Name (Last, First, Middle Initial) HARDY, CHARLES E CREDIT CARD Mailing Address PO BOX 1951 City CHEYENNE State ZIP Cod 8200	ADVANCE	C Primary General
CHYENNE WY 8200		Other (specify) ▼
CHEYENNE WY 820		
Original Amount of Loan Cumulative Payment To	Date Balance	Outstanding at Close of This Period
250000	000	2500 00
TERMS Date Incurred Date Due	Interest Rate	Secured:
06 27 2014 NO DUE DAT	E 00	0 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	Name of Employer	
1. Full Name (Last, First, Middle Initial) GONZALEZ, SUSANA	Name of Employer UNEMPLOYE	<i>b</i>
Masing Address	Occupation	
PO BOX 1951	Amount Guarantsed	250000
CHYHEYENNE State 219 82001	Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
3. Full Name (Lest, First, Middle Initial)	Name of Employer	
Malling Address	Occupation	
	Amount	
City State ZIP Gode	Guaranteed Outstanding:	
4. Full Name (Lest, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZiP Code	Guaranteed Outstanding:	
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SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for traformation tound on Page /9 of Schedule C

edersi Election Commission, Washington, D.C. 20463			L	<u></u>
AME OF COMMITTEE (in Full)		ı	EC IDENTIFIC	CATION NUMBER
CHARLIE HARDY FOR SENT	ATE		C 00 5	54758
ENDING INSTITUTION (LENDER)	Amount of Loan		Interes	t Rate (APR)
Name CHASE	45	500 00		000
eiling Address BOX 15123	Date Incurred or Establ			2014
WILMINGTON State Zip Code So	Date Due	٨	10 DUE	DATE
A. Has loan been restructured? XNo Yes	If yes, date originally in	ncurred		
B. If line of credit,	Total Outstand Balance:	ing	4	500 00
C. Are other parties secondarily liable for the debt inc	curred? must be reported on Schedu	ile C.)		
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificate stocks, accounts receivable, cash on deposit, or company the property of t	is of deposit, chattel depers.	rai?		perfected security
E. Are any future contributions or future receipts of it colleteral for the losin? No Yes If ye	nterest income, pledged as e, specify:	What is	the estimated	value?
A depository account must be established pursua	Location of account:		· · · · · · · · · · · · · · · · · · ·	
to 11 CFR 100.82(a)(2) and 100.142(a)(2). Date account established:	Address:			
	City, State, Zip:			
F. If neither of the types of colleteral described above exceed the loan amount, state the basis upon who PERSONAL GUARANTEE OF	ich inis ioen was mede emo i	Und December out Mi	nt piedged doe nich it assures	s not equal or repayment.
G. COMMITTEE TREASURER Typed Name DAVID FINLEY Signature David Finley		DAT		2014
H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the accurate as stated above. II. The loan was made on terms and conditions similar extensions of credit to other borrower. III. This institution is aware of the requirement the compiled with the requirements set forth at	he terms of the loan and other s (including interest rate) no n rs of comparable cradit worth test a loan must be made on	nore favorable : iness. a basis which	at the time tha	n those imposed fo
COMPILED REPRESENTATIVE		DAT		
Typed Name	<u> </u>		-	
Signature	Title	J		

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page 20 of Schedule C

ederal Election Commission, Washington, D.C. 20463					
NAME OF COMMITTEE (in Full)		FEC	IDENTIFIC	ATION NU	MBEF
CHARLIE HARDY FOR SEN	ATE	С	00 5:	547	58
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest	Rate (APR))
full Name CHASE	9500	00		000	
Aailing Address Box 15123	Date incurred or Established	-	14		-
WILMINGTON DE 19850	Date Due	No	WEI	ATE	
A. Has loan been restructured? X No Yes	If yes, date originally incurred	· · · · · · · · · · · · · · · · · · ·			
B. If line of credit, Amount of this Draw:	Total O O O O O Outstanding Balance:		9:	500	00
C. Are other parties secondarily liable for the debt inc	curred? must be reported on Schedule C.)				
property, goods, negotiable instruments, certificates stocks, accounts receivable, cash on deposit, or of the No. Yes if yes, specify: E. Are any future contributions or future receipts of in collateral for the loan? No. Yes if yes	ther similar traditional collateral? Dinterest income, pledged as	terest in it	nder have a ? No estimated v	Yes	ecurity
A depository account must be established pursuar to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account: Address:				
Date account established:					
	City, State, Zip:				
F. If neither of the types of colleteral described above exceed the loan amount, state the basis upon with PERSONAL GUARANTEE	ch this logn was made and the bask	on which	IL SSRILLES L	not equal epayment.	or
G. COMMITTEE TREASURER Typed Name DAVID FINLEY Signature Saura Fruit	Y	I O	/3	20	14
H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the are accurate as stated above. II. The loan was made on terms and conditions aimilar extensions of credit to other borrower. III. This institution is aware of the requirement the complied with the requirements set forth at 1.	(including interest rate) no more faves of comparable credit worthiness.	orable at ti	ne time than ures repaym	those impo	peed 1
AUTHORIZED REPRESENTATIVE		DATE			
Typed Name	Title				
Signature) (ng				

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for information found on Page 2/ of Schedule 6

ederal Election Commission, Washington, D.C. 20463			7800 S	or Bonecule
NAME OF COMMITTEE (in Puil)		PEC	DENTIFIC	CATION NUME
CHARLIE HARBY FOR SE	NATE	1		54759
ENDING INSTITUTION (LENDER)	Amount of Loan		Interes	Rete (APR)
uli Name CHASE	.25	0 00		000
Siling Address			· · · · · · · · · · · · · · · · · · ·	
PO BOX 15123	Date Incurred or Established	_		2014
WILMINGTON BE 19850	Date Due	No	DUE	DATE
A. Has loan been restructured? XNo Yes	If yes, date originally incurred	d		
B. If line of credit,	Total Outstanding			
Amount of this Draw:	O O O Outstanding Balance:		·	250 00
C. Are other parties secondarily liable for the debt incurred No. Yes (Endorsers and guarantors mu	ed? at be reported on Schedule C.)			
stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify: E. Are any future contributions or future receipts of interes		Does the lend interest in it?		perfected secur
A depository account must be established pursuant		What is the	estimated v	niue?
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Address:			
DEG ECCOUNT GOLEGIERES:	City, State, Zip:			
F. If neither of the types of colleteral described above we exceed the loan amount, state the basis upon which the PERSONAL GUARANTEE.	te pledged for this loan, or if the his loan was made and the base of CHARLIE	is on which it	L BOSLINGS TO	not equal or payment.
G. COMMITTEE TREASURER Typed Name DAVID FINLEY		DATE		
G. COMMITTEE TREASURER Typed Name DAVID FINLEY Signature David Finley	<u> </u>	10	13	2014
H. Attach a signed copy of the losn agreement. ${\cal O}$		· · · · · · · · · · · · · · · · · · ·		
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the ter are accurate as stated above. II. The loan was made on terms and conditions (incles initial extensions of credit to other borrowers of III. This institution is aware of the requirement that a compiled with the requirements set forth at 11 CF.	luding interest rate) no more fav comparable credit worthiness. loan must be made on a basis	rorable at the	time than t	hose imposed t
THORIZED REPRESENTATIVE		DATE		
ped Name	· · · · · · · · · · · · · · · · · · ·			
7190	•			

SCHED	ULE ()-1 (FI	EC I	Form 3)				
LOANS	AND	LINES	OF	CREDIT	FROM	LENDING	INSTITUTION	S

	Supplementary for	
U	information found on	_
- A	Page of Schedule	U

Federal Election Commission, Washington, D.C. 20463			
NAME OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER
CHARLIE HARDY FOR SEN	ATE	С	00554758
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)
Full Name	2		0.0
CHASE	3,500	00	0,00 %
Mailing Address Po Box 1923	Date Incurred or Established	-	16 2014
City WILMINGTON DE 19850	Date Due	N	DUE DATE
A. Has loan been restructured? No Yes	If yes, date originally incurred	ر، د ر	r , , , , , , ,
8. If line of credit,	Total		
Amount of this Draw: 3,50	O OO Outstanding Balance:	;	3,500,00
C. Are other parties secondarily liable for the debt incurr No Yes (Endorsers and guarantors mu	ed? ast be reported on Schedule C.)		
D. Are any of the following piedged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or othe No Yes If yes, specify: E. Are any future contributions or future receipts of interests.	f deposit, chattel papers, r similar traditional collateral?	es the lenerest in it?	der have a perfected security No Yes
collateral for the loan? No Yes If yes, s		hat is the	estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:		
Date account established:	Address:		
A 1 8 8 4 9	City, State, Zip:		
F. If neither of the types of collateral described above we exceed the loan amount, state the basis upon which the personal burner of the loan amount, state the basis upon which the personal burner of the loan amount, state the basis upon which the personal burner of the loan amount of the loan amount, state the basis upon which the loan amount of the loan amount, state the basis upon which the loan amount of the loan	this loan was made and the basis E OF CA-ARLIE	on which i	t assures repayment.
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the teare accurate as stated above. II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a complied with the requirements set forth at 11.0.	cluding interest rate) no more favor f comparable credit worthiness. a ioan must be made on a basis w	able at the	time than those imposed for
AUTHORIZED REPRESENTATIVE		DATE	
Typed Name			
Signature Titl	le l		

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for information found on Page 23 of Schedule C

ideral Election Commission, Washington, D.C. 20463				
NAME OF COMMITTEE (In Full)				TION NUMBE
CHARLIE HARBY FOR SE	ENATE	С	0055	4758
ENDING INSTITUTION (LENDER)	Amount of Loan		Interest R	ate (APR)
Name CHASE	150	0 00	(700
ailing Address PO BOX 15123	Date incurred or Established	_ • •	21	• ,
WILMMGTON BE 19850	Date Due	No	WE.	DATE
A. Has loan been restructured? XNo Yes	If yee, date originally incurre	kd		
8. If line of credit, Amount of this Draw:	Total Outstanding Balance:		15	00 00
C. Are other parties secondarily liable for the debt incur No Yes (Endorsers and guarantors m	red? ust be raported on Schedule C.)		
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No. Yes if yes, specify:	of deposit, chattel bapers.			olizteral? rfected security Yes
E. Are any future contributions or future receipts of inter- collateral for the loan? No Yes If yes, a		What is the	estimated valu	re?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:			
Date account established:	Address:			
	City, State, Zip:			
F. If neither of the types of colleteral described above vexceed the lose amount, state the basis upon which PERSONAL GUARANTEE.	this loan was made and the bi	usis on which	it assures repa	ot equal or syment.
		DATE		
Signature David Frile		10	13	2014
H. Attach a signed copy of the loss agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the tare accurate as stated above. II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of this institution is aware of the requirement that compiled with the requirements set forth at 11 (in the compiled with the requirements set forth at 11 (in the compiled with the requirements).	icluding interest rate) no more for formperable credit worthiness a loss must be made on a bas	avorable at th	e time than th	ose imposed fo
THORIZED REPRESENTATIVE		DATE		
yped Name	*			
ignature III	***	í		

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page 4 of Schedule C

federal Election Commission, Washington, D.C. 20463			
NAME OF COMMITTEE (In Full)		FEC	DENTIFICATION NUMBE
CHARLIE HARBY FOR SE	NATE	С	00554758
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)
Full Name CHASE	9	0000	000
Mailing Address PO BOX 1512-3	Date incurred or Establishe	0 04	25 2014
WILMAGTON BE 79850	Date Due	N.O	DUE DATE
A. Has loan been restructured? XNo Yes	If yes, date originally incurr	ed	
B. If line of credit, Amount of this Draw:	Total OO OO Outstanding Balance:		900 00
C. Are other parties secondarily liable for the debt incum No Yes (Endorsers and guarantors mu		.)	
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No. Yes if yes, specify: E. Are any future contributions or future receipts of interest.	deposit, chattel papers, similar traditional collateral?	Does the lendinterest in it?	
collateral for the loan? X No Yes If yes, as		What is the	estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Loostion of account:		
Date account established:			
	City, State, Zip:		
F. If neither of the types of colleteral described above we exceed the loss amount, state the basis upon which to PERGONAL GUARANTEE.	his losn was made and the ba	usis on which i	t assures repayment.
G. COMMITTEE TREASURER Typed Name DAVID FINLEY		DATE	
Typed Name DAVID FINLEY Signature David Frules	~	10	13 2014
H. Attach a signed copy of the losn agreement,	,		
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the ter	ms of the loan and other info	rmation regardi	ng the extension of the loan
ii. The loan was made on terms and conditions (including continuous and conditions of credit to other borrowers of	luding interest rate) no more fa	svorable at the	time than those imposed for
ill. This institution is aware of the requirements at that a compiled with the requirements set forth at 11 Cl	ioan must be made on a besi	is which seems	ss repayment, and has
ITHORIZED REPRESENTATIVE			
11 LOURED MELDEDENINIAE		DATE	
yped Name		DATE	

SCHEDULE C-1 (FEC Form 3)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page 25 of Schedule C

Federal Election Commission, Washington, D.C. 20483		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
CHARLIE HARBY FOR S	ENATE	C00554758
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name	100	0 00 000
CHASE	100	
Mailing Address PO BOX 1512-3	Date incurred or Established	
CHYWILMIAGTON BE 19850	Date Due	NO DUE DATE
A. Has loan been restructured? XNo Yes	If yes, date originally incum	ed
B. If line of credit,	Total A A A O Outstanding	•
Amount of this Draw: / 0 0	000 Outstanding Balance:	100000
C. Are other parties secondarily liable for the debt incur No Yes (Endorsers and guarantors m	red? ust be reported on Schedule C	.)
property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No. Yes if yes, specify: E. Are any future contributions or future receipts of intercollateral for the loan? No. Yes if yes, a	er eimiter traditional colleteral?	Does the lander have a perfected security interest in it? No Yes What is the estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Location of account: Address:	
	City, State, Zip:	
F. If neither of the types of colleteral described above we exceed the loan amount, state the basis upon which PERSONAL GUARANTEE.	this loan was made and the be	iste on which it assures repayment.
G. COMMITTEE TREASURER Typed Name DAVID FINLEY		DATE
Typed Name DAVID FINLEY Signature David Frule	8	10 13 2014
H. Attach a signed copy of the losn agreement.		
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the transfer accurate as stated above. II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of III). This institution is aware of the requirement that compiled with the requirements ast forth at 11 C.	ctuding interest rete) no more fi f comparable credit worthiness a loan must be made on a bar	avorable at the time than those imposed for is which assures recoverent, and has
AUTHORIZED REPRESENTATIVE		DATE
Typed Name Signature Tit	le	
-		1

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page 26 of Schedule C

ederal Election Commission, Washington, D.C. 20463					
NAME OF COMMITTEE (In Full)		FEC	IDENTIFE	CATION MU	ME
CHARLIE HARBY FOR SE	NATE			5475	
ENDING INSTITUTION (LENDER)	Amount of Loan		Interes	Rate (APR)	
ul Name CHASE	100	0 00		000	
failing Address	_				•
PO BOX 15123	Date incurred or Established	_		201	•
WILMINGTON BE 19850	Date Due	NO	DUE	DATE	=
A. Has loan been restructured? X.No Yes	if yes, date originally incum	N Ġ			
8. If line of credit,	Total				
Amount of this Draw:	000 Outstanding Balance:		<i>[[]</i>	0000	00
C. Are other parties secondarily liable for the debt incurre No)			
No Yes if yes, specify: E. Are any future contributions or future receipts of interecollateral for the loan? No Yes if yes, specify:	et income, pledged as	Does the lens interest in it?	No	Yes	zurity
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Location of account:				
Date Booth Collegiand.	City, State, Zip:				
F. If neither of the types of colleteral described above we exceed the loan amount, state the basis upon which the PERSONAL GUARANTEE G. COMMITTEE TREASURER	is pledged for this loan, or if this loan was made and the batter of the company	sis on which i	L BESLITES IN	not equal or payment.	
Typed Name DAVID FINLEY Signature David Fruley		10	13	201	
H. Attach a signed copy of the losn agreement. U	1				4
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the ten are accurate as stated above. The loan was made on terms and conditions (incle similar extensions of credit to other borrowers of this institution is aware of the requirement that a compiled with the requirements set forth at 11 CF.	ms of the loan and other infor uding interest rate) no more fa comparable credit worthineas. loan must be made on a basi	vorable at the	time than t	hose impose	loan
I. To the best of this institution's knowledge, the tensive accounts as stated above. II. The loan was made on terms and conditions (inclusionis) aimiliar extensions of credit to other borrowers of this institution is aware of the requirement that a compiled with the requirements set forth at 11 CFTHORIZED REPRESENTATIVE	ms of the loan and other infor uding interest rate) no more fa comparable credit worthineas. loan must be made on a basi	vorable at the	time than t	hose impose	loan
I. To the best of this institution's knowledge, the ten are accurate as stated above. II. The loan was made on terms and conditions (inci-similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a	ms of the loan and other inforuding interest rate) no more facomparable credit worthiness. loan must be made on a basi R 100.82 and 100.142 in make	e which assuming this loan.	time than t	hose impose	loan

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page 27 of Schedule C

Federal Election Commission, Washington, D.C. 20463			•	
NAME OF COMMITTEE (In Full)		FEC	IDENTIFIC	CATION NUMBER
CHARLIE HARDY FOR SE	NATE	C	005	54758
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest	Rate (APR)
Full Name	340	0 00	i 	000
CHASE	970			
Mailing Address PO BOX 1512-3	Date Incurred or Established	_		2014
CITYWILMINGTON BE 19850	Date Due	No	DUE	DATE
A. Has logn been restructured? X-No Yes	If yes, date originally incurre	đ	·	
B. If line of credit, Amount of this Draw: 340	Total Outstanding Balance:		3	40000
C. Are other parties secondarily liable for the debt incum		· · · · · · · · · · · · · · · · · · ·		
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other. No Yes If yes, specify:	f deposit, chattel papers, r similar traditional collateral?	What is the Does the ler Interest in it	der have a	perfected security
E. Are any future contributions or future receipts of intere collateral for the loan? No Yes If yes, a	· · ·	What is the	estimated v	alue?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:			
Date account established:	Address:			
	City, State, Zip:			
F. If neither of the types of collateral described above we exceed the loan amount, state the basis upon which the personal GUARANTEE.	this loan was made and the ba	sis on which	it assures n	
G. COMMITTEE TREASURER Typed Name DAVID FINLEY		DATE		······································
Typed Name DAVID FINLEY Signature David Finles	*	10	13	2014
H. Attach a signed copy of the loan agreement. $\mathcal L$				
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the teare accurate as stated above.	orms of the loan and other infor	mation regar	Jing the exte	ension of the loan
II. The loan was made on terms and conditions (including similar extensions of credit to other borrowers of it.) This institution is aware of the requirement that a compiled with the requirements set forth at 11.0	f comparable cradit worthiness. a loan must be made on a basi	s which assu	res repayme	Ť
AUTHORIZED REPRESENTATIVE		DATE		
Typed Name		4		
Signature Titl	6			

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for information found on Page 28 of Schedule C

1414 AP AQ (4414 AP A A A			
NAME OF COMMITTEE (In Full)		PEC	IDENTIFICATION NUMBER
CHARLIE HARBY FOR SE	NATE	1	00 55 47 58
LENDING INSTITUTION (LENDER)	Amount of Loan		interest Rate (APR)
Full Name	24	50 00	000
CHASE	<i></i>		
Vieiling Address PO BOX 1512-3	Date incurred or Establishe		05 2014
WILMINGTON BE 19850	Date Due	No	DUE DATE
A. Has loan been restructured? XNO Yes	If yes, date originally incum	ed	
B. If line of credit, Amount of this Draw: 35	Total Outstanding Balance:		350 00
C. Are other parties secondarily liable for the debt incurre No Yes (Endorsers and guarantors mu		.)	
property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other. No Yes if yes, specify: E. Are any future contributions or future receipts of intere collateral for the loan? No Yes if yes, sp	similar traditional colleteral?	Interest in It?	er have a perfected security No Yes stimated value?
, , ,			
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Location of account: Address:		72
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Address: City, State, Zip:		
to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Address: City, State, Zip:	ain on which it	Secure renewment
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of colleteral described above was exceed the loan amount, state the basis upon which the PERSONAL GUARANTEE.	Address: City, State, Zip: se pledged for this loan, or if this loan was made and the be OF CHARLIE	ain on which it	Secure renewment
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of colleteral described above we exceed the loan amount, state the basis upon which the PERSONAL GUARANTEE.	Address: City, State, Zip: se pledged for this loan, or if this loan was made and the be OF CHARLIE	HARD	Secure renewment
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of collisteral described above we exceed the loan amount, state the basis upon which the PERSONAL GUARANTEE G. COMMITTEE TREASURER Typed Name DAVID FINLEY Signature DAWLE FINLEY H. Attach a signed copy of the loan agreement.	Address: City, State, Zip: se pledged for this loan, or if this loan was made and the be OF CHARLIE	DATE	šesures repaymėnt.
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of collateral described above was exceed the loan amount, state the basis upon which the PERSONAL GUARANTEE G. COMMITTEE TREASURER Typed Name DAVID FINLEY Signature DAWID FINLEY Signature	Address: City, State, Zip: se pledged for this loan, or if this loan was made and the be OF CHARLIE This of the loan and other information and interest rate) no more frequently and the process of the loan and other information and the process of the loan and other information and the process of the loan and other information and the process of the loan and other information as here	DATE O mation regarding variable at the same regarding	3 2014 g the extension of the loan time than those imposed for
THORIZED REPRESENTATIVE	Address: City, State, Zip: se pledged for this loan, or if this loan was made and the be OF CHARLIE This of the loan and other information and interest rate) no more frequently and the process of the loan and other information and the process of the loan and other information and the process of the loan and other information and the process of the loan and other information as here	DATE O mation regarding variable at the same regarding	3 2014 g the extension of the loan time than those imposed for
To 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of colleteral described above we exceed the loan amount, state the basis upon which the PERSONAL BUARANTEE G. COMMITTEE TREASURER Typed Name DAVID FINLEY Signature H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the tensive accounts as stated above. II. The loan was made on terms and conditions (inclinating actions) or oredit to other borrowers of the institution is aware of the requirement that a	Address: City, State, Zip: Be pledged for this loan, or if this loan was made and the be CHARLIE The comparable of the loan and other informating interest rate) no more from must be made on a basing 100.82 and 100.142 in material comparable of the loan must be made on a basing 100.82 and 100.142 in material comparable of the loan must be made on a basing 100.82 and 100.142 in material comparable of the loan must be made on a basing 100.82 and 100.142 in material comparable of the loan must be made on a basing 100.82 and 100.142 in material comparable of the loan and the loan must be made on a basing 100.82 and 100.142 in material comparable of the loan and	DATE O metion regarding to the ingential to the ingenti	3 2014 g the extension of the loan time than those imposed for

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for information found on Page 29 of Schedule C

dersi Election Commission, Washington, D.C. 20463		1			
IAME OF COMMITTEE (In Full)		FEC I	DENTIFIC	ATION N	UMBEF
CHARLIE HARBY FOR SE	ENATE	C	05	547	58
ENDING INSTITUTION (LENDER)	Amount of Loan		Interest	Rate (API	Ft)
uli Name	250	00 00		000	ל
CHASE					
tailing Address PO BOX 1512-3	Date Incurred or Established	<u> </u>			•
WILMINGTON BE 79850	Date Due	No	WE	BAT	E
A. Has loan been restructured? XNo Yes	If yes, date originally incurre	đ			
8. If line of credit,	Total Outstanding	,	_		-
Amount of this Draw: 2.5 0	OD OO Outstanding Balance:	·		500	00
C. Are other parties secondarily liable for the debt incur No	red? ust be reported on Schedule C.)				
D. Are any of the following placed as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	of deposit, chattel papers, er similar traditional collaterai?	What is the val			
No Yes If yes, specify:		Does the lands	r have a p No	erfected Yes	security
E. Are any future contributions or future receipts of inter- collateral for the loan? No Yes If yes, a	rest income, pladged as		No	Yes	security
E. Are any future contributions or future receipts of inter- collateral for the loan? No Yes If yes, a A depository account must be established pursuant	rest income, pledged as specify: Location of account:	interest in it?	No	Yes	security
E. Are any future contributions or future receipts of inter- colleteral for the loan? No Yes If yes, a	rest income, pledged as specify:	interest in it?	No	Yes	security
E. Are any future contributions or future receipts of inter- collateral for the loan? No Yes If yes, a A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	rest income, pledged as specify: Location of account:	interest in it?	No	Yes	security
E. Are any future contributions or future receipts of intercollateral for the loan? No Yes If yes, a A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account: Address: City, State, Zip: was pledged for this losn, or if this loan was made and the be	interest in it? What is the expenses amount pled ple on which it.	No stimated va	Yes	
E. Are any future contributions or future receipts of intercolleteral for the loan? No Yes If yes, a A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of colleteral described above we exceed the loan amount, state the basis upon which PERSONAL GUARANTEE.	Location of account: Address: City, State, Zip: was pledged for this losn, or if this loan was made and the be	interest in it? What is the expenses amount pled ple on which it.	No stimated va	Yes	
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SCHEDULE D (FEC Form 3)	se separate PAGE 20 OF 30
REDTO AND ODLICATIONS	chedule(s) FOR LINE NUMBER: for each (check only one)
	nbered line)
NAME OF COMMITTEE (In Full)	
CHARLIE HARDY FOR SENATE	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose): CAMPAI 6N VIDEOS
RAW IMAGE	AND WEBSITE
Mailing Address HAMPTON LANE	DEVELOPMENT
City KEY BISCANE FL 33149	
Outstanding Balance Beginning This Period	
2,462,09	
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
	· · · · · · · · · · · · · · · · · · ·
, 0.00	, 2,762.01
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
CITICARDS	CREDIT CARD DEBT
Mailing Address 6500	
State SD STAILS SD STAIR	
Outstanding Balance Beginning This Period	
3,995.16	
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
, 3,676.73 , 1,000.00	, 6,671.89
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
AMEX	CREDIT CARD
Mailing Address 297-812	DEBT
FT. LAUDERDALE FL State 33329-7812	
Outstanding Balance Beginning This Period	İ
, 18,658.75	
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
, 357.66 , ,420.00	, 18,596,41
1) SUBTOTALS This Period This Page (optional)	, ,
2) TOTALS This Period (last page this line number only)	, 27,730.39
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)	, 56,939.80

150/2 14821212481 410 HARDY FOR SENATE CENTRA AVE. #A ENNE, WY 8200, COOSS 4758







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DANA K. MCCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

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