

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED. CLERK OF THE SENATE 14 OCT 22 AM 11:48 Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

CHARLIE HARDY FOR SENATE

ADDRESS (number and street)

1901 CENTRAL AVE #A

Check if different than previously reported. (ACC)

CHEYENNE

NY

82001

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

00554758

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NY

1

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

MM

DD

YYYYYY

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

MM

DD

YYYYYY

in the State of

5. Covering Period:

07

01

2014

through

09

30

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DAVID FINLEY

Signature of Treasurer

David Finley

Date

10

15

2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**CHARLIE HARDY FOR SENATE**

Report Covering the Period: From: **07 01 2014** To: **09 30 2014**

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))...	17,556.74	41,405.64
(b) Total Contribution Refunds (from Line 20(d)) ...	0.00	983.60
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	17,556.74	40,422.04
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ...	14,503.48	63,676.78
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	14,503.48	63,676.78
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	<b>5,954.67</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...</b>	<b>54,325.41</b>	

**For further information contact:**

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

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

14021110546

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

07 01 2014

To:

09 30 2014

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A) ...

(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))..

756139  
999535  
1755674  
000  
000  
000  
1755674

1834807  
2305745  
4140552  
000  
000  
000  
4140552

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

000

000

13. LOANS:

(a) Made or Guaranteed by the Candidate...

(b) All Other Loans...

(c) TOTAL LOANS (add Lines 13(a) and (b))...

000  
000  
000

2920941  
000  
2920941

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..

000

000

15. OTHER RECEIPTS

(Dividends, Interest, etc.) .....

000

000

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...

1755674

7061493

14021110547

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	14,503.48	63,676.78
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ...	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	0.00	983.60
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	983.60
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	14,503.48	64,660.38

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	2901.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	17,556.74
25. SUBTOTAL (add Line 23 and Line 24)...	20,458.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	14,503.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	5,954.67

14021110548

**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 <u>5</u> OF <u>44</u>	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) <b>A. ALLBRIGHT, JOSEPH</b>			Date of Receipt <b>07 05 2014</b>
Mailing Address <b>PO BOX 9760</b>			Amount of Each Receipt this Period <b>500.00</b>
City <b>JACKSON</b>	State <b>WY</b>	Zip Code <b>83002</b>	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>FLAT CREEK RANCH</b>		Occupation <b>OWNER</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>B. KUNSTEL, MARCIA</b>			Date of Receipt <b>07 05 2014</b>
Mailing Address <b>PO BOX 9760</b>			Amount of Each Receipt this Period <b>500.00</b>
City <b>JACKSON</b>	State <b>WY</b>	Zip Code <b>83002</b>	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>FLAT CREEK RANCH</b>		Occupation <b>OWNER</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>C. JOURGENSEN, PETER</b>			Date of Receipt <b>07 21 2014</b>
Mailing Address <b>PO BOX 9550</b>			Amount of Each Receipt this Period <b>250.00</b>
City <b>JACKSON</b>	State <b>WY</b>	Zip Code <b>83002</b>	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>RETIRED</b>		Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>250.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14021110549

**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 <b>6</b> OF <b>44</b>
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) <b>A. JOURGENSEN, JEAN</b>		Date of Receipt <b>07 21 2014</b>
Mailing Address <b>PO BOX 9550</b>		Amount of Each Receipt this Period <b>, 250.00</b>
City <b>JACKSON</b>	State <b>WY</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>, 250.00</b>
Name of Employer <b>RETIRED</b>	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>, 250.00</b>	

Full Name (Last, First, Middle Initial) <b>B. CARTER, ROCH</b>		Date of Receipt <b>08 09 2014</b>
Mailing Address <b>11019 N. BALSAM TREE</b>		Amount of Each Receipt this Period <b>, 1,000.00</b>
City <b>MEQUON</b>	State <b>WI</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>, 2,000.00</b>
Name of Employer <b>RETIRED</b>	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>, 2,000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. MAINLAND, JEFFREY</b>		Date of Receipt <b>08 09 2014</b>
Mailing Address <b>3422 SOUTH LANE</b>		Amount of Each Receipt this Period <b>, 500.00</b>
City <b>FRANKSVILLE</b>	State <b>WI</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>, 1,000.00</b>
Name of Employer <b>KOLAR ARMS</b>	Occupation <b>OWNER</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>, 1,000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>, 1,750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>, , .</b>

14021110550

**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 <b>7</b> OF <b>44</b>	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>, 900.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>, ,</b>

14021110551

**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 <u>8</u> OF <u>44</u>
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 11c
<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) <b>SPRINGER, LK</b>			Date of Receipt <b>08 09 2014</b>
Mailing Address <b>1819 SIGNATURE CT.</b>			Amount of Each Receipt this Period  <b>, 100.00</b>
City <b>LONGMONT</b>	State <b>CO</b>	Zip Code <b>80504</b>	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period  <b>, 250.00</b>
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>250.00</b>	

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

Full Name (Last, First, Middle Initial) <b>PASCAL, CAROL</b>			Date of Receipt <b>08 21 2014</b>
Mailing Address <b>1722 MORRIE AVE.</b>			Amount of Each Receipt this Period  <b>, 500.00</b>
City <b>CHEYENNE</b>	State <b>WY</b>	Zip Code <b>82001</b>	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period  <b>, 1,000.00</b>
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>1,000.00</b>	

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

14021110552



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

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

FOR LINE NUMBER: PAGE 9 OF 44  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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

A. Full Name (Last, First, Middle Initial)  
**BRIZUELA, GUILLERMO**

Mailing Address  
**314 S. 24TH**

City **LARAMIE** State **WY** Zip Code **82070**

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

Name of Employer **INDIAN LANDSCAP. CO.** Occupation **OWNER**

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
**08 25 2014**

Amount of Each Receipt this Period  
**400.00**

B. Full Name (Last, First, Middle Initial)  
**GRIFFIN, MARY JO**

Mailing Address  
**216 RIDGE AVE**

City **BALTIMORE** State **MD** Zip Code **21286**

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

Name of Employer Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
**08 28 2014**

Amount of Each Receipt this Period  
**200.00**

C. Full Name (Last, First, Middle Initial)  
**ACHTENBERG, BEN**

Mailing Address  
**47 HALIFAX ST.**

City **BOSTON** State **MA** Zip Code **02130**

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

Name of Employer Occupation **NOT EMPLOYED**

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
**08 28 2014**

Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional).....  
**800.00**

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

14021110553

**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 <u>10</u> OF <u>44</u>
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. BELLAMY, RAY</b>		Date of Receipt M M ' D D ' Y Y Y Y <b>09 ' 08 ' 20 14</b>
Mailing Address <b>509 VINNEDGE RIDE</b>		Amount of Each Receipt this Period <b>500.00</b>
City <b>TALLAHASSEE</b>	State <b>FL</b>	
Zip Code <b>32303</b>		Amount of Each Receipt this Period <b>500.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>FL STATE UNIV.</b>	Occupation <b>PHYSICIAN</b>	Amount of Each Receipt this Period <b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>B. BRADLEY, ALICE</b>		Date of Receipt M M ' D D ' Y Y Y Y <b>09 ' 13 ' 20 14</b>
Mailing Address <b>245 S. LOWELL ST.</b>		Amount of Each Receipt this Period <b>400.00</b>
City <b>CASPER</b>	State <b>WY</b>	
Zip Code <b>82601</b>		Amount of Each Receipt this Period <b>850.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation <b>RETIRED</b>	Amount of Each Receipt this Period <b>850.00</b>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>850.00</b>	

Full Name (Last, First, Middle Initial) <b>C. CARR, MICHAEL</b>		Date of Receipt M M ' D D ' Y Y Y Y <b>09 ' 18 ' 20 14</b>
Mailing Address <b>PO BOX 2181</b>		Amount of Each Receipt this Period <b>200.00</b>
City <b>CHEYENNE</b>	State <b>WY</b>	
Zip Code <b>82003</b>		Amount of Each Receipt this Period <b>300.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation <b>RETIRED</b>	Amount of Each Receipt this Period <b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>300.00</b>	

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

14021110554

**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 11 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) <b>A. MONTERASTELLI, ROXANNE</b>		Date of Receipt <b>09' 19 2014</b>
Mailing Address <b>1065 BEAUMONT DR</b>		Amount of Each Receipt this Period <b>, 100.00</b>
City <b>CASPER</b>	State <b>WY</b> Zip Code <b>82601</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>, 300.00</b>
Name of Employer <b>RETIRED</b>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>B. WILKINSON, BRUCE</b>		Date of Receipt <b>07' 01 2014</b>
Mailing Address <b>816 ADAMS ST. SE</b>		Amount of Each Receipt this Period <b>, 187.13</b> <b>VALUE OF RV LOANED TO CAMPAIGN BEGINNING 7/1/2014; PORTION ATTRIBUTED TO PRIMARY ELECTION.</b>
City <b>OLYMPIA</b>	State <b>WA</b> Zip Code <b>98501</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>, 187.13</b>
Name of Employer <b>CHARLIE HARDY FOR SENATE</b>	Occupation <b>CAMPAIGN MANAGER</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>C. WILKINSON, BRUCE</b>		Date of Receipt <b>07' 01 2014</b>
Mailing Address <b>816 ADAMS ST. SE</b>		Amount of Each Receipt this Period <b>, 374.26</b> <b>VALUE OF RV LOANED TO CAMPAIGN BEGINNING 7/1/2014; LOAN CONTINUED IN GEN. ELEC. PERIOD.</b>
City <b>OLYMPIA</b>	State <b>WA</b> Zip Code <b>98501</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>, 561.39</b>
Name of Employer <b>CHARLIE HARDY FOR SENATE</b>	Occupation <b>CAMPAIGN MANAGER</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	<b>, 661.39</b>
TOTAL This Period (last page this line number only).....	<b>, 7,561.39</b>

14021110555

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement <b>07 07 2014</b>
Mailing Address <b>PO BOX 297812</b>		Amount of Each Disbursement this Period <b>, 233.00</b>
City <b>FT. LAUDERDALE</b>	State <b>FL</b>	
Zip Code <b>33329-7812</b>		
Purpose of Disbursement <b>CREDIT CARD PAYMENT-SEE BELOW 001</b>		
Candidate Name <b>CHARLIE HARDY</b>		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>WY</b>	District:	

Full Name (Last, First, Middle Initial) <b>B. GASAMAT</b>		Date of Disbursement <b>05 30 2014</b>
Mailing Address <b>620 E. 16th ST</b>		Amount of Each Disbursement this Period <b>, 31.35</b> <b>MEMO-AMEX CREDIT CARD PAYMENT DATED 07/07/2014.</b>
City <b>CHEYENNE</b>	State <b>WY</b>	
Zip Code <b>82001</b>		
Purpose of Disbursement <b>FUEL FOR CAMPAIGN VAN</b>		
Candidate Name <b>CHARLIE HARDY</b>		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>WY</b>	District:	

Full Name (Last, First, Middle Initial) <b>C. WYOMING TROPHY &amp; ENGRAVING</b>		Date of Disbursement <b>05 30 2014</b>
Mailing Address <b>1620 THOMES AVE.</b>		Amount of Each Disbursement this Period <b>, 590.53</b> <b>MEMO-AMEX CREDIT CARD PAYMENT DATED 07/07/2014.</b>
City <b>CHEYENNE</b>	State <b>WY</b>	
Zip Code <b>82001</b>		
Purpose of Disbursement <b>PRINTING CAMPAIGN MATERIALS</b>		
Candidate Name <b>CHARLIE HARDY</b>		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>WY</b>	District:	

SUBTOTAL of Disbursements This Page (optional).....	<b>, 233.00</b>
TOTAL This Period (last page this line number only).....	

14021110556

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 13 OF 44		
	<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

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

Full Name (Last, First, Middle Initial) <b>A. GASAMAT</b>		Date of Disbursement <b>05 31 2014</b>	
Mailing Address <b>620 E. 16th ST.</b>		Amount of Each Disbursement this Period <b>10.12</b> <b>MEMO-AMEX CREDIT CARD PAYMENT DATED 07/07/2014.</b>	
City <b>CHEYENNE</b>	State <b>WY</b>		Zip Code <b>82001</b>
Purpose of Disbursement <b>FUEL FOR CAMPAIGN VEHICLE</b>			Category/Type
Candidate Name <b>CHARLIE HARDY</b>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: <b>WY</b> District:			

Full Name (Last, First, Middle Initial) <b>B. OFFICE DEPOT</b>		Date of Disbursement <b>06 04 2014</b>	
Mailing Address <b>1225 DEL RANGE BLVD.</b>		Amount of Each Disbursement this Period <b>44.06</b> <b>MEMO-AMEX CREDIT CARD PAYMENT DATED 07/07/2014.</b>	
City <b>CHEYENNE</b>	State <b>WY</b>		Zip Code <b>82001</b>
Purpose of Disbursement <b>CAMPAIGN PRINTING</b>			Category/Type
Candidate Name <b>CHARLIE HARDY</b>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: <b>WY</b> District:			

Full Name (Last, First, Middle Initial) <b>C. VERIZON WIRELESS</b>		Date of Disbursement <b>06 08 2014</b>	
Mailing Address <b>FRONTIER MALL</b>		Amount of Each Disbursement this Period <b>220.93</b> <b>MEMO-AMEX CREDIT CARD PAYMENT DATED 07/07/2014.</b>	
City <b>CHEYENNE</b>	State <b>WY</b>		Zip Code <b>82001</b>
Purpose of Disbursement <b>TELEPHONE</b>			Category/Type
Candidate Name <b>CHARLIE HARDY</b>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: <b>WY</b> District:			

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

14021110557

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 44

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

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NAME OF COMMITTEE (in Full)

**CHARLIE HARDY FOR SENATE**

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. <b>OFFICE DEPOT</b>		06 08 2014
Mailing Address <b>1225 DEL RANGE BLVD.</b>		Amount of Each Disbursement this Period  3.17 MEMO-AMEX CREDIT CARD PAYMENT DATED 07/07/2014.
City	State	
<b>CHEYENNE WY</b>	<b>82001</b>	
Purpose of Disbursement <b>OFFICE SUPPLIES</b>	Category/ Type	
Candidate Name <b>CHARLIE HARDY</b>	Office Sought:	Disbursement For:
	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: <b>WY</b>	District:	
Full Name (Last, First, Middle Initial)		Date of Disbursement
B. <b>GASAMAT</b>		06 08 2014
Mailing Address <b>620 E. 16th ST.</b>		Amount of Each Disbursement this Period  40.62 MEMO-AMEX CREDIT CARD PAYMENT DATED 07/07/2014.
City	State	
<b>CHEYENNE WY</b>	<b>82001</b>	
Purpose of Disbursement <b>GAS FOR CAMPAIGN VEHICLE</b>	Category/ Type	
Candidate Name <b>CHARLIE HARDY</b>	Office Sought:	Disbursement For:
	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: <b>WY</b>	District:	
Full Name (Last, First, Middle Initial)		Date of Disbursement
C. <b>GASAMAT</b>		06 21 2014
Mailing Address <b>620 E. 16th ST.</b>		Amount of Each Disbursement this Period  38.66 MEMO-AMEX CREDIT CARD PAYMENT DATED 07/07/2014
City	State	
<b>CHEYENNE WY</b>	<b>82001</b>	
Purpose of Disbursement <b>GAS FOR CAMPAIGN VEHICLE</b>	Category/ Type	
Candidate Name <b>CHARLIE HARDY</b>	Office Sought:	Disbursement For:
	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: <b>WY</b>	District:	
SUBTOTAL of Disbursements This Page (optional).....		0.00
TOTAL This Period (last page this line number only).....		

14021110558

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement <b>08 07 2014</b>
Mailing Address <b>PO BOX 297812</b>		Amount of Each Disbursement this Period  <b>0.00</b> <b>NO PAYMENT THIS STATEMENT.</b>
City <b>FT. LAUDERDALE</b>	State <b>FL</b>	
Zip Code <b>33329-7812</b>	Purpose of Disbursement <b>NO PAYMENT</b>	
Candidate Name <b>CHARLIE HARDY</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>WY</b>	District:	

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

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

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

14021110559

**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 16 OF 44	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 18a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. OFFICE DEPT</b>		Date of Disbursement <b>07 01 2014</b>
Mailing Address <b>1225 DEL RANGE BLVD.</b>		Amount of Each Disbursement this Period <b>79.26</b> <b>MEMO-AMEX CREDIT</b> <b>CARD PAYMENT DATED</b> <b>08/07/2014.</b>
City <b>CHEYENNE WY</b>	State <b>WY</b>	
Zip Code <b>82001</b>		Category/ Type
Purpose of Disbursement <b>OFFICE SUPPLIES</b>		
Candidate Name <b>CHARLIE HARDY</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>WY</b> District:	

Full Name (Last, First, Middle Initial) <b>B. GASAMAT</b>		Date of Disbursement <b>07 01 2014</b>
Mailing Address <b>620 E. 16th ST.</b>		Amount of Each Disbursement this Period <b>44.00</b> <b>MEMO-AMEX CREDIT</b> <b>CARD PAYMENT DATED</b> <b>08/07/2014.</b>
City <b>CHEYENNE WY</b>	State <b>WY</b>	
Zip Code <b>82001</b>		Category/ Type
Purpose of Disbursement <b>GAS FOR CAMPAIGN VEHICLE</b>		
Candidate Name <b>CHARLIE HARDY</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>WY</b> District:	

Full Name (Last, First, Middle Initial) <b>C. MODEL SIGNS</b>		Date of Disbursement <b>07 07 2014</b>
Mailing Address <b>110 CENTER ST.</b>		Amount of Each Disbursement this Period <b>1,389.66</b> <b>MEMO-AMEX CREDIT</b> <b>CARD PAYMENT DATED</b> <b>08/07/2014.</b>
City <b>ROCK SPRINGS WY</b>	State <b>WY</b>	
Zip Code <b>82901</b>		Category/ Type
Purpose of Disbursement <b>PRINTING YARD SIGNS</b>		
Candidate Name <b>CHARLIE HARDY</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>WY</b> District:	

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

14021110560



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE <u>17</u> OF <u>44</u>
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. WYOMING TROPHY &amp; ENGRAVING</b>		Date of Disbursement <b>07 14 2014</b>	
Mailing Address <b>1620 THOMES AVE</b>		Amount of Each Disbursement this Period  <b>109.14</b> <b>MEMO: AMEX CREDIT CARD PAYMENT DATED 08/07/2014.</b>	
City <b>CHEYENNE</b>	State <b>WY</b>		Zip Code <b>82001</b>
Purpose of Disbursement <b>PRINTING CAMPAIGN MATERIALS</b>			Category/ Type
Candidate Name <b>CHARLIE HARDY</b>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: <b>WY</b>	District:		

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

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

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

14021110561

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. VERIZON WIRELESS</b>		Date of Disbursement <b>07 24 2014</b>
Mailing Address <b>FRONTIER MALL</b>		Amount of Each Disbursement this Period <b>450.59</b> <b>MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014.</b>
City <b>CHEYENNE WY</b>	State <b>WY</b>	
Zip Code <b>82001</b>		
Purpose of Disbursement <b>TELEPHONE</b>	Category/Type	
Candidate Name <b>CHARLIE HARDY</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>WY</b>	District:	

Full Name (Last, First, Middle Initial) <b>B. OFFICE DEPOT</b>		Date of Disbursement <b>07 24 2014</b>
Mailing Address <b>1225 DELRANGE BLVD.</b>		Amount of Each Disbursement this Period <b>40.87</b> <b>MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014.</b>
City <b>CHEYENNE WY</b>	State <b>WY</b>	
Zip Code <b>82001</b>		
Purpose of Disbursement <b>OFFICE SUPPLIES</b>	Category/Type	
Candidate Name <b>CHARLIE HARDY</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>WY</b>	District:	

Full Name (Last, First, Middle Initial) <b>C. GASAMAT</b>		Date of Disbursement <b>07 24 2014</b>
Mailing Address <b>620 E. 16th ST.</b>		Amount of Each Disbursement this Period <b>42.23</b> <b>MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014.</b>
City <b>CHEYENNE WY</b>	State <b>WY</b>	
Zip Code <b>82001</b>		
Purpose of Disbursement <b>FUEL FOR CAMPAIGN VEHICLE</b>	Category/Type	
Candidate Name <b>CHARLIE HARDY</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>WY</b>	District:	

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

14021110562

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

Use separate schedule(s) for each category of Detailed Summary Page	FOR LINE NUMBER: (check only one)			
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement <b>07 24 2014</b>
Mailing Address <b>2120 CAPITOL AVE.</b>		Amount of Each Disbursement this Period <b>1.47.00</b> <b>MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014.</b>
City <b>CHEYENNE WY</b>	State <b>WY</b>	
Zip Code <b>82001</b>	Purpose of Disbursement <b>POSTAGE</b>	
Candidate Name <b>CHARLIE HARDY</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>WY</b>	District:	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement <b>07 24 2014</b>
Mailing Address <b>2120 CAPITOL AVE.</b>		Amount of Each Disbursement this Period <b>105.84</b> <b>MEMO: AMEX CREDIT CARD PAYMENT DATED 08/27/2014.</b>
City <b>CHEYENNE WY</b>	State <b>WY</b>	
Zip Code <b>82001</b>	Purpose of Disbursement <b>POSTAGE</b>	
Candidate Name <b>CHARLIE HARDY</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>WY</b>	District:	

Full Name (Last, First, Middle Initial) <b>C. GASAMAT</b>		Date of Disbursement <b>07 25 2014</b>
Mailing Address <b>620 E. 16th St.</b>		Amount of Each Disbursement this Period <b>37.13</b> <b>MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014.</b>
City <b>CHEYENNE WY</b>	State <b>WY</b>	
Zip Code <b>82001</b>	Purpose of Disbursement <b>FUEL FOR CAMPAIGN VEHICLE</b>	
Candidate Name <b>CHARLIE HARDY</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>WY</b>	District:	

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

14021110563

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE <u>20</u> OF <u>44</u>
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

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

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

Full Name (Last, First, Middle Initial) <b>C. C+D PRINTING</b>		Date of Disbursement <b>07 31 2014</b>
Mailing Address <b>5351 TENNYSON ST. UNIT C-1</b>		Amount of Each Disbursement this Period <b>1,507.20</b> <b>MEMO - AMEX CREDIT CARD PAYMENT DATED 08/27/2014.</b>
City <b>DENVER</b> State <b>CO</b> Zip Code <b>80212</b>		
Purpose of Disbursement <b>PRINTING</b>	Category/Type	
Candidate Name <b>CHARLIE HARDY</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>WY</b> District:		

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

14021110564

**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 21 OF 44
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. GASAMAT</b>		Date of Disbursement <b>08 01 2014</b>
Mailing Address <b>620 E. 16th ST.</b>		Amount of Each Disbursement this Period <b>42.13</b> <b>MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014.</b>
City <b>CHEYENNE</b> State <b>WY</b> Zip Code <b>82001</b>		
Purpose of Disbursement <b>FUEL FOR CAMPAIGN VEHICLE</b>	Category/ Type	
Candidate Name <b>CHARLIE HARDY</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>WY</b> District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement <b>08 01 2014</b>
Mailing Address <b>2120 CAPITOL AVE.</b>		Amount of Each Disbursement this Period <b>117.60</b> <b>MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014.</b>
City <b>CHEYENNE</b> State <b>WY</b> Zip Code <b>82001</b>		
Purpose of Disbursement <b>POSTAGE</b>	Category/ Type	
Candidate Name <b>CHARLIE HARDY</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>WY</b> District:		

Full Name (Last, First, Middle Initial) <b>C. WYOMING TROPHY &amp; ENGRAVING</b>		Date of Disbursement <b>08 01 2014</b>
Mailing Address <b>1620 THOMES AVE.</b>		Amount of Each Disbursement this Period <b>369.24</b> <b>MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014.</b>
City <b>CHEYENNE</b> State <b>WY</b> Zip Code <b>82001</b>		
Purpose of Disbursement <b>PRINTING CAMPAIGN MATERIALS</b>	Category/ Type	
Candidate Name <b>CHARLIE HARDY</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>WY</b> District:		

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

14021110565

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE <u>22</u> OF <u>44</u>	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. GASAMAT</b>		Date of Disbursement <b>08 03 2014</b>	
Mailing Address <b>620 E. 16th ST.</b>		Amount of Each Disbursement this Period <b>18.65</b> <b>MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014.</b>	
City <b>CHEYENNE</b>	State <b>WY</b>		Zip Code <b>82001</b>
Purpose of Disbursement <b>FUEL FOR CAMPAIGN VEHICLE</b>			Category/ Type
Candidate Name <b>CHARLIE HARDY</b>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: <b>WY</b>	District:		

Full Name (Last, First, Middle Initial) <b>B. MODEL SIGNS</b>		Date of Disbursement <b>08 07 2014</b>	
Mailing Address <b>110 CENTER STREET</b>		Amount of Each Disbursement this Period <b>674.16</b> <b>MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014.</b>	
City <b>ROCK SPRINGS</b>	State <b>WY</b>		Zip Code <b>82901</b>
Purpose of Disbursement <b>PRINTING YARD SIGNS</b>			Category/ Type
Candidate Name <b>CHARLIE HARDY</b>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: <b>WY</b>	District:		

Full Name (Last, First, Middle Initial) <b>C. MAX'S CONOCO</b>		Date of Disbursement <b>08 14 2014</b>	
Mailing Address <b>706 N. CENTER ST.</b>		Amount of Each Disbursement this Period <b>100.00</b> <b>MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014.</b>	
City <b>CASPER</b>	State <b>WY</b>		Zip Code <b>82601</b>
Purpose of Disbursement <b>FUEL FOR CAMPAIGN VEHICLE</b>			Category/ Type
Candidate Name <b>CHARLIE HARDY</b>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: <b>WY</b>	District:		

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

14021110566

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE <u>23</u> OF <u>44</u>
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. MAX'S CONOLO</b>		Date of Disbursement <b>08 14 2014</b>
Mailing Address <b>706 N. CENTER ST.</b>		Amount of Each Disbursement this Period <b>36.45</b> <b>MEMO- AMEX CREDIT CARD PAYMENT DATED 08/27/2014.</b>
City <b>CASPER WY</b>	State <b>WY</b>	
Zip Code <b>82601</b>		
Purpose of Disbursement <b>FUEL FOR CAMPAIGN VEHICLE</b>	Category/Type	
Candidate Name <b>CHARLIE HARDY</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>WY</b>	District:	

Full Name (Last, First, Middle Initial) <b>B. MAX'S CONOLO</b>		Date of Disbursement <b>08 14 2014</b>
Mailing Address <b>706 N. CENTER ST.</b>		Amount of Each Disbursement this Period <b>100.00</b> <b>MEMO- AMEX CREDIT CARD PAYMENT DATED 08/27/2014.</b>
City <b>CASPER WY</b>	State <b>WY</b>	
Zip Code <b>82601</b>		
Purpose of Disbursement <b>FUEL FOR CAMPAIGN VEHICLE</b>	Category/Type	
Candidate Name <b>CHARLIE HARDY</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>WY</b>	District:	

Full Name (Last, First, Middle Initial) <b>C. GASAMAT</b>		Date of Disbursement <b>08 20 2014</b>
Mailing Address <b>620 E. 16th ST.</b>		Amount of Each Disbursement this Period <b>27.77</b> <b>MEMO- AMEX CREDIT CARD PAYMENT DATED 08/27/2014.</b>
City <b>CHEYENNE WY</b>	State <b>WY</b>	
Zip Code <b>82001</b>		
Purpose of Disbursement <b>FUEL FOR CAMPAIGN VEHICLE</b>	Category/Type	
Candidate Name <b>CHARLIE HARDY</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>WY</b>	District:	

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

14021110567

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. CITY CARDS</b>		Date of Disbursement <b>08 03 2014</b>
Mailing Address <b>Box 6500</b>		Amount of Each Disbursement this Period <b>33.18</b>
City <b>SIoux FALLS</b>	State <b>SD</b>	
Zip Code <b>57117</b>		
Purpose of Disbursement <b>CREDIT CARD PAYMENT-SEE BELOW</b>		Category/ Type
Candidate Name <b>CHARLIE HARDY</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>WY</b>	District:	

Full Name (Last, First, Middle Initial) <b>B. CITY CARDS</b>		Date of Disbursement <b>08 28 2014</b>
Mailing Address <b>Box 6500</b>		Amount of Each Disbursement this Period <b>39.12</b>
City <b>SIoux FALLS</b>	State <b>SD</b>	
Zip Code <b>57117</b>		
Purpose of Disbursement <b>CREDIT CARD PAYMENT-SEE BELOW</b>		Category/ Type
Candidate Name <b>CHARLIE HARDY</b>		
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: <b>WY</b>	District:	

Full Name (Last, First, Middle Initial) <b>C. CITY CARDS</b>		Date of Disbursement <b>09 19 2014</b>
Mailing Address <b>Box 6500</b>		Amount of Each Disbursement this Period <b>69.43</b>
City <b>SIoux FALLS</b>	State <b>SD</b>	
Zip Code <b>57117</b>		
Purpose of Disbursement <b>CREDIT CARD PAYMENT-SEE BELOW</b>		Category/ Type
Candidate Name <b>CHARLIE HARDY</b>		
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: <b>WY</b>	District:	

SUBTOTAL of Disbursements This Page (optional).....	<b>141.73</b>
TOTAL This Period (last page this line number only).....	

14021110568



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE <u>25</u> OF <u>44</u>			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. MODEL SIGNS</b>		Date of Disbursement <b>09 03 2014</b>
Mailing Address <b>110 CENTER ST</b>		Amount of Each Disbursement this Period <b>1976.90</b> <b>MEMO - CITY CORP</b> <b>CREDIT CARD PAYMENT</b> <b>DATED 09/19/2014</b>
City <b>ROCK SPRINGS</b>	State <b>WY</b>	
Zip Code <b>82901</b>		
Purpose of Disbursement <b>CAMPAIGN SIGNS</b>	Category/Type	
Candidate Name <b>CHARLIE HARDY</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>WY</b> District:		

Full Name (Last, First, Middle Initial) <b>B. PILOT</b>		Date of Disbursement <b>09 04 2014</b>
Mailing Address <b>650 STAGE COACH DR.</b>		Amount of Each Disbursement this Period <b>227.14</b> <b>MEMO - CITICORP</b> <b>CREDIT CARD PAYMENT</b> <b>DATED 09/19/2014</b>
City <b>ROCK SPRINGS</b>	State <b>WY</b>	
Zip Code <b>82901</b>		
Purpose of Disbursement <b>FUEL FOR CAMPAIGN VEHICLE</b>	Category/Type	
Candidate Name <b>CHARLIE HARDY</b>		
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: <b>WY</b> District:		

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

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

14021110569

**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 44

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

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NAME OF COMMITTEE (In Full)

**CHARLIE HARDY FOR SENATE**

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. <b>LITTLE AMERICA</b>		<b>09 17 2014</b>
Mailing Address <b>2800 W. LINCOLNWAY</b>		Amount of Each Disbursement this Period <b>227.57</b>
City <b>CHEYENNE</b> State <b>WY</b> Zip Code <b>82009</b>		
Purpose of Disbursement <b>FUEL FOR CAMPAIGN VEHICLE</b>	Category/ Type	
Candidate Name <b>CHARLIE HARDY</b>		
Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	
State: <b>WY</b> District:		
Full Name (Last, First, Middle Initial)		Date of Disbursement
B. <b>FACEBOOK</b>		<b>09 12 2014</b>
Mailing Address <b>HACKER WAY</b>		Amount of Each Disbursement this Period <b>250.06</b>
City <b>MENLO PARK</b> State <b>CA</b> Zip Code <b>94025</b>		
Purpose of Disbursement <b>ADS ON FACEBOOK</b>	Category/ Type	
Candidate Name <b>CHARLIE HARDY</b>		
Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	
State: <b>WY</b> District:		
Full Name (Last, First, Middle Initial)		Date of Disbursement
C. <b>REMAX CAPITOL PROPERTIES</b>		<b>09 03 2014</b>
Mailing Address <b>4000 CENTRAL AVE.</b>		Amount of Each Disbursement this Period <b>900.00</b>
City <b>CHEYENNE</b> State <b>WY</b> Zip Code <b>82001</b>		
Purpose of Disbursement <b>CAMPAIGN OFFICE RENTAL</b>	Category/ Type	
Candidate Name <b>CHARLIE HARDY</b>		
Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	
State: <b>WY</b> District:		
SUBTOTAL of Disbursements This Page (optional).....		<b>1,377.63</b>
TOTAL This Period (last page this line number only).....		

14021110570

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. REMAX CAPITOL PROPERTIES</b>		Date of Disbursement <b>09 03 2014</b>	
Mailing Address <b>4000 CENTRAL AVE.</b>		Amount of Each Disbursement this Period <b>1,100.00</b>	
City <b>CHEYENNE</b>	State <b>WY</b>		Zip Code <b>82001</b>
Purpose of Disbursement <b>CAMPAIGN STAFF APT. RENTAL</b>			Category/ Type
Candidate Name <b>CHARLIE HARDY</b>			
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: <b>WY</b>	District:		

Full Name (Last, First, Middle Initial) <b>B. OFFICE DEPOT</b>		Date of Disbursement <b>09 02 2014</b>	
Mailing Address <b>1225 DEL RANGE BLVD</b>		Amount of Each Disbursement this Period <b>157.58</b>	
City <b>CHEYENNE</b>	State <b>WY</b>		Zip Code <b>82001</b>
Purpose of Disbursement <b>OFFICE SUPPLIES</b>			Category/ Type
Candidate Name <b>CHARLIE HARDY</b>			
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: <b>WY</b>	District:		

Full Name (Last, First, Middle Initial) <b>C. FACEBOOK</b>		Date of Disbursement <b>09 02 2014</b>	
Mailing Address <b>1 HACKER WAY</b>		Amount of Each Disbursement this Period <b>63.23</b>	
City <b>MENLO PARK</b>	State <b>CA</b>		Zip Code <b>94025</b>
Purpose of Disbursement <b>ADS ON FACEBOOK</b>			Category/ Type
Candidate Name <b>CHARLIE HARDY</b>			
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: <b>WY</b>	District:		

SUBTOTAL of Disbursements This Page (optional).....	<b>1,320.81</b>
TOTAL This Period (last page this line number only).....	

14021110571

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE <u>28</u> OF <u>44</u>			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. REMAX CAPITOL PROPERTIES</b>		Date of Disbursement <b>08 06 2014</b>
Mailing Address <b>4000 CENTRAL AVE.</b>		Amount of Each Disbursement this Period <b>900.00</b>
City <b>CHEYENNE WY</b>	State <b>WY</b>	
Zip Code <b>82001</b>		Category/ Type
Purpose of Disbursement <b>CAMPAIGN OFFICE RENTAL</b>		
Candidate Name <b>CHARLIE HARDY</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>WY</b>	District:	

Full Name (Last, First, Middle Initial) <b>B. REMAX CAPITOL PROPERTIES</b>		Date of Disbursement <b>08 06 2014</b>
Mailing Address <b>4000 CENTRAL AVE.</b>		Amount of Each Disbursement this Period <b>1,100.00</b>
City <b>CHEYENNE WY</b>	State <b>WY</b>	
Zip Code <b>82001</b>		Category/ Type
Purpose of Disbursement <b>CAMPAIGN STAFF APT. RENTAL</b>		
Candidate Name <b>CHARLIE HARDY</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>WY</b>	District:	

Full Name (Last, First, Middle Initial) <b>C. BRUCE WILKERSON</b>		Date of Disbursement <b>08 12 2014</b>
Mailing Address <b>816 ADAMS ST. SE</b>		Amount of Each Disbursement this Period <b>512.80</b>
City <b>OLYMPIA</b>	State <b>WA</b>	
Zip Code <b>98501</b>		Category/ Type <b>TRV</b>
Purpose of Disbursement <b>CAMPAIGN VEHICLE FUEL REIMB.</b>		
Candidate Name <b>CHARLIE HARDY</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>WY</b>	District:	

SUBTOTAL of Disbursements This Page (optional).....	<b>2512.80</b>
TOTAL This Period (last page this line number only).....	

14021110572

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE <u>29</u> OF <u>44</u>
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. CENTURY LINK</b>		Date of Disbursement <b>08 01 2014</b>	
Mailing Address <b>CENTURY LINK TOWER</b>		Amount of Each Disbursement this Period <b>299.68</b>	
City <b>PHOENIX, AZ</b>	State <b>AZ</b>		Zip Code <b>85012</b>
Purpose of Disbursement <b>INTERNET SERVICE</b>			Category/ Type
Candidate Name <b>CHARLIE HARDY</b>			
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: <b>WY</b> District:			

Full Name (Last, First, Middle Initial) <b>B. SOWADA, BARBARA</b>		Date of Disbursement <b>07 26 2014</b>	
Mailing Address		Amount of Each Disbursement this Period <b>210.00</b>	
City <b>ROCK SPRINGS</b>	State <b>WY</b>		Zip Code <b>82901</b>
Purpose of Disbursement <b>PARADE PERMIT + ADVERTISING</b>			Category/ Type
Candidate Name <b>CHARLIE HARDY</b>			
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: <b>WY</b> District:			

Full Name (Last, First, Middle Initial) <b>C. WILKERSON, BRUCE</b>		Date of Disbursement <b>07 15 2014</b>	
Mailing Address <b>816 ADAMS ST. SE</b>		Amount of Each Disbursement this Period <b>640.79</b>	
City <b>OLYMPIA</b>	State <b>WA</b>		Zip Code <b>98501</b>
Purpose of Disbursement <b>CAMPAIGN VEHICLE FUEL REIMB.</b>			Category/ Type
Candidate Name <b>CHARLIE HARDY</b>			
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: <b>WY</b> District:			

SUBTOTAL of Disbursements This Page (optional) .....	<b>1,150.47</b>
TOTAL This Period (last page this line number only) .....	

14021110573

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE <u>30</u> OF <u>44</u>
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. REMAX CAPITOL PROPERTIES</b>		Date of Disbursement <b>07 08 2014</b>	
Mailing Address <b>4000 CENTRAL AVE.</b>		Amount of Each Disbursement this Period <b>, 900.00</b>	
City <b>CHEYENNE WY</b>	State <b>WY</b>		Zip Code <b>82001</b>
Purpose of Disbursement <b>CAMPAIGN OFFICE RENTAL</b>			Category/ Type
Candidate Name <b>CHARLIE HARDY</b>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: <b>WY</b> District:			

Full Name (Last, First, Middle Initial) <b>B. REMAX CAPITOL PROPERTIES</b>		Date of Disbursement <b>07 08 2014</b>	
Mailing Address <b>4000 CENTRAL AVE.</b>		Amount of Each Disbursement this Period <b>, 1,100.00</b>	
City <b>CHEYENNE WY</b>	State <b>WY</b>		Zip Code <b>82001</b>
Purpose of Disbursement <b>CAMPAIGN STAFF APT. RENTAL</b>			Category/ Type
Candidate Name <b>CHARLIE HARDY</b>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: <b>WY</b> District:			

Full Name (Last, First, Middle Initial) <b>C. WILKINSON, BRUCE</b>		Date of Disbursement <b>07 01 2014</b>	
Mailing Address <b>816 ADAMS ST. SE</b>		Amount of Each Disbursement this Period <b>, 187.13</b> <b>IN-KIND</b>	
City <b>OLYMPIA WA</b>	State <b>WA</b>		Zip Code <b>98501</b>
Purpose of Disbursement <b>CAMPAIGN VEHICLE LOANED VALUE</b>			Category/ Type
Candidate Name <b>CHARLIE HARDY</b>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: <b>WY</b> District:			

SUBTOTAL of Disbursements This Page (optional).....	<b>2000.00</b>
TOTAL This Period (last page this line number only).....	<b>2187.13</b> <i>[Signature]</i>

14021110574

**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)  
 17  
 18  
 19a  
 19b  
 20a  
 20b  
 20c  
 21

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

Full Name (Last, First, Middle Initial) <b>A. WILKINSON, BRUCE</b>		Date of Disbursement <b>07 01 2014</b>
Mailing Address <b>816 ADAMS ST. SE</b>		Amount of Each Disbursement this Period  <b>374.26</b>  <b>IN-KIND</b>
City <b>OLYMPIA</b>	State <b>WA</b>	
Zip Code <b>98501</b>		
Purpose of Disbursement <b>CAMPAIGN VEHICLE LOANED VALUE</b>		
Candidate Name <b>CHARLIE HARDY</b>		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: <b>WY</b>	District:	

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

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

**SUBTOTAL** of Disbursements This Page (optional) ..... **374.26**

**TOTAL** This Period (last page this line number only) ..... **9,987.83**

14021110575

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
809.41	0.00	809.41

TERMS Date Incurred Date Due Interest Rate Secured:  
**VARIOUS "NO DUE DATE" 0.00 % (apr)  Yes  No**

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶ **809.41**

**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.

14021110576



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

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

PAGE 33 OF 44

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. - CREDIT CARD ADVANCE**

Election:

Primary  
 General  
 Other (specify) ▼

Mailing Address

**PO BOX 1951**

City

**CHEYENNE**

State

**WY**

ZIP Code

**82003-1951**

Original Amount of Loan

**4,500.00**

Cumulative Payment To Date

**0.00**

Balance Outstanding at Close of This Period

**4,500.00**

TERMS

Date Incurred

**02 05 2014**

Date Due

**NO DUE DATE**

Interest Rate

**0.00** % (apr)

Secured:

Yes  No

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

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

**GONZALEZ, SUSANA**

Name of Employer

**UNEMPLOYED**

Mailing Address

**PO BOX 1951**

Occupation

Amount

Guaranteed  
Outstanding:

**4,500.00**

City

**CHEYENNE**

State

**WY**

ZIP Code

**82001**

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

Mailing Address

City

State

ZIP Code

Name of Employer

Occupation

Amount

Guaranteed  
Outstanding:

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

Mailing Address

City

State

ZIP Code

Name of Employer

Occupation

Amount

Guaranteed  
Outstanding:

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

Mailing Address

City

State

ZIP Code

Name of Employer

Occupation

Amount

Guaranteed  
Outstanding:

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

**4,500.00**

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.

14021110577

**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. - CREDIT CARD ADVANCE**

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
9,500.00	0.00	9,500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
02 14 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) <b>GONZALEZ, SUSANA</b>	Name of Employer <b>UNEMPLOYED</b>
Mailing Address <b>PO BOX 1951</b>	Occupation
City <b>CHEYENNE</b> State <b>WY</b> ZIP Code <b>82001</b>	Amount Guaranteed Outstanding: <b>9,500.00</b>
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) ... **9,500.00**

**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.

14021110578

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

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

PAGE 95 OF 44

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. - CREDIT CARD ADVANCE**

Mailing Address  
**PO BOX 1951**

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

Election:  
 Primary  
 General  
 Other (specify) ▼

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

TERMS

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

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

1. Full Name (Last, First, Middle Initial) <b>GONZALEZ, SUSANA</b>	Name of Employer <b>UNEMPLOYED</b>
Mailing Address <b>PO BOX 1951</b>	Occupation
City <b>CHEYENNE</b> State <b>WY</b> ZIP Code <b>82001</b>	Amount Guaranteed Outstanding: <b>250.00</b>
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)..... ▶ **250.00**

**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.

14021110579

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

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

PAGE 36 OF 44

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 - CREDIT CARD ADVANCE**

Mailing Address  
**PO BOX 1951**

Election:  
 Primary  
 General  
 Other (specify) ▼

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

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

TERMS Date Incurred Date Due Interest Rate Secured:  
**04 16 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)  
**GONZALEZ, SUSANA**

Mailing Address  
**PO BOX 1951**

City State ZIP Code  
**CHEYENNE WY 82001**

Name of Employer  
**UNEMPLOYED**

Occupation

Amount Guaranteed Outstanding:  
**3,500.00**

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

Mailing Address

City State ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:

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

Mailing Address

City State ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:

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

Mailing Address

City State ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ **3,500.00**

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.

14021110580

**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. - CREDIT CARD ADVANCE**

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
1,500.00	0.00	1,500.00

TERMS Date Incurred Date Due Interest Rate Secured:  
**04 21 2014 NO DUE DATE 0.00 % (apr)  Yes  No**

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

1. Full Name (Last, First, Middle Initial) <b>GONZALEZ, SUSANA</b>	Name of Employer <b>UNEMPLOYED</b>
Mailing Address <b>PO BOX 1951</b>	Occupation
City State ZIP Code <b>CHEYENNE WY 82001</b>	Amount Guaranteed Outstanding: <b>1,500.00</b>

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)..... ▶ **1,500.00**

**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.

14021110581

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

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

LOAN SOURCE Full Name (Last, First, Middle Initial)  
**HARDY, CHARLESE.- CREDIT CARD ADVANCE**

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
<b>900.00</b>	<b>0.00</b>	<b>900.00</b>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<b>04 25 2014</b>	<b>NO DUE DATE</b>	<b>0.00 % (apr)</b>	<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) <b>GONZALEZ, SUSANA</b>	Name of Employer <b>UNEMPLOYED</b>
Mailing Address <b>PO BOX 1951</b>	Occupation
City <b>CHEYENNE</b> State <b>WY</b> ZIP Code <b>82001</b>	Amount Guaranteed Outstanding: <b>900.00</b>
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)..... ▶ **900.00**

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.

14021110582

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

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

LOAN SOURCE Full Name (Last, First, Middle Initial) <b>HARDY, CHARLES E. - CREDIT CARD ADVANCE</b>	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address <b>PO BOX 1951</b>	

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

Original Amount of Loan <b>1,000.00</b>	Cumulative Payment To Date <b>0.00</b>	Balance Outstanding at Close of This Period <b>1,000.00</b>
--	---	--

**TERMS**

Date Incurred <b>05 01 2014</b>	Date Due <b>NO DUE DATE</b>	Interest Rate <b>0.00 % (apr)</b>	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) <b>GONZALEZ, SUSANA</b>	Name of Employer <b>UNEMPLOYED</b>
Mailing Address <b>PO BOX 1951</b>	Occupation
City <b>CHEYENNE</b> State <b>WY</b> ZIP Code <b>82001</b>	Amount Guaranteed Outstanding: <b>1,000.00</b>
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:

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<b>1,000.00</b>
<b>TOTALS</b> 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.

14021110583

**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. - CREDIT CARD ADVANCE**

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 02 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) <b>GONZALEZ, SUSANA</b>	Name of Employer <b>UNEMPLOYED</b>
Mailing Address <b>PO BOX 1951</b>	Occupation
City <b>CHEYENNE</b> State <b>WY</b> ZIP Code <b>82001</b>	Amount Guaranteed Outstanding: <b>1,000.00</b>
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)..... ▶ **1,000.00**

**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.

14021110584



**SCHEDULE C (FEC Form 3)**

**LOANS**

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

PAGE 41 OF 44

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. CREDIT CARD ADVANCE**

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  
**3400.00 0.00 3400.00**

TERMS Date Incurred Date Due Interest Rate Secured:  
**05 23 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) <b>GONZALEZ, SUSANA</b>	Name of Employer <b>UNEMPLOYED</b>
Mailing Address <b>PO BOX 1951</b>	Occupation
City State ZIP Code <b>CHEYENNE WY 82001</b>	Amount Guaranteed Outstanding: <b>3400.00</b>
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)..... ▶ **3400.00**

**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.

14021110585

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

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

PAGE 42 OF 44

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. - CREDIT CARD ADVANCE**

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
<b>350.00</b>	<b>0.00</b>	<b>350.00</b>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<b>06 05 2014</b>	<b>NO DUE DATE</b>	<b>0.00 % (apr)</b>	<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) <b>GONZALEZ, SUSANA</b>	Name of Employer <b>UNEMPLOYED</b>
Mailing Address <b>PO BOX 1951</b>	Occupation
City <b>CHEYENNE</b> State <b>WY</b> ZIP Code <b>82001</b>	Amount Guaranteed Outstanding: <b>350.00</b>
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)..... ▶ **350.00**

**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.

14021110586

**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. - CREDIT CARD ADVANCE**

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
<b>250000</b>	<b>0.00</b>	<b>2500.00</b>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<b>06 27 2014</b>	<b>NO DUE DATE</b>	<b>0.00 % (apr)</b>	<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) <b>GONZALEZ, SUSANA</b>	Name of Employer <b>UNEMPLOYED</b>
Mailing Address <b>PO BOX 1951</b>	Occupation
City <b>CHEYENNE</b> State <b>WY</b> ZIP Code <b>82001</b>	Amount Guaranteed Outstanding: <b>2500.00</b>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

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

TOTALS This Period (last page in this line only) ... ▶ **29,709.41**

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

14021110587

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

Supplementary for  
 Information found on  
 Page 33 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <b>CHARLIE HARDY FOR SENATE</b>	FEC IDENTIFICATION NUMBER <b>C 00 554758</b>
--	---

LENDING INSTITUTION (LENDER) Full Name <b>CHASE</b>	Amount of Loan <b>4500.00</b>	Interest Rate (APR) <b>0.00</b>
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Mailing Address <b>BOX 15123</b>	Date Incurred or Established <b>02 05 2014</b>
City <b>WILMINGTON</b> State <b>DE</b> Zip Code <b>19850</b>	Date Due <b>NO DUE DATE</b>

A. Has loan been restructured?  No  Yes If yes, date originally incurred \_\_\_\_\_

B. If line of credit,  
 Amount of this Draw: **4,500.00** Total Outstanding Balance: **4,500.00**

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral?  
 Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

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 collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis upon which it assures repayment.  
**PERSONAL GUARANTEE OF CHARLIE HARDY**

G. COMMITTEE TREASURER Typed Name <b>DAVID FINLEY</b> Signature <b>David Finley</b>	DATE <b>10 13 2014</b>
---	---------------------------

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 terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
 ii. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 iii. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE
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14021110588

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

Supplementary for  
 Information found on  
 Page 34 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <b>CHARLIE HARDY FOR SENATE</b>	FEC IDENTIFICATION NUMBER <b>C 00 554758</b>
--	---

LENDING INSTITUTION (LENDER) Full Name <b>CHASE</b>	Amount of Loan <b>9,500.00</b>	Interest Rate (APR) <b>0.00 %</b>
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Mailing Address <b>Box 15123</b>	Date Incurred or Established <b>02 14 2014</b>
City <b>WILMINGTON DE 19850</b>	Date Due <b>NO DUE DATE</b>

A. Has loan been restructured?  No  Yes If yes, date originally incurred

B. If line of credit,  
 Amount of this Draw: **9,500.00** Total Outstanding Balance: **9,500.00**

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_  
 What is the value of this collateral? \_\_\_\_\_  
 Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_  
 What 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: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date account established: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.  
**PERSONAL GUARANTEE OF CHARLIE HARDY**

G. COMMITTEE TREASURER Typed Name <b>DAVID FINLEY</b> Signature <b>David Finley</b>	DATE <b>10 13 2014</b>
---	---------------------------

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 terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE M
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14021110589

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

Supplementary for  
 Information found on  
 Page 35 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <b>CHARLIE HARDY FOR SENATE</b>		FEC IDENTIFICATION NUMBER <b>C 00554758</b>
LENDING INSTITUTION (LENDER) Full Name <b>CHASE</b>	Amount of Loan <b>250 00</b>	Interest Rate (APF) <b>0 00</b>
Mailing Address <b>PO BOX 15123</b>	Date Incurred or Established <b>04 04 2014</b>	
City <b>WILMINGTON</b> State <b>DE</b> Zip Code <b>19850</b>	Date Due <b>NO DUE DATE</b>	

A. Has loan been restructured?  No  Yes If yes, date originally incurred

B. If line of credit,  
 Amount of this Draw: **250 00** Total Outstanding Balance: **250 00**

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_  
 What is the value of this collateral?  
 Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_  
 What 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:  
 Address:  
 Date account established:  
 City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.  
**PERSONAL GUARANTEE OF CHARLIE HARDY**

G. COMMITTEE TREASURER  
 Typed Name **DAVID FINLEY** DATE  
 Signature **David Finley** **10 13 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 terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE		DATE
Typed Name	Title	
Signature		

14021110590

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

Supplementary for  
 Information found on  
 Page 36 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <b>CHARLIE HARDY FOR SENATE</b>	FEC IDENTIFICATION NUMBER <b>00554758</b>
--	--

LENDING INSTITUTION (LENDER) Full Name <b>CHASE</b>	Amount of Loan <b>3500.00</b>	Interest Rate (APR) <b>0.00</b> %
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Mailing Address <b>PO BOX 15123</b>	Date Incurred or Established <b>04 / 16 / 2014</b>
City <b>WILMINGTON</b> State <b>DE</b> Zip Code <b>19850</b>	Date Due <b>NO DUE DATE</b>

A. Has loan been restructured?  No  Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: **3500.00** Total Outstanding Balance: **3500.00**

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral?  
 \_\_\_\_\_

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What 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: **MM / DD / YYYY** Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.  
**PERSONAL GUARANTEE OF CHARLIE HARDY**

G. COMMITTEE TREASURER Typed Name <b>DAVID FINLEY</b> Signature <b>David Finley</b>	DATE <b>10 / 13 / 2014</b>
---	-------------------------------

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 terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE <b>MM / DD / YYYY</b>
Title	

14021110591

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

Supplementary for  
 information found on  
 Page 37 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (in Full) <b>CHARLIE HARDY FOR SENATE</b>		FEC IDENTIFICATION NUMBER <b>C00554758</b>	
LENDING INSTITUTION (LENDER) Full Name <b>CHASE</b>	Amount of Loan <b>1500 00</b>	Interest Rate (APR) <b>000</b>	
Mailing Address <b>PO BOX 15123</b>	Date Incurred or Established <b>04 21 2014</b>	Date Due <b>NO DUE DATE</b>	
City <b>WILMINGTON</b>	State <b>DE</b>	Zip Code <b>19850</b>	

A. Has loan been restructured?  No  Yes If yes, date originally incurred \_\_\_\_\_

B. If line of credit,  
 Amount of this Draw: **1500 00** Total Outstanding Balance: **1500 00**

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_  
 What is the value of this collateral? \_\_\_\_\_  
 Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_  
 What is the estimated value? \_\_\_\_\_

A depository account must be established pursuant to 11 CFR 100.62(e)(2) and 100.142(e)(2).  
 Location of account: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date account established: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.  
**PERSONAL GUARANTEE OF CHARLIE HARDY**

G. COMMITTEE TREASURER Typed Name <b>DAVID FINLEY</b>	DATE <b>10 13 2014</b>
Signature <b>David Finley</b>	

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 terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.62 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE		DATE
Typed Name	Title	
Signature		

14021110592



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

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page 32 of Schedule C

NAME OF COMMITTEE (in Full) <b>CHARLIE HARDY FOR SENATE</b>	FEC IDENTIFICATION NUMBER <b>C00554758</b>
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LENDING INSTITUTION (LENDER) Full Name <b>CHASE</b>	Amount of Loan <b>90000</b>	Interest Rate (APR) <b>0.00</b>
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Mailing Address <b>PO BOX 15123</b>	Date Incurred or Established <b>04 25 2014</b>
City <b>WILMINGTON</b> State <b>DE</b> Zip Code <b>19850</b>	Date Due <b>NO DUE DATE</b>

A. Has loan been restructured?  No  Yes If yes, date originally incurred

B. If line of credit,  
 Amount of this Draw: **90000** Total Outstanding Balance: **90000**

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_  
 What is the value of this collateral?  
 Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_  
 What 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:  
 Address:  
 Date account established:  
 City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.  
**PERSONAL GUARANTEE OF CHARLIE HARDY**

G. COMMITTEE TREASURER Typed Name <b>DAVID FINLEY</b> Signature <b>David Finley</b>	DATE <b>10 13 2014</b>
---	---------------------------

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 terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE
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14021110593

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page 39 of Schedule C

NAME OF COMMITTEE (in Full) <b>CHARLIE HARDY FOR SENATE</b>	FEC IDENTIFICATION NUMBER <b>000554758</b>
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LENDING INSTITUTION (LENDER) Full Name <b>CHASE</b>	Amount of Loan <b>1000 00</b>	Interest Rate (APR) <b>0 00</b>
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Mailing Address <b>PO Box 15123</b>	Date Incurred or Established
City <b>WILMINGTON</b> State <b>DE</b> Zip Code <b>19850</b>	Date Due <b>NO DUE DATE</b>

A. Has loan been restructured?  No Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: **1 000 00** Total Outstanding Balance: **1 000 00**

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral?  
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No Yes If yes, specify: \_\_\_\_\_

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 collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.  
**PERSONAL GUARANTEE OF CHARLIE HARDY**

G. COMMITTEE TREASURER Typed Name <b>DAVID FINLEY</b> Signature <b>David Finley</b>	DATE <b>10 13 2014</b>
---	---------------------------

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 terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE
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14021110594

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page 40 of Schedule C

NAME OF COMMITTEE (In Full) <b>CHARLIE HARDY FOR SENATE</b>	FEC IDENTIFICATION NUMBER <b>C 00 554758</b>
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LENDING INSTITUTION (LENDER) Full Name <b>CHASE</b>	Amount of Loan <b>1 000 00</b>	Interest Rate (APR) <b>000</b>
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Mailing Address <b>PO BOX 15123</b>	Date Incurred or Established <b>05 02 2014</b>
City <b>WILMINGTON</b> State <b>DE</b> Zip Code <b>19850</b>	Date Due <b>NO DUE DATE</b>

A. Has loan been restructured?  No  Yes If yes, date originally incurred

B. If line of credit,  
 Amount of this Draw: **1 000 00** Total Outstanding Balance: **1 000 00**

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes if yes, specify: \_\_\_\_\_  
 What is the value of this collateral?  
 Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_  
 What 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: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date account established: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.  
**PERSONAL GUARANTEE OF CHARLIE HARDY**

G. COMMITTEE TREASURER Typed Name <b>DAVID FINLEY</b> Signature <b>David Finley</b>	DATE <b>10 13 2014</b>
---	---------------------------

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 terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE
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14021110595

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

Supplementary for  
 Information found on  
 Page 41 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <b>CHARLIE HARDY FOR SENATE</b>	FEC IDENTIFICATION NUMBER <b>C00554758</b>
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LENDING INSTITUTION (LENDER) Full Name <b>CHASE</b>	Amount of Loan <b>3400.00</b>	Interest Rate (APR) <b>0.00</b>
---	----------------------------------	------------------------------------

Mailing Address <b>PO BOX 15123</b>	Date Incurred or Established <b>05 23 2014</b>
City <b>WILMINGTON</b> State <b>DE</b> Zip Code <b>19850</b>	Date Due <b>NO DUE DATE</b>

A. Has loan been restructured?  No  Yes If yes, date originally incurred

B. If line of credit,  
 Amount of this Draw: **3400.00** Total Outstanding Balance: **340.00**

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_  
 What is the value of this collateral?  
 Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_  
 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 collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

**PERSONAL GUARANTEE OF CHARLIE HARDY**

G. COMMITTEE TREASURER Typed Name <b>DAVID FINLEY</b> Signature <b>David Finley</b>	DATE <b>10 13 2014</b>
---	---------------------------

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 terms of the loan and other information regarding the extension of the loan are accurate as stated above.
  - II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
  - III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE
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14021110596

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

Supplementary for  
 Information found on  
 Page 42 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <b>CHARLIE HARDY FOR SENATE</b>	FEC IDENTIFICATION NUMBER <b>C 00 55 47 58</b>
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LENDING INSTITUTION (LENDER) Full Name <b>CHASE</b>	Amount of Loan <b>350.00</b>	Interest Rate (APR) <b>0.00</b>
---	---------------------------------	------------------------------------

Mailing Address <b>PO Box 15123</b>	Date Incurred or Established <b>06 05 2014</b>
City <b>WILMINGTON</b> State <b>DE</b> Zip Code <b>19850</b>	Date Due <b>NO DUE DATE</b>

A. Has loan been restructured?  No  Yes If yes, date originally incurred

B. If line of credit,  
 Amount of this Draw: **350.00** Total Outstanding Balance: **350.00**

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes  (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_  
 What is the value of this collateral?  
 Does the lender have a perfected security interest in it? No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_  
 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 collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.  
**PERSONAL GUARANTEE OF CHARLIE HARDY**

G. COMMITTEE TREASURER Typed Name <b>DAVID FINLEY</b> Signature <b>David Finley</b>	DATE <b>10 13 2014</b>
---	---------------------------

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 terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE
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14021110597

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

Supplementary for  
 information found on  
 Page 43 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <b>CHARLIE HARDY FOR SENATE</b>		FEC IDENTIFICATION NUMBER <b>C 00554758</b>
LENDING INSTITUTION (LENDER) Full Name <b>CHASE</b>	Amount of Loan <b>250000</b>	Interest Rate (APR) <b>000</b>
Mailing Address <b>PO BOX 15123</b>	Date Incurred or Established <b>06 27 2014</b>	Date Due <b>NO DUE DATE</b>
City <b>WILMINGTON</b> State <b>DE</b> Zip Code <b>19850</b>		

A. Has loan been restructured?  No  Yes If yes, date originally incurred \_\_\_\_\_

B. If line of credit,  
 Amount of this Draw: **250000** Total Outstanding Balance: **250000**

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes  (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_  
 What is the value of this collateral? \_\_\_\_\_  
 Does the lender have a perfected security interest in it? No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_  
 What is the estimated value? \_\_\_\_\_

A depository account must be established pursuant to 11 CFR 100.62(e)(2) and 100.142(e)(2).  
 Location of account: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date account established: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.  
**PERSONAL GUARANTEE OF CHARLIE HARDY**

G. COMMITTEE TREASURER Typed Name <b>DAVID FINLEY</b>	DATE <b>10 13 2014</b>
Signature <b>David Finley</b>	

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 terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.62 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE
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14021110598

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

PAGE 44 OF 44

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**CHARLIE HARDY FOR SENATE**

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

**RAW IMAGE**

Nature of Debt (Purpose):

**CAMPAIGN VIDEOS & WEBSITE DEVELOPMENT**

Mailing Address

**525 HAMPTON LANE**

City

State

Zip Code

**KEY BISCANE, FL 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

**CITI CARDS**

Nature of Debt (Purpose):

**CREDIT CARD DEBT**

Mailing Address

**BOX 6500**

City

State

Zip Code

**SIOUX FALLS SD 57117**

Outstanding Balance Beginning This Period

, **1,450.51**

Amount Incurred This Period

, **2,686.38**

Payment This Period

, **141.73**

Outstanding Balance at Close of This Period

, **3,995.16**

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

**AMEX**

Nature of Debt (Purpose):

**CREDIT CARD DEBT**

Mailing Address

**PO BOX 297812**

City

State

Zip Code

**FT. LAUDERDALE FL 33329-7812**

Outstanding Balance Beginning This Period

, **9,504.07**

Amount Incurred This Period

, **10,077.68**

Payment This Period

, **923.00**

Outstanding Balance at Close of This Period

, **18,658.75**

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

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

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ... ▶

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

, **25,116.00**

, **29,209.41**

, **54,325.41**

14021110599

WLEY  
ER  
HARDY FOR SENATE  
UTRAL AVE. #A  
WES WY 82001  
C00554758

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Senate Post Office  
OCT 20 2014


SECRETARY OF THE SENATE  
OFFICE OF PUBLIC RECORDS  
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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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TRACKING NUMBER  
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Senate Post Office

14021110600



# 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 \_\_\_\_\_  
Postmark **10/15/14**

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  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

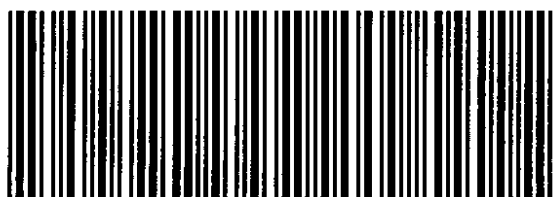
OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 10/22/14

14021110601



SEN PATCH



SEN PATCH

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