

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS 15 JUL 22 PM 2:42 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 CHARLIE HARDY FOR U.S. SENATE

ADDRESS (number and street) P.O. BOX 1222 Check if different than previously reported. (ACC) CHEYENNE WY 82003-1222

2. FEC IDENTIFICATION NUMBER C00554758 3. IS THIS REPORT NEW (N) OR AMENDED (A) WY

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 04 01 2015 through 06 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer CHARLES E HARDY Signature of Treasurer Charles E Hardy Date 07/13/2015

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

20150720200229896

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

CHARLIE HARDY FOR U.S. SENATE

Report Covering the Period:

From:

04 01 2015

To:

06 31 2015

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ...	11,601.39	75,262.18
(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))	11,601.39	74,278.58
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1,781.73	92,213.37
(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))	1,781.73	92,213.37
8. Cash on Hand at Close of Reporting Period (from Line 27)	1,524.74	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) ...	38,517.08	

For further information contact:

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

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

201507220200229897

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

CHARLIE HARDY FOR U.S. SENATE

Report Covering the Period: From: ^{M M D D Y Y Y Y} 04 01 2015 To: ^{M M D D Y Y Y Y} 06 31 2015

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)...	8,738.75	38,203.39
(ii) Unitemized	2,862.64	37,058.79
(iii) TOTAL of contributions from individuals .. ▶	11,601.39	75,262.18
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	11,601.39	75,262.18
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0.00	29,209.41
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	29,209.41
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	11,601.39	104,471.59

201507220200229898

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...	1,781.73	92,213.37
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	9,750.00	9,750.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	9,750.00	9,750.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	0.00	983.60
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	983.60
21. OTHER DISBURSEMENTS ...	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	11,531.73	102,946.97

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	1,455.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	11,601.39
25. SUBTOTAL (add Line 23 and Line 24)...	13,056.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	11,531.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	1,524.74

201507220200229899

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 5 OF 39	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR U. S. SENATE

A. Full Name (Last, First, Middle Initial)
BUD WICK, JOHN J

Mailing Address
149 COTTAGE ST

City **MIDDLETOWN** State **NY** Zip Code **10940**

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

Name of Employer **RETIRED** Occupation

Receipt For:
 Primary General
 Other (specify) **RETIRE CAMPAIGN DEBT**

Election Cycle-to-Date **400.00**

Date of Receipt
05/05/2015

Amount of Each Receipt this Period
100.00

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

Mailing Address
P.O. BOX 790

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

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

Name of Employer **Self-employed** Occupation **Clergyman**

Receipt For:
 Primary General
 Other (specify) **RETIRE CAMPAIGN DEBT**

Election Cycle-to-Date **300.00**

Date of Receipt
05/06/2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
BELLAMY RAYMOND E

Mailing Address
509 VINNEDGE DRIVE

City **TALLAHASSEE** State **FL** Zip Code **32303**

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

Name of Employer **TALLAHASSEE ORTHOPEDIC CLINIC** Occupation **PHYSICIAN**

Receipt For:
 Primary General
 Other (specify) **Retire Campaign Debt**

Election Cycle-to-Date **700.00**

Date of Receipt
05/07/2015

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)..... **400.00**

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

201507220200229900

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 39				
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 1c <input type="checkbox"/> 1d <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 U.S. SENATE

A. Full Name (Last, First, Middle Initial) BRADLEY, ALICE		Date of Receipt 05/07/2015
Mailing Address 245 S LOWELL STREET		Amount of Each Receipt this Period 1,115.00
City CASPER,	State WY	
Zip Code 82601		
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date 1,965.00	

B. Full Name (Last, First, Middle Initial) ROESELER, WILLIAM & DIANA		Date of Receipt 05/08/2015
Mailing Address P.O. BOX 1587		Amount of Each Receipt this Period 300.00
City CHEYENNE	State WY	
Zip Code 82003-1587		
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date 400.00	

C. Full Name (Last, First, Middle Initial) KIRKBRIDE, ALAN & LINDA		Date of Receipt 05/08/2015
Mailing Address 3205 ROAD 139		Amount of Each Receipt this Period 200.00
City MERIDEN	State WY	
Zip Code 82081		
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation RANCHING	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1,615.00
TOTAL This Period (last page this line number only).....	

201507220200229901

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 OF 39	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 1c	<input type="checkbox"/> 1d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR U.S. SENATE

A. Full Name (Last, First, Middle Initial) HARDEN, STEPHEN		Date of Receipt 05/09/2015
Mailing Address 420 MESA ROAD		Amount of Each Receipt this Period 50.00
City COLORADO SPRINGS CO	State Zip Code 80905-1022	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date	

B. Full Name (Last, First, Middle Initial) SANTINI, GEORGE		Date of Receipt 05/09/2015
Mailing Address 2520 DEMING BLVD, APT 1		Amount of Each Receipt this Period 123.75
City CHEYENNE	State Zip Code WY 82001	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 340.90
Name of Employer SELF-EMPLOYED	Occupation LAWYER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date	

C. Full Name (Last, First, Middle Initial) ALLEN, ALBINA		Date of Receipt 05/09/2015
Mailing Address 1000 8TH STREET		Amount of Each Receipt this Period 100.00
City ROCK SPRINGS WY	State Zip Code 82901	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	273.75
TOTAL This Period (last page this line number only).....	

201507220200229902

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 39				
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
		<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR U.S. SENATE

A. Full Name (Last, First, Middle Initial)
RUDOLPH, RUTH E

Mailing Address
1251 N 21ST STREET, APT K55

City **LARAMIE** State **WY** Zip Code **82072**

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

Name of Employer **RETIRED** Occupation

Receipt For:
 Primary General
 Other (specify) **RETIRED CAMPAIGN DEBT**

Election Cycle-to-Date **600.00**

Date of Receipt
05/11/2015

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
PRINE, MARGARET

Mailing Address
2017 HILLSIDE DRIVE

City **LARAMIE** State **WY** Zip Code **82070-4835**

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

Name of Employer **RETIRED** Occupation

Receipt For:
 Primary General
 Other (specify) **RETIRED CAMPAIGN DEBT**

Election Cycle-to-Date **300.00**

Date of Receipt
05/11/2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
OGG, THOMAS

Mailing Address
PO BOX 101

City **TEKSLEEP** State **WY** Zip Code **82442**

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

Name of Employer **RETIRED** Occupation

Receipt For:
 Primary General
 Other (specify) **RETIRED CAMPAIGN DEBT**

Election Cycle-to-Date **600.00**

Date of Receipt
05/11/2015

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)..... **500.00**

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

201507220200229903

**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 39	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 1b	<input type="checkbox"/> 1c	<input type="checkbox"/> 1d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 3a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR U.S. SENATE

A. Full Name (Last, First, Middle Initial)
MELONUK, ROBERT & BETH

Mailing Address
P.O. BOX 61

City **FORT LARAMIE WY** State **WY** Zip Code **82212**

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

Name of Employer **RETIRED** Occupation

Receipt For:
 Primary General
 Other (specify) **RETIRE CAMPAIGN DEBT**

Election Cycle-to-Date **400.00**

Date of Receipt
05/11/2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
SCHIELAR, EARL

Mailing Address
2322 ROOSEVELT AVE

City **BERKELEY CA** State **CA** Zip Code **94703**

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

Name of Employer **RETIRED** Occupation

Receipt For:
 Primary General
 Other (specify) **RETIRE CAMPAIGN DEBT**

Election Cycle-to-Date **400.00**

Date of Receipt
05/11/2015

Amount of Each Receipt this Period
50.00

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

Mailing Address
47 HALIFAX STREET

City **JAMAICA PLAIN MA** State **MA** Zip Code **02130**

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

Name of Employer **FAMILY PRODUCTIONS** Occupation **FILM MAKER**

Receipt For:
 Primary General
 Other (specify) **RETIRE CAMPAIGN DEBT**

Election Cycle-to-Date **500.00**

Date of Receipt
05/12/2015

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)..... **350.00**

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

201507220200229904

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 OF 39	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR U.S. SENATE

A. Full Name (Last, First, Middle Initial) FORD, JAY		Date of Receipt 05/12/2015
Mailing Address 1983 HAPPY HOLLOW		Amount of Each Receipt this Period 200.00
City RAWLINS	State WY	
Zip Code 82301		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer UNION PACIFIC RAILROAD	Occupation ENGINEER	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date 300.00	

B. Full Name (Last, First, Middle Initial) GRIFFIN, EVELYN		Date of Receipt 05/12/2015
Mailing Address PO BOX 21		Amount of Each Receipt this Period 100.00
City PAVILLION	State WY	
Zip Code 82523		Amount of Each Receipt this Period 270.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation EDUCATOR	Amount of Each Receipt this Period 270.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRED CAMPAIGN DEBT	Election Cycle-to-Date 270.00	

C. Full Name (Last, First, Middle Initial) MELVIN, A Z		Date of Receipt 05/12/2015
Mailing Address 5403 HACKER CT		Amount of Each Receipt this Period 100.00
City CHEYENNE	State WY	
Zip Code 82003		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date 300.00	

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

201507220200229905

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 OF 39	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 1b	<input type="checkbox"/> 1c	<input type="checkbox"/> 1d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 3a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR U.S. SENATE

A. Full Name (Last, First, Middle Initial) GOODWIN, VICKIE		Date of Receipt 05/12/2015
Mailing Address 32 FAIRWAY DRIVE		Amount of Each Receipt this Period 100.00
City DOUGLAS	State WY	
Zip Code 82633		
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date 400.00	

B. Full Name (Last, First, Middle Initial) MAXWELL, MARILYN		Date of Receipt 05/12/2015
Mailing Address 110 BALSAM STREET		Amount of Each Receipt this Period 1,000.00
City BUFFALO	State WY	
Zip Code 82834		
FEC ID number of contributing federal political committee. C		
Name of Employer CHARLOTTE IRIGARAY	Occupation CAREGIVER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date 1,140.00	

C. Full Name (Last, First, Middle Initial) MARCINKOWSKI, LAURA		Date of Receipt 05/14/2015
Mailing Address 351 LAKESIDE LANE #308		Amount of Each Receipt this Period 100.00
City HOUSTON	State TX	
Zip Code 77058		
FEC ID number of contributing federal political committee. C		
Name of Employer METRO RETRO	Occupation SALES	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	1,200.00
TOTAL This Period (last page this line number only).....	

201507220200229906

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 39	
	<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 U.S. SENATE

Full Name (Last, First, Middle Initial) A. LUKE, MICHAEL		Date of Receipt 05/15/2015
Mailing Address 1313 W 31ST STREET		Amount of Each Receipt this Period 500.00
City CHEYENNE	State WY	
Zip Code 82001		
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date 1,350.00	

Full Name (Last, First, Middle Initial) B. CLIMACO, JESUS		Date of Receipt 05/15/2015
Mailing Address 533 GOBEL STREET		Amount of Each Receipt this Period 100.00
City ROCK SPRINGS	State WY	
Zip Code 82901		
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) C. KIRKBRIDE, MAE		Date of Receipt 05/15/2015
Mailing Address 3540 COUNTY ROAD 132		Amount of Each Receipt this Period 100.00
City CHEYENNE	State WY	
Zip Code 82009		
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date 375.00	

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

201507220200229907

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 39				
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
		<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR U.S. SENATE

Full Name (Last, First, Middle Initial) A. MCGREEVY, KATHLEEN		Date of Receipt 05/15/2015
Mailing Address 4421 S. HICKORY HILL ROAD		Amount of Each Receipt this Period 150.00
City SIoux FALLS	State SD	
Zip Code 57103		
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. FLECHTER, FRANCES		Date of Receipt 05/16/2015
Mailing Address 16822 E. EASTER WAY		Amount of Each Receipt this Period 50.00
City AURORA	State CO	
Zip Code 80016-1430		
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) C. PETERSEN, WESLIE		Date of Receipt 05/15/2015
Mailing Address P.O. BOX 568		Amount of Each Receipt this Period 50.00
City WILSON	State WY	
Zip Code 83014		
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date 400.00	

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

201507220200229908

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 39	
	<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 U.S. SENATE

Full Name (Last, First, Middle Initial) A. SOWADA, BARBARA J.		Date of Receipt 05/18/2015
Mailing Address 2632 POPO ALIE DRIVE		Amount of Each Receipt this Period 50.00
City ROCK SPRINGS	State Zip Code WY 82901-7816	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. MCCOY, WANDA		Date of Receipt 05/18/2015
Mailing Address 1040 RICHARD STREET		Amount of Each Receipt this Period 100.00
City THERMOPOLLS	State Zip Code WY 82443	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date 225.00	

Full Name (Last, First, Middle Initial) C. WEDEL, SUE		Date of Receipt 05/18/2015
Mailing Address 802 SOUTH 12th STREET		Amount of Each Receipt this Period 200.00
City LARAMIE	State Zip Code WY 82070	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

201507220200229909

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 OF 39				
	(check only one)				
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 1b	<input type="checkbox"/> 1c	<input type="checkbox"/> 1d	<input type="checkbox"/> 15	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14		

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR U.S. SENATE

A. Full Name (Last, First, Middle Initial) STERNITZKE, MARY ELLEN		Date of Receipt 05/20/2015
Mailing Address 4306 CHEYENNE STREET		
City CHEYENNE	State WY	Zip Code 82001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer SELF-EMPLOYED.	Occupation PSYCHOLOGIST	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date 900.00	

B. Full Name (Last, First, Middle Initial) KUECKS, MELODY L.		Date of Receipt 05/22/2015
Mailing Address 640 S 5TH STREET		
City DOUGLAS	State WY	Zip Code 82633
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date 400.00	

C. Full Name (Last, First, Middle Initial) TABB, WILLIAM + MARGARET		Date of Receipt 05/21/2015
Mailing Address 162 WEST 93RD STREET #1		
City NEW YORK	State NY	Zip Code 10025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

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

201507220200229910

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 39				
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 1b	<input type="checkbox"/> 1c	<input type="checkbox"/> 1d	<input type="checkbox"/> 15
		<input type="checkbox"/> 12	<input type="checkbox"/> 3a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR U.S. SENATE

A. Full Name (Last, First, Middle Initial) SCARRITT, JAMES + PRUDENCE		Date of Receipt 05/21/2015
Mailing Address 1770 SUNSET BLVD		Amount of Each Receipt this Period 100.00
City BOULDER	State Zip Code CO 80304	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date 450.00	

B. Full Name (Last, First, Middle Initial) GEFFRE, DONALD		Date of Receipt 05/25/2015
Mailing Address 3302 PONDEROSA WAY		Amount of Each Receipt this Period 50.00
City ROCK SPRINGS	State Zip Code WY 82901-4163	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date 220.00	

C. Full Name (Last, First, Middle Initial) NEWCOMB, ANNE		Date of Receipt 05/26/2015
Mailing Address P.O. BOX 2465		Amount of Each Receipt this Period 150.00
City JACKSON	State Zip Code WY 83001	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date 450.00	

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

201507220200229911

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 39
	<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 U.S. SENATE

A. Full Name (Last, First, Middle Initial) BOENISCH, LINDA		Date of Receipt 05/28/2015
Mailing Address 916 FRONTIER PARK AVENUE		Amount of Each Receipt this Period 250.00
City CHEYENNE	State Zip Code WY 82001	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date 350.00	

B. Full Name (Last, First, Middle Initial) CARR, MICHAEL		Date of Receipt 06/03/2015
Mailing Address P.O. BOX 2181		Amount of Each Receipt this Period 200.00
City CHEYENNE	State Zip Code WY 82003	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date 700.00	

C. Full Name (Last, First, Middle Initial) SHOFFSTALL, JOHN + VIRGINIA		Date of Receipt 06/03/2015
Mailing Address P.O. BOX 307		Amount of Each Receipt this Period 200.00
City BEULAH	State Zip Code WY 82712-0307	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date 350.00	

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

201507220200229912

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 18 OF 39	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR U.S. SENATE

A. Full Name (Last, First, Middle Initial) JORGENSEN, PETER		Date of Receipt 06/24/2015
Mailing Address P.O. BOX 7474		Amount of Each Receipt this Period 200.00
City JACKSON	State Zip Code WV 83002	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 950.00
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date	

B. Full Name (Last, First, Middle Initial) SCOTT, SUSAN		Date of Receipt 06/24/2015
Mailing Address P.O. BOX 765		Amount of Each Receipt this Period 100.00
City INVERNESS	State Zip Code CA 94937	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date	

C. Full Name (Last, First, Middle Initial) REGAN, JOHN		Date of Receipt 06/24/2015
Mailing Address 201 S. PEARL ST		Amount of Each Receipt this Period 1,000.00
City CENTRALIA	State Zip Code WA 98531	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1,500.00
Name of Employer SELF EMPLOYED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RETIRE CAMPAIGN DEBT	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	1,300.00
TOTAL This Period (last page this line number only).....	8,738.75

201507220200229913

**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 19 OF 39	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR U.S. SENATE

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 04/02/2015
Mailing Address P.O. BOX 297812		Amount of Each Disbursement this Period , 382.00
City FT LAUDERDALE	State FL	
Zip Code 33329-7812		SPECIFICATION: POST ELECTION
Purpose of Disbursement CREDIT CARD PAYMENT		
Candidate Name CHARLIE HARDY		
Office Sought: WY	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
State: WY	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
District:		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 05/09/2015
Mailing Address P.O. BOX 297812		Amount of Each Disbursement this Period , 600.00
City FT LAUDERDALE	State FL	
Zip Code 33329-7812		SPECIFICATION: POST ELECTION
Purpose of Disbursement CREDIT CARD PAYMENT		
Candidate Name CHARLIE HARDY		
Office Sought: WY	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
State: WY	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
District:		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 06/07/2015
Mailing Address P.O. BLX 297812		Amount of Each Disbursement this Period , 500.00
City FT LAUDERDALE	State FL	
Zip Code 33329-7812		SPECIFICATION: POST ELECTION
Purpose of Disbursement CREDIT CARD PAYMENT		
Candidate Name CHARLIE HARDY		
Office Sought: WY	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
State: WY	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
District:		

SUBTOTAL of Disbursements This Page (optional).....	, 1,482.00
TOTAL This Period (last page this line number only).....	, , .

201507220200229914

**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 U.S. SENATE

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 04/22/2015
Mailing Address P O BOX 297812		Amount of Each Disbursement this Period , 206.00 MEMO - AMEX CREDIT CARD STATEMENT 04/22/2015 SPECIFICATION: POST ELECTION
City FT LAUDERDALE	State FL	
Zip Code 33329-7812		Amount of Each Disbursement this Period , 206.00 MEMO - AMEX CREDIT CARD STATEMENT 04/22/2015 SPECIFICATION: POST ELECTION
Purpose of Disbursement INTEREST ON CREDIT CARD	Category/Type	
Candidate Name CHARLIE HARDY		
Office Sought: WY	Disbursement For:	
<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify)	
State: WY	District:	

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 05/22/2015
Mailing Address P. O. BOX 297812		Amount of Each Disbursement this Period , 210.06 MEMO - AMEX CREDIT CARD STATEMENT 05/22/2015 SPECIFICATION: POST ELECTION
City FT. LAUDERDALE	State FL	
Zip Code 33329-7812		Amount of Each Disbursement this Period , 210.06 MEMO - AMEX CREDIT CARD STATEMENT 05/22/2015 SPECIFICATION: POST ELECTION
Purpose of Disbursement INTEREST ON CREDIT CARD	Category/Type	
Candidate Name CHARLIE HARDY		
Office Sought: WY	Disbursement For:	
<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify)	
State: WY	District:	

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 06/22/2015
Mailing Address P.O. BOX 297812		Amount of Each Disbursement this Period , 208.54 MEMO - AMEX CREDIT CARD STATEMENT 06/22/2015 SPECIFICATION: POST ELECTION
City FT. LAUDERDALE	State FL	
Zip Code 33329-7812		Amount of Each Disbursement this Period , 208.54 MEMO - AMEX CREDIT CARD STATEMENT 06/22/2015 SPECIFICATION: POST ELECTION
Purpose of Disbursement INTEREST ON CREDIT CARD	Category/Type	
Candidate Name CHARLIE HARDY		
Office Sought: WY	Disbursement For:	
<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify)	
State: WY	District:	

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

201507220200229915

**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>21</u> OF <u>39</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 U.S. SENATE

Full Name (Last, First, Middle Initial) A. PRECISION GRAPHICS, INC		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2015
Mailing Address 601 WEST LINCOLNWAY		Amount of Each Disbursement this Period , , 169.60
City CHEYENNE	State WY	
Zip Code 82001		SPECIFICATION: POST ELECTION
Purpose of Disbursement PRINTING		
Candidate Name CHARLIE HARDY		
Office Sought: WY	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)
State: WY	District:	

Full Name (Last, First, Middle Initial) B. OFFICE DEPOT STORE #460		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2015
Mailing Address 1225 DELL RANGE BLVD.		Amount of Each Disbursement this Period , , 18.01
City CHEYENNE	State WY	
Zip Code 82009		SPECIFICATION: POST ELECTION
Purpose of Disbursement OFFICE SUPPLIES - ENVELOPES		
Candidate Name CHARLIE HARDY		
Office Sought: WY	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)
State: WY	District:	

Full Name (Last, First, Middle Initial) C. PRECISION GRAPHICS, INC		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address 601 WEST LINCOLNWAY		Amount of Each Disbursement this Period , , 79.50
City CHEYENNE	State WY	
Zip Code 82001		SPECIFICATION: POST Election
Purpose of Disbursement PRINTING		
Candidate Name CHARLIE HARDY		
Office Sought: WY	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)
State: WY	District:	

SUBTOTAL of Disbursements This Page (optional).....	, , 267.11
TOTAL This Period (last page this line number only).....	, , .

201507220200229916

**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>39</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 U.S. SENATE

Full Name (Last, First, Middle Initial) A. U.S. POSTAL SERVICE-CAPITOL STATION		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015
Mailing Address		Amount of Each Disbursement this Period , , 22.82
City CHEYENNE	State WY	
Zip Code 82001		Category/ Type
Purpose of Disbursement POSTAGE		
Candidate Name CHARLIE HARDY		
Office Sought: WY	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SPECIFICATION: POST ELECTION
State:	District:	

Full Name (Last, First, Middle Initial) B. U.S. POSTAL SERVICE-CAPITOL STATION		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015
Mailing Address		Amount of Each Disbursement this Period , , 9.80
City CHEYENNE	State WY	
Zip Code 82001		Category/ Type
Purpose of Disbursement POSTAGE		
Candidate Name CHARLIE HARDY		
Office Sought: WY	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SPECIFICATION POST ELECTION
State:	District:	

Full Name (Last, First, Middle Initial) C. FED EX OFFICE		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2015
Mailing Address 1419 ALBANY		Amount of Each Disbursement this Period , , 1.40
City CHEYENNE	State WY	
Zip Code 82001		Category/ Type
Purpose of Disbursement COPIES		
Candidate Name CHARLIE HARDY		
Office Sought: WY	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) MEMO-AMEX CREDIT CARD STATEMENT 04/22/2015 SPECIFICATION POST ELECTION
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	, , 32.62
TOTAL This Period (last page this line number only).....	, , .

201507220200229917

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 39
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR U.S. SENATE

Full Name (Last, First, Middle Initial) A. FED EX OFFICE		Date of Disbursement M M / D D / Y Y 04 / 05 / 2015
Mailing Address 1419 ALBANY		Amount of Each Disbursement this Period 7.70
City CHEYENNE	State WY	
Zip Code 82001		MEMO - AMEX CREDIT CARD STATEMENT 04/22/2015 SPECIFICATION POST ELECTION
Purpose of Disbursement COPIES		
Candidate Name CHARLIE HARDY		
Office Sought: WY	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: WY	District:	

Full Name (Last, First, Middle Initial) B. US POSTAL SERVICE - CAPITOL STATION		Date of Disbursement M M / D D / Y Y 04 / 06 / 2015
Mailing Address		Amount of Each Disbursement this Period 37.00
City CHEYENNE	State WY	
Zip Code 82001		MEMO - AMEX CREDIT CARD STATEMENT 04/22/2015 SPECIFICATION POST ELECTION
Purpose of Disbursement Rental - P.O. BOX 1222		
Candidate Name CHARLIE HARDY		
Office Sought: WY	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: WY	District:	

Full Name (Last, First, Middle Initial) C. US POSTAL SERVICE - CAPITOL STATION		Date of Disbursement M M / D D / Y Y 04 / 06 / 2015
Mailing Address		Amount of Each Disbursement this Period 7.82
City CHEYENNE	State WY	
Zip Code 82001		MEMO - AMEX CREDIT CARD STATEMENT 04/22/2015 SPECIFICATION POST ELECTION
Purpose of Disbursement POSTAGE		
Candidate Name CHARLIE HARDY		
Office Sought: WY	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: WY	District:	

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

201507220200229918

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 39

<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 U. S. SENATE

Full Name (Last, First, Middle Initial) A. OFFICE DEPOT STORE #460		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2015
Mailing Address 1225 DELL RANGE BLVD		Amount of Each Disbursement this Period 69.10
City CHEYENNE	State WY	
Zip Code 82009		MEMO - AMEX CREDIT CARD STATEMENT 04/22/2015 SPECIFICATION POST ELECTION
Purpose of Disbursement PRINTING		
Candidate Name CHARLIE HARDY		
Office Sought: WY	House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)
State: WY	District:	Category/ Type

Full Name (Last, First, Middle Initial) B. US POSTAL SERVICE - CAPITOL STATION		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2015
Mailing Address		Amount of Each Disbursement this Period 99.96
City CHEYENNE	State WY	
Zip Code 82001		MEMO - AMEX CREDIT CARD STATEMENT 05/22/2015 SPECIFICATION: POST ELECTION
Purpose of Disbursement POSTAGE		
Candidate Name CHARLIE HARDY		
Office Sought: WY	House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)
State: WY	District:	Category/ Type

Full Name (Last, First, Middle Initial) C. US POSTAL SERVICE - CAPITOL STATION		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2015
Mailing Address		Amount of Each Disbursement this Period 99.96
City CHEYENNE	State WY	
Zip Code 82001		MEMO - AMEX CREDIT CARD STATEMENT 05/22/2015 SPECIFICATION: POST ELECTION
Purpose of Disbursement POSTAGE		
Candidate Name CHARLIE HARDY		
Office Sought: WY	House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)
State: WY	District:	Category/ Type

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	1,781.73

201507220200229919

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 39	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR U.S. SENATE

Full Name (Last, First, Middle Initial) A. HARDY, CHARLES E		Date of Disbursement M M / D D / Y Y 05 / 20 / 2015
Mailing Address P.O. BOX 1951		Amount of Each Disbursement this Period , 4,500.00
City CHEYENNE	State WY	
Zip Code 82003-1951		Category/ Type
Purpose of Disbursement REPAYMENT OF 02/05/2014 LOAN		
Candidate Name CHARLIE HARDY		
Office Sought: WY	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: WY	District:	

Full Name (Last, First, Middle Initial) B. HARDY, CHARLES E		Date of Disbursement M M / D D / Y Y 05 / 20 / 2015
Mailing Address P.O. BOX 1951		Amount of Each Disbursement this Period , 250.00
City CHEYENNE	State WY	
Zip Code 82003-1951		Category/ Type
Purpose of Disbursement REPAYMENT OF 04/04/2014 LOAN		
Candidate Name CHARLIE HARDY		
Office Sought: WY	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: WY	District:	

Full Name (Last, First, Middle Initial) C. HARDY, CHARLES E		Date of Disbursement M M / D D / Y Y 05 / 20 / 2015
Mailing Address P.O. BOX 1951		Amount of Each Disbursement this Period , 1,500.00
City CHEYENNE	State WY	
Zip Code 82003-1951		Category/ Type
Purpose of Disbursement REPAYMENT OF 04/21/2014 LOAN		
Candidate Name CHARLIE HARDY		
Office Sought: WY	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: WY	District:	

SUBTOTAL of Disbursements This Page (optional).....	, 6,250.00
TOTAL This Period (last page this line number only).....	, , .

201507220200229920

**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>26</u> OF <u>39</u>	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR U.S. SENATE

Full Name (Last, First, Middle Initial) A. HARDY, CHARLES E		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015
Mailing Address P O BOX 1951		Amount of Each Disbursement this Period , 3,500.00
City CHEYENNE	State WY	
Zip Code 82003-1951		
Purpose of Disbursement REPAYMENT OF 04/16/2014 LOAN		
Candidate Name CHARLIE HARDY		Category/ Type
Office Sought: WY	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: WY	District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y 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) C.		Date of Disbursement M M
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).....	, 3,500.00
TOTAL This Period (last page this line number only).....	, 9,750.00

201507220200229921

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 U.S. SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial) **HARDY, CHARLES E / PERSONAL FUNDS** Election: Primary General Other (specify) ▼

Mailing Address **P.O. BOX 1951**

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

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

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

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

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

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

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

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

201507220200229922

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 28 OF 39
FOR LINE NUMBER: (check only one)
 13a
 13b

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR U.S. SENATE

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

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
P. O. 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
, 4,500.00	, 4,500.00	, , 0.00

TERMS Date Incurred Date Due Interest Rate Secured:
MM/DD/YYYY NO DUE DATE 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)...	, ,
TOTALS This Period (last page in this line only) ..	, ,

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

201507220200229923

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 U.S. SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial) **HARDY, CHARLES E / PERSONAL FUNDS** Election: Primary General Other (specify) ▼

Mailing Address **P.O. 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 **02/14/2014** Date Due **NO DUE DATE** Interest Rate **0.00 % (apr)** Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)...	, ,
TOTALS This Period (last page in this line only) ..	, ,

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

20150720200229924

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 30 OF 39
 FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR U.S. SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial) HARDY, CHARLES E / PERSONAL FUNDS	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 1951	

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

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

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

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

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

SUBTOTALS This Period This Page (optional)...	▶ , ,
TOTALS This Period (last page in this line only) ..	▶ , ,

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

20150720200229925

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 31 OF 39
FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR U.S. SENATE

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

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
P.O. 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
, 3,500.00	, 3,500.00	, , 0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y 04 / 16 / 2014	M M / D D / Y Y Y Y NO DUE DATE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)...	, ,
TOTALS This Period (last page in this line only) ..	, ,

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

201507220200229926

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 32 OF 39
FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR U.S SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)
HARDY, CHARLES E / PERSONAL FWWDS

Mailing Address
P. O. 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
1,500.00	1,500.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM/DD/YYYY 04/21/2014	MM/DD/YYYY NO DUE DATE	2.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)...	, ,
TOTALS This Period (last page in this line only) ..	, ,

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

20150720200229927

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 U.S. SENATE

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

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
P. O. 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
, , 900.00	, , 0.00	, , 900.00

TERMS

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

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

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

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

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

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

201507220200229928

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 34 OF 39
 FOR LINE NUMBER: (check only one)
 13a
 13b

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR U.S. SENATE

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

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
P.O. 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
1,000.00	0.00	1,000.00

TERMS

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

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

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

SUBTOTALS This Period This Page (optional)...	, ,
TOTALS This Period (last page in this line only) ..	, ,

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

20150720200229929

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 U.S. SENATE

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

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
P. O. 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
, 1,000.00	, .00	, 1,000.00

TERMS

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

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

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

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

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

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

201507220200229930

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 U.S. SENATE

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

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
P.O. 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
, 3,400.00	, , 0.00	, 3,400.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M D 05/23/2014	M M D NO DUE DATE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

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

20150720200229931

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 37 OF 39
 FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR U.S. SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial) Election:
HARDY, CHARLES E / PERSONAL FUNDS Primary

Mailing Address 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
, , 350.00	, , 0.00	, , 350.00

TERMS Date Incurred Date Due Interest Rate Secured:
06/05/2014 NO DUE DATE 0.00 % (apr) Yes No

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

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

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

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

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

20150720200229932

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 38 OF 39
 FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR U.S. SENATE

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

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
P. O. 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
, 2,500.00	, , 0.00	, 2,500.00

TERMS Date Incurred Date Due Interest Rate Secured:
06 / 27 / 2014 NO DUE DATE 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)... ▶ , ,
TOTALS This Period (last page in this line only)... ▶ , 19,459.41

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

20150720200229933

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

CHARLIE HARDY FOR U.S. SENATE

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

RAW IMAGE

Nature of Debt (Purpose):

CAMPAIGN VIDEOS AND WEBSITE DEVELOPMENT

Mailing Address

525 HAMPTON LANE

City

State

Zip Code

KEY BISCAIYNE 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

AMERICAN EXPRESS

Nature of Debt (Purpose):

Mailing Address

P.O. BOX 297812

City

State

Zip Code

FT. LAUDERDALE FL 33329

Outstanding Balance Beginning This Period

17,129.96

Amount Incurred This Period

947.62

Payment This Period

1,482.00

Outstanding Balance at Close of This Period

16,595.58

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

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

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) ...

19,057.67

19,459.41

38,517.08

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10202507220200229935

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Cheyenne WY 82003



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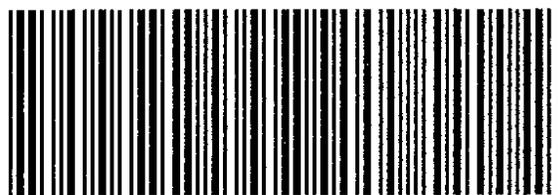
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PREPARER DH DATE PREPARED 7-22-15

201507220200229936



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201507220200229937