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SECRETARY OF THE SENATE
14 OCT 27 PM 1:35

October 18, 2014

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

To Whom It May Concern:

Enclosed herewith is an amended Report of Receipts and Disbursements for an Authorized Committee, FEC Form 3, covering the period from 7/31/2014 through 9/30/2014. This is the Committee's amended October Quarterly report. This report is submitted by the Charlie Hardy for Senate campaign committee, FEC Identification Number C00554758.

This report amends the initial October Quarterly Report submitted by the Committee on October 15, 2014, by changing the reporting period to 7/31/2014 through 9/30/2014. The entire report is being modified and replaced by the amended report contained herein.

Sincerely,


David Finley

Treasurer

Charlie Hardy for Senate

Encl.

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**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

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 WY 82001

2. FEC IDENTIFICATION NUMBER ▼

C00554758

3. IS THIS REPORT NEW (N) OR AMENDED (A)

CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
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 07 31 2014 through 09 30 2014

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

Type or Print Name of Treasurer DAVID FINLEY

Signature of Treasurer David Finley Date 10 18 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 table with 8 empty columns

FEC FORM 3 (Revised 02/2003)

14021203956

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

CHARLIE HARDY FOR SENATE

Report Covering the Period:

From: **07 31 2014**

To: **09 30 2014**

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|-----------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))... | 14,549.61 | 41,405.64 |
| (b) Total Contribution Refunds (from Line 20(d))... | 0.00 | 983.60 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))... | 14,549.61 | 40,422.04 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)... | 11,202.29 | 63,676.78 |
| (b) Total Offsets to Operating Expenditures (from Line 14)... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))... | 11,202.29 | 63,676.78 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)... | 5,954.67 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)... | 54,325.41 | |

For further information contact:

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

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

14021203957

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

CHARLIE HARDY FOR SENATE

Report Covering the Period: From: **07 31 2014** To: **09 30 2014**

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|-------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)... | 606139 | 1834807 |
| (ii) Unitemized | 848822 | 2305745 |
| (iii) TOTAL of contributions from individuals . | 1454961 | 4140552 |
| (b) Political Party Committees... | 000 | 000 |
| (c) Other Political Committees (such as PACs)... | 000 | 000 |
| (d) The Candidate | 000 | 000 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 1454961 | 4140552 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .. | 000 | 000 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate... | 000 | 2920141 |
| (b) All Other Loans... | 000 | 000 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))... | 000 | 2920141 |
| 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)... | 1454961 | 7061493 |

14021203958

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

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

III. CASH SUMMARY

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

14021203959

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

| | | | | | |
|-------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | | | PAGE 5 OF 38 |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 | <input type="checkbox"/> 15 |

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

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) WILKINSON, BRUCE | | Date of Receipt 08 01 2014 |
| Mailing Address 516 ADAMS ST. SE | | Amount of Each Receipt this Period 374.26 |
| City OLYMPIA | State WA | |
| Zip Code 98501 | | VALUE OF RV LOANED TO CAMPAIGN BEGINNING 7/1/2014; PORTION ATTRIBUTED TO GENERAL ELECTION. |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer CHARLIE HARDY FOR SENATE | Occupation CAMPAIGN MANAGER | 561.39 |
| 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) CARTER, ROCK | | Date of Receipt 08 09 2014 |
| Mailing Address 11019 N. BALSAM TREE | | Amount of Each Receipt this Period 1,000.00 |
| City MEQUON | State WI | |
| Zip Code 53092 | | 2,000.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer RETIRED | Occupation | 500.00 |
| 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) MAINLAND, JEFFREY | | Date of Receipt 08 09 2014 |
| Mailing Address 3422 SOUTH LANE | | Amount of Each Receipt this Period 500.00 |
| City FRANKSVILLE | State WI | |
| Zip Code 53126 | | 1,000.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer KOLAR ARMS | Occupation OWNER | 1,874.26 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date | |

| | |
|----------------------------------------------------------|-----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1,874.26 |
| TOTAL This Period (last page this line number only)..... | |

14021203960

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

| | | | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 6 OF 38 | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

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

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

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

| | |
|----------------------------------------------------------|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 900.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|-------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE <u>7</u> OF <u>38</u> | | | | |
| | (check only one) | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

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

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

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

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

14021203962

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

| | | | | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | | | PAGE 8 OF 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

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

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

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

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

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

| | | | | | | |
|-------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|-----------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 9 OF 38 | | | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------|
| Full Name (Last, First; Middle Initial) A. BELLAMY, RAY | | Date of Receipt M M D D Y Y Y Y 09 08 2014 |
| Mailing Address 509 VINNEDGE RIDE | | Amount of Each Receipt this Period 500.00 |
| City TALLAHASSEE | State FL | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer FL. STATE UNIV. | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | |

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

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

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

14021203964

**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 38
 (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)
MONTERASTELLI, ROXANNE
 Mailing Address
1065 BEAUMONT DR.
 City **CASPER** State **WY** Zip Code **82601**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **RETIRED** Occupation
 Receipt For:
 Primary General
 Other (specify)
 Election Cycle-to-Date
 , , **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 19 / 2014
 Amount of Each Receipt this Period
 , , **100.00**

B. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify)
 Election Cycle-to-Date
 , ,

Date of Receipt
 M M / /
 Amount of Each Receipt this Period
 , ,

C. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify)
 Election Cycle-to-Date
 , ,

Date of Receipt
 M / /
 Amount of Each Receipt this Period
 , ,

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

, , **100.00**
 , , **5,874.26**

14021203965

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

| | | | | | |
|-------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE <u>11</u> OF <u>38</u> | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

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

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

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement | |
| Mailing Address | | Amount of Each Disbursement this Period | |
| City | State | | Zip Code |
| Purpose of Disbursement | | | Candidate Name |
| 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)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

14021203966

**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>2</u> OF <u>3</u> | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

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

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

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. MODEL SIGNS | | Date of Disbursement 07 07 2014 |
| Mailing Address 110 CENTER ST. | | Amount of Each Disbursement this Period 1389.66 MEMO-AMEX CREDIT CARD PAYMENT DATED 08/07/2014. |
| City ROCK SPRINGS WY | State WY | |
| Zip Code 82901 | | |
| Purpose of Disbursement PRINTING YARD SIGNS | Category/Type | |
| Candidate Name CHARLIE HARDY | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: WY | District: | |

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

14021203967

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

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

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NAME OF COMMITTEE (in Full)
CHARLIE HARDY FOR SENATE

| | | |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. WYOMING TROPHY & ENGRAVING | | Date of Disbursement 07 14 2014 |
| Mailing Address 1620 THOMES AVE | | Amount of Each Disbursement this Period 109 14 MEMO: AMEX CREDIT CARD PAYMENT DATED 08/07/2014. |
| City CHEYENNE | State WY | |
| Zip Code 82001 | | |
| Purpose of Disbursement PRINTING CAMPAIGN MATERIALS | | |
| Candidate Name CHARLIE HARDY | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: WY | District: | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. USPS | | Date of Disbursement 07 15 2014 |
| Mailing Address 2120 CAPITOL AVE. | | Amount of Each Disbursement this Period 845 MEMO: AMEX CREDIT CARD PAYMENT DATED 08/07/2014. |
| City CHEYENNE | State WY | |
| Zip Code 82001 | | |
| Purpose of Disbursement POSTAGE | | |
| Candidate Name CHARLIE HARDY | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: WY | District: | |

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

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

14021203968

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

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

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

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

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

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

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

14021203969

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

| | | | | | |
|-------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 38 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. USPS | | Date of Disbursement 07 24 2014 |
| Mailing Address 2120 CAPITOL AVE. | | Amount of Each Disbursement this Period 147.00 MEMO- AMEX CREDIT CARD PAYMENT DATED 08/27/2014. |
| City CHEYENNE WY | State WY | |
| Zip Code 82001 | | |
| Purpose of Disbursement POSTAGE | | |
| Candidate Name CHARLIE HARDY | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) | |
| State: WY District: | | |

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

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

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

14021203970

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

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

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. HAMPTON INN | | Date of Disbursement 07 28 2014 |
| Mailing Address 2500 N. FEDERAL BLVD. | | Amount of Each Disbursement this Period 126.55 MEMO - AMEX CREDIT CARD PAYMENT DATED 08/27/2014. |
| City RIVERTON WY | State WY | |
| Zip Code 82501 | | |
| Purpose of Disbursement MOTEL | Category/Type | |
| Candidate Name CHARLIE HARDY | | |
| Office Sought: House <input type="checkbox"/> <input checked="" type="checkbox"/> Senate President <input type="checkbox"/> | 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. GASAMAT | | Date of Disbursement 07 28 2014 |
| Mailing Address 620 E. 16th ST. | | Amount of Each Disbursement this Period 26.46 MEMO - AMEX CREDIT CARD PAYMENT DATED 08/27/2014. |
| City CHEYENNE WY | State WY | |
| Zip Code 82001 | | |
| Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE | Category/Type | |
| Candidate Name CHARLIE HARDY | | |
| Office Sought: House <input type="checkbox"/> <input checked="" type="checkbox"/> Senate President <input type="checkbox"/> | 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. C+D PRINTING | | Date of Disbursement 07 31 2014 |
| Mailing Address 5351 TENNYSON ST. UNIT C-1 | | Amount of Each Disbursement this Period 1,507.20 MEMO - AMEX CREDIT CARD PAYMENT DATED 08/27/2014. |
| City DENVER CO | State CO | |
| Zip Code 80212 | | |
| Purpose of Disbursement PRINTING | Category/Type | |
| Candidate Name CHARLIE HARDY | | |
| Office Sought: House <input type="checkbox"/> <input checked="" type="checkbox"/> Senate President <input type="checkbox"/> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: WY | District: | |

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

14021203971

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

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

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NAME OF COMMITTEE (in Full)
CHARLIE HARDY FOR SENATE

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

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. USA | Date of Disbursement 08 01 2014 |
| Mailing Address 2100 CAPITOL AVE. | Amount of Each Disbursement this Period 117.60 MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014. |
| City CHEYENNE WY State Zip Code 82001 | |
| Purpose of Disbursement POSTAGE | |
| Candidate Name CHARLIE HARDY | |
| Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> Disbursement For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> State: WY District: <input type="checkbox"/> | |

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

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

14021203972

**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>18</u> OF <u>38</u> | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

| | | |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. GASAMAT | | Date of Disbursement 08 03 2014 |
| Mailing Address 620 E. 16th ST. | | Amount of Each Disbursement this Period 18 65 MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014. |
| City CHEYENNE | State WY | |
| Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE | Zip Code 82001 | |
| Candidate Name CHARLIE HARDY | Category/Type | |
| Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> | Disbursement For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: WY | District: | |

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

| | | |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. MAX'S CONOCO | | Date of Disbursement 08 14 2014 |
| Mailing Address 706 N. CENTER ST. | | Amount of Each Disbursement this Period 100 00 MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014. |
| City CASPER | State WY | |
| Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE | Zip Code 82601 | |
| Candidate Name CHARLIE HARDY | Category/Type | |
| Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> | Disbursement For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: WY | District: | |

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|----------------------------------------------------------|--------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0 0 0 |
| TOTAL This Period (last page this line number only)..... | |

14021203973

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

| | | | | |
|-------------------------------------------------------------------------|----------------------------------------|------------------------------|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | | |
| | <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 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) A. MAX'S CONOCO | | Date of Disbursement 08 14 2014 |
| Mailing Address 706 N. CENTER ST. | | Amount of Each Disbursement this Period 36 45 MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014. |
| City CASPER WY | State WY | |
| Zip Code 82601 | | |
| Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE | | |
| Candidate Name CHARLIE HARDY | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) | |
| State: WY | District: | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. MAX'S CONOCO | | Date of Disbursement 08 14 2014 |
| Mailing Address 706 N. CENTER ST. | | Amount of Each Disbursement this Period 100 00 MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014. |
| City CASPER WY | State WY | |
| Zip Code 82601 | | |
| Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE | | |
| Candidate Name CHARLIE HARDY | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) | |
| State: WY | District: | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. GASAMAT | | Date of Disbursement 08 20 2014 |
| Mailing Address 620 E. 16th ST. | | Amount of Each Disbursement this Period 27 77 MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27/2014. |
| City CHEYENNE WY | State WY | |
| Zip Code 82001 | | |
| Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE | | |
| Candidate Name CHARLIE HARDY | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) | |
| State: WY | District: | |

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

14021203974

**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 20 OF 38 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

| | | | |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------|
| Full Name (Last, First, Middle Initial) A. CITY CARDS | | Date of Disbursement 08 03 2014 | |
| Mailing Address BOX 6500 | | Amount of Each Disbursement this Period 33 18 | |
| City SIoux FALLS | State SD | | Zip Code 57117 |
| Purpose of Disbursement CREDIT CARD PAYMENT-SEE BELOW | | | Category/ Type |
| Candidate Name CHARLIE HARDY | | | |
| Office Sought: House <input checked="" type="checkbox"/> Senate President | Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) | | |
| State: WY District: | | | |

| | | | |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------|
| Full Name (Last, First, Middle Initial) B. CITY CARDS | | Date of Disbursement 08 28 2014 | |
| Mailing Address BOX 6500 | | Amount of Each Disbursement this Period 39 12 | |
| City SIoux FALLS | State SD | | Zip Code 57117 |
| Purpose of Disbursement CREDIT CARD PAYMENT-SEE BELOW | | | Category/ Type |
| Candidate Name CHARLIE HARDY | | | |
| Office Sought: House <input checked="" type="checkbox"/> Senate President | Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) | | |
| State: WY District: | | | |

| | | | |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------|
| Full Name (Last, First, Middle Initial) C. CITY CARDS | | Date of Disbursement 09 19 2014 | |
| Mailing Address BOX 6500 | | Amount of Each Disbursement this Period 69 43 | |
| City SIoux FALLS | State SD | | Zip Code 57117 |
| Purpose of Disbursement CREDIT CARD PAYMENT-SEE BELOW | | | Category/ Type |
| Candidate Name CHARLIE HARDY | | | |
| Office Sought: House <input checked="" type="checkbox"/> Senate President | Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) | | |
| State: WY District: | | | |

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

14021203975

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

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

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NAME OF COMMITTEE (in Full)
CHARLIE HARDY FOR SENATE

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

| | | |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. PILOT | | Date of Disbursement 09 04 2014 |
| Mailing Address 650 STAGE COACH DR. | | Amount of Each Disbursement this Period 227 14 MEMO - CITI CORP CREDIT CARD PAYMENT DATED 09/19/2014 |
| City ROCK SPRINGS WY | State WY | |
| Zip Code 82901 | | |
| Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE | | |
| Candidate Name CHARLIE HARDY | | |
| Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> | Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> | |
| State: WY District: <input type="checkbox"/> | | |

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

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

TOTAL This Period (last page this line number only)

14021203976

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

| | | | | | |
|-------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | | | PAGE 22 OF 38 |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

| | | | |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------|
| Full Name (Last, First, Middle Initial) A. LITTLE AMERICA | | Date of Disbursement 09 17 2014 | |
| Mailing Address 2800 W. LINCOLNWAY | | Amount of Each Disbursement this Period 22757 | |
| City CHEYENNE | State WY | | Zip Code 82009 |
| Purpose of Disbursement FUEL FOR CAMPAIGN VEHICLE | | | Category/ Type |
| Candidate Name CHARLIE HARDY | | | |
| Office Sought: House <input checked="" type="checkbox"/> Senate President | Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) | | |
| State: WY District: | | | |

| | | | |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------|
| Full Name (Last, First, Middle Initial) B. FACEBOOK | | Date of Disbursement 09 12 2014 | |
| Mailing Address HACKER WAY | | Amount of Each Disbursement this Period 25006 | |
| City MENLO PARK | State CA | | Zip Code 94025 |
| Purpose of Disbursement ADS ON FACEBOOK | | | Category/ Type |
| Candidate Name CHARLIE HARDY | | | |
| Office Sought: House <input checked="" type="checkbox"/> Senate President | Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) | | |
| State: WY District: | | | |

| | | | |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------|
| Full Name (Last, First, Middle Initial) C. REMAX CAPITOL PROPERTIES | | Date of Disbursement 09 03 2014 | |
| Mailing Address 4000 CENTRAL AVE. | | Amount of Each Disbursement this Period 90000 | |
| City CHEYENNE | State WY | | Zip Code 82001 |
| Purpose of Disbursement CAMPAIGN OFFICE RENTAL | | | Category/ Type |
| Candidate Name CHARLIE HARDY | | | |
| Office Sought: House <input checked="" type="checkbox"/> Senate President | Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) | | |
| State: WY District: | | | |

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

14021203977

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

| | | | | | |
|-------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | | | PAGE 23 OF 38 |
| | <input checked="" type="checkbox"/> 17 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) REMAX CAPITOL PROPERTIES | | Date of Disbursement 09 03 2014 |
| Mailing Address 4000 CENTRAL AVE. | | Amount of Each Disbursement this Period 110000 |
| City CHEYENNE WY | State WY | |
| Zip Code 82001 | | |
| Purpose of Disbursement CAMPAIGN STAFF APT. RENTAL | | |
| Candidate Name CHARLIE HARDY | | Category/Type |
| 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) | |
| State: WY District: | | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Full Name (Last, First, Middle Initial) OFFICE DEPOT | | Date of Disbursement 09 02 2014 |
| Mailing Address 1225 DEL RANGE BLVD | | Amount of Each Disbursement this Period 15758 |
| City CHEYENNE WY | State WY | |
| Zip Code 82001 | | |
| Purpose of Disbursement OFFICE SUPPLIES | | |
| Candidate Name CHARLIE HARDY | | Category/Type |
| 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) | |
| State: WY District: | | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Full Name (Last, First, Middle Initial) FACEBOOK | | Date of Disbursement 09 02 2014 |
| Mailing Address 1 HACKER WAY | | Amount of Each Disbursement this Period 6323 |
| City MENLO PARK CA | State CA | |
| Zip Code 94025 | | |
| Purpose of Disbursement ADS ON FACEBOOK | | |
| Candidate Name CHARLIE HARDY | | Category/Type |
| 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) | |
| State: WY District: | | |

| | |
|----------------------------------------------------------|---------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 132081 |
| TOTAL This Period (last page this line number only)..... | |

14021203978

**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 38 |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

| | | | |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------|
| Full Name (Last, First, Middle Initial) A. REMAX CAPITOL PROPERTIES | | Date of Disbursement 08 06 2014 | |
| Mailing Address 4000 CENTRAL AVE. | | Amount of Each Disbursement this Period 900 00 | |
| City CHEYENNE WY | State WY | | Zip Code 82001 |
| Purpose of Disbursement CAMPAIGN OFFICE RENTAL | | | Category/ Type |
| Candidate Name CHARLIE HARDY | | | |
| Office Sought: House <input checked="" type="checkbox"/> Senate President | Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) | | |
| State: WY District: | | | |

| | | | |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------|
| Full Name (Last, First, Middle Initial) B. REMAX CAPITOL PROPERTIES | | Date of Disbursement 08 06 2014 | |
| Mailing Address 4000 CENTRAL AVE. | | Amount of Each Disbursement this Period 1100 00 | |
| City CHEYENNE WY | State WY | | Zip Code 82001 |
| Purpose of Disbursement CAMPAIGN STAFF APT. RENTAL | | | Category/ Type |
| Candidate Name CHARLIE HARDY | | | |
| Office Sought: House <input checked="" type="checkbox"/> Senate President | Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) | | |
| State: WY District: | | | |

| | | | |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------|
| Full Name (Last, First, Middle Initial) C. BRUCE WILKERSON | | Date of Disbursement 08 12 2014 | |
| Mailing Address 816 ADAMS ST. SE | | Amount of Each Disbursement this Period 51280 | |
| City OLYMPIA | State WA | | Zip Code 98501 |
| Purpose of Disbursement CAMPAIGN VEHICLE FUEL REIMB. | | | Category/ Type |
| Candidate Name CHARLIE HARDY | | | |
| Office Sought: House <input checked="" type="checkbox"/> Senate President | Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) | | |
| State: WY District: | | | |

| | |
|----------------------------------------------------------|---------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 251280 |
| TOTAL This Period (last page this line number only)..... | |

14021203979

**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 |

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

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------|
| Full Name (Last, First, Middle Initial) A. WILKINSON, BRUCE | | Date of Disbursement 08 01 2014 | |
| Mailing Address 816 ADAMS ST. SE | | Amount of Each Disbursement this Period 374.26 IN-KIND | |
| City OLYMPIA | State WA | | Zip Code 98501 |
| Purpose of Disbursement CAMPAIGN VEHICLE LOANED VALUE | | | Category/ Type |
| Candidate Name CHARLIE HARDY | | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: WY | District: | | |

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

| | | |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement |
| Mailing Address | | |
| 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)..... | 374.26 |
| TOTAL This Period (last page this line number only)..... | |

14021203980

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 26 OF 38

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

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

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

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 1951

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

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---------------------------------------------|
| 80941 | 000 | 80941 |

TERMS

| Date Incurred | Date Due | Interest Rate | Secured: |
|----------------|--------------------|---------------------|---------------------------------------------------------------------|
| VARIOUS | NO DUE DATE | 0.00 % (apr) | <input checked="" type="checkbox"/> Yes <input 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.

14021203981

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

4500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4500.00

TERMS

Date Incurred

02 05 2014

Date Due

NO DUE DATE

Interest Rate

0.00 % (apr)

Secured:

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

City

CHEYENNE

State

WY

ZIP Code

82001

Amount Guaranteed Outstanding:

4500.00

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)..... ▶

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.

14021203982

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

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

PAGE 28 OF 38

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

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)
HARDY, CHARLES E. - 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 |
|-------------------------|----------------------------|---------------------------------------------|
| 9500 00 | 000 | 9500 00 |

TERMS

| Date Incurred | Date Due | Interest Rate | Secured: |
|-------------------|--------------------|---------------------|---------------------------------------------------------------------|
| 02 14 2014 | NO DUE DATE | 0.00 % (apr) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 |
| City CHEYENNE State WY ZIP Code 82001 | Amount Guaranteed Outstanding: 9500 00 |
| 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.

14021203983

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 29 OF 38

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

CHARLIE HARDY FOR SENATE

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

HARDY, CHARLES E. - 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

250 00

Cumulative Payment To Date

0 00

Balance Outstanding at Close of This Period

250 00

TERMS

Date Incurred

04 04 2014

Date Due

NO DUE DATE

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

GONZALEZ, SUSANA

Name of Employer

UNEMPLOYED

Mailing Address

PO BOX 1951

Occupation

City

CHEYENNE

State

WY

ZIP Code

82001

Amount

Guaranteed

Outstanding:

250 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)..... ►

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

Carry outstanding balance only to LINE 8, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14021203984

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 30 OF 38

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

NAME OF COMMITTEE (In Full)
CHARLIE HARDY FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)
HARDY, CHARLES E - 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 |
|-------------------------|----------------------------|---------------------------------------------|
| 3500.00 | 0.00 | 3500.00 |

TERMS

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

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

| | |
|-----------------------------------------------------------------------|--------------------------------------------------|
| 1. Full Name (Last, First, Middle Initial) GONBALEZ, SUSANA | Name of Employer UNEMPLOYED |
| Mailing Address PO BOX 1951 | Occupation |
| City State ZIP Code CHEYENNE WY 82001 | Amount Guaranteed Outstanding: 3500.00 |

| | |
|--------------------------------------------|--------------------------------|
| 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.

14021203985

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

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

TERMS

Date Incurred

04 21 2014

Date Due

NO DUE DATE

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

GONZALEZ, SUSANA

Name of Employer

UNEMPLOYED

Mailing Address

PO BOX 1951

Occupation

City

CHEYENNE

State

WY

ZIP Code

82001

Amount Guaranteed Outstanding:

1500.00

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

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

Carry outstanding balance only to LINE 9, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14021203986

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 |
|-------------------------|----------------------------|---------------------------------------------|
| 900 00 | 000 | 900 00 |

| TERMS | Date Incurred | Date Due | Interest Rate | Secured: |
|-------|-------------------|--------------------|--------------------|---------------------------------------------------------------------|
| | 04 25 2014 | NO DUE DATE | 000 % (apr) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 |
| City CHEYENNE State WY ZIP Code 82001 | Amount Guaranteed Outstanding: 900 00 |
| 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.

14021203987

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

1 000 00

Cumulative Payment To Date

0 00

Balance Outstanding at Close of This Period

1 000 00

TERMS

Date Incurred

05 01 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

City

CHEYENNE

State

WY

ZIP Code

82001

Amount

Guaranteed Outstanding:

1 000 00

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.

14021203988

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 |
|-------------------------|----------------------------|---------------------------------------------|
| 100000 | 000 | 100000 |

TERMS Date Incurred Date Due Interest Rate Secured:
05 02 2014 NO DUE DATE 000 % (apr) Yes No

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

| | |
|-----------------------------------------------------------------------|-------------------------------------------------|
| 1. Full Name (Last, First, Middle Initial) GONZALEZ, SUSANA | Name of Employer UNEMPLOYED |
| Mailing Address PO BOX 1951 | Occupation |
| City State ZIP Code CHEYENNE WY 82001 | Amount Guaranteed Outstanding: 100000 |
| 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.

14021203989

**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 |
|-------------------------|----------------------------|---------------------------------------------|
| 340000 | 000 | 340000 |

| TERMS | Date Incurred | Date Due | Interest Rate | Secured: |
|-------|---------------|-------------|---------------|---------------------------------------------------------------------|
| | 05 23 2014 | NO DUE DATE | 000 % (apr) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 |
| City State ZIP Code CHEYENNE WY 82001 | Amount Guaranteed Outstanding: 340000 |
| 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.

14021203990

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

3a
 19b

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 |
|-------------------------|----------------------------|---------------------------------------------|
| 350 00 | 000 | 350 00 |

| TERMS | Date Incurred | Date Due | Interest Rate | Secured: |
|-------|-------------------|--------------------|--------------------|---------------------------------------------------------------------|
| | 06 05 2014 | NO DUE DATE | 000 % (APR) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 |
| City CHEYENNE State WY ZIP Code 82001 | Amount Guaranteed Outstanding: 350 00 |
| 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.

14021203991

**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 |
|-------------------------|----------------------------|---------------------------------------------|
| 250000 | 000 | 250000 |

| TERMS | Date Incurred | Date Due | Interest Rate | Secured: |
|-------|---------------|-------------|---------------|---------------------------------------------------------------------|
| | 06 27 2014 | NO DUE DATE | 000 % (apr) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 |
| City State ZIP Code CHEYENNE WY 82001 | Amount Guaranteed Outstanding: 250000 |
| 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 20941

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

14021203992

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 29 of Schedule C

| | |
|----------------------------------------------------------------|-----------------------------------------------|
| NAME OF COMMITTEE (in Full) CHARLIE HARDY FOR SENATE | FEC IDENTIFICATION NUMBER 000554758 |
|----------------------------------------------------------------|-----------------------------------------------|

| | | |
|-----------------------------------------------------------|----------------------------------|-----------------------------------|
| LENDING INSTITUTION (LENDER) Full Name CHASE | Amount of Loan 4500 00 | Interest Rate (APR) 000 |
|-----------------------------------------------------------|----------------------------------|-----------------------------------|

| | |
|-----------------------------------------------------------------------|---------------------------------------------------|
| Mailing Address BOX 15123 | Date Incurred or Established 02 05 2014 |
| City WILMINGTON State DE Zip Code 19850 | Date Due NO DUE DATE |

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

B. If line of credit,
Amount of this Draw: **4500 00** Total Outstanding Balance: **4500 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 DAVID FINLEY Signature David Finley | DATE 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 Typed Name Signature | Title | DATE |
|------------------------------------------------------|-------|------|

14021203993

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

Supplementary for
 Information found on
 Page 26 of Schedule C

Federal Election Commission, Washington, D.C. 20463

| | |
|----------------------------------------------------------------|-------------------------------------------------|
| NAME OF COMMITTEE (in Full) CHARLIE HARDY FOR SENATE | FEC IDENTIFICATION NUMBER C 00 554758 |
|----------------------------------------------------------------|-------------------------------------------------|

| | | |
|--------------------------------------------------------------|---------------------------------------------------|-----------------------------------|
| LENDING INSTITUTION (LENDER) Full Name CHASE | Amount of Loan 950000 | Interest Rate (APR) 000 |
| Mailing Address BOX 15123 | Date Incurred or Established 02 14 2014 | |
| City WILMINGTON State DE Zip Code 19850 | Date Due NO DUE DATE | |

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

B. If line of credit,
 Amount of this Draw: **950000** Total Outstanding Balance: **950000**

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 Signature David Finley | DATE 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 Typed Name Signature | Title | DATE |
|------------------------------------------------------|-------|------|

14021203994

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

Supplementary for
 Information found on
 Page 27 of Schedule C

Federal Election Commission, Washington, D.C. 20463

| | |
|----------------------------------------------------------------|-----------------------------------------------|
| NAME OF COMMITTEE (in Full) CHARLIE HARDY FOR SENATE | FEC IDENTIFICATION NUMBER C00554758 |
|----------------------------------------------------------------|-----------------------------------------------|

| | | |
|-----------------------------------------------------------|---------------------------------|------------------------------------|
| LENDING INSTITUTION (LENDER) Full Name CHASE | Amount of Loan 250 00 | Interest Rate (APR) 0 00 |
|-----------------------------------------------------------|---------------------------------|------------------------------------|

| | |
|-----------------------------------------------------------------------|---------------------------------------------------|
| Mailing Address PO Box 15123 | Date Incurred or Established 04 04 2014 |
| City WILMINGTON State DE Zip Code 19850 | Date Due NO DUE DATE |

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 100.52(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 DAVID FINLEY Signature David Finley | DATE 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 100.52 and 100.142 in making this loan.

| | | |
|------------------------------------------------------|-------|------|
| AUTHORIZED REPRESENTATIVE Typed Name Signature | Title | DATE |
|------------------------------------------------------|-------|------|

14021203995

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

Supplementary for
 Information found on
 Page 30 of Schedule C

Federal Election Commission, Washington, D.C. 20463

| | |
|----------------------------------------------------------------|------------------------------------------------|
| NAME OF COMMITTEE (In Full) CHARLIE HARDY FOR SENATE | FEC IDENTIFICATION NUMBER C 00554758 |
|----------------------------------------------------------------|------------------------------------------------|

| | | |
|-----------------------------------------------------------|-----------------------------------|--------------------------------------|
| LENDING INSTITUTION (LENDER) Full Name CHASE | Amount of Loan 3,500.00 | Interest Rate (APR) 0.00 % |
|-----------------------------------------------------------|-----------------------------------|--------------------------------------|

| | |
|-----------------------------------------------------------------|---------------------------------------------------|
| Mailing Address PO BOX 1529 | Date Incurred or Established 04 16 2014 |
| City WILMINGTON State DE Zip Code 19850 | Date Due NO DUE DATE |

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

B. If line of credit, Amount of this Draw: **3,500.00** Total Outstanding Balance: **3,500.00**

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:

Date account established:

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 **DAVID FINLEY**
 Signature **David Finley**

DATE

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

Typed Name
 Signature Title

DATE

14021203996

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

Supplementary for
 information found on
 Page 31 of Schedule C

Federal Election Commission, Washington, D.C. 20463

| | |
|----------------------------------------------------------------|-----------------------------------------------|
| NAME OF COMMITTEE (in Full) CHARLIE HARDY FOR SENATE | FEC IDENTIFICATION NUMBER C00554758 |
|----------------------------------------------------------------|-----------------------------------------------|

| | | |
|-------------------------------------------------------------|---------------------------------------------------|-----------------------------------|
| LENDING INSTITUTION (LENDER) Full Name CHASE | Amount of Loan 1500 00 | Interest Rate (APR) 000 |
| Mailing Address PO BOX 15123 | Date Incurred or Established 04 21 2014 | |
| City WILMINGTON State Zip Code DE 19850 | Date Due NO DUE DATE | |

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 100.82(e)(2) and 100.142(e)(2). Location of account: _____

Date account established: _____ Address: _____

City, State, Zip: _____

F. If neither of the types of collateral described above 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 Signature <i>David Finley</i> | DATE 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 Typed Name Signature | Title | DATE |
|------------------------------------------------------|-------|------|

14021203997

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

Supplementary for
 Information found on
 Page 32 of Schedule C

Federal Election Commission, Washington, D.C. 20463

| | | |
|-----------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------|
| NAME OF COMMITTEE (In Full) CHARLIE HARDY FOR SENATE | | FEC IDENTIFICATION NUMBER C00554758 |
| LENDING INSTITUTION (LENDER) Full Name CHASE | Amount of Loan 90000 | Interest Rate (APR) 000 |
| Mailing Address PO BOX 15123 | Date Incurred or Established 04 25 2014 | Date Due NO DUE DATE |
| City WILMINGTON State DE Zip Code 19850 | | |

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

B. If line of credit,
 Amount of this Draw: **900 00** Total Outstanding Balance: **900 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 **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
 Typed Name _____ DATE
 Signature _____ Title _____

14021203998

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) CHARLIE HARDY FOR SENATE | FEC IDENTIFICATION NUMBER C00554758 |
|----------------------------------------------------------------|-----------------------------------------------|

| | | |
|-----------------------------------------------------------|----------------------------------|------------------------------------|
| LENDING INSTITUTION (LENDER) Full Name CHASE | Amount of Loan 1000 00 | Interest Rate (APR) 0 00 |
|-----------------------------------------------------------|----------------------------------|------------------------------------|

| | |
|-----------------------------------------------------------------------|---------------------------------------------------|
| Mailing Address PO BOX 15123 | Date Incurred or Established 05 01 2014 |
| City WILMINGTON State DE Zip Code 19850 | Date Due NO DUE DATE |

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

B. If line of credit,
 Amount of this Draw: **1000 00** Total Outstanding Balance: **1000 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).

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 DAVID FINLEY Signature David Finley | DATE 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 100.62 and 100.142 in making this loan.

| | | |
|------------------------------------------------------|-------|------|
| AUTHORIZED REPRESENTATIVE Typed Name Signature | Title | DATE |
|------------------------------------------------------|-------|------|

14021203999

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) CHARLIE HARDY FOR SENATE | FEC IDENTIFICATION NUMBER C 00 554758 |
|----------------------------------------------------------------|-------------------------------------------------|

| | | |
|-----------------------------------------------------------|-----------------------------------|-----------------------------------|
| LENDING INSTITUTION (LENDER) Full Name CHASE | Amount of Loan 1 000 00 | Interest Rate (APR) 000 |
|-----------------------------------------------------------|-----------------------------------|-----------------------------------|

| | |
|--------------------------------------------------------------|---------------------------------------------------|
| Mailing Address PO BOX 15123 | Date Incurred or Established 05 02 2014 |
| City WILMINGTON State DE Zip Code 19850 | Date Due NO DUE DATE |

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 DAVID FINLEY Signature David Finley | DATE 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 Typed Name Signature | Title | DATE |
|------------------------------------------------------|-------|------|

14021204000

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) CHARLIE HARDY FOR SENATE | FEC IDENTIFICATION NUMBER C 00554758 |
|----------------------------------------------------------------|------------------------------------------------|

| | | |
|-----------------------------------------------------------------------|---------------------------------------------------|------------------------------------|
| LENDING INSTITUTION (LENDER) Full Name CHASE | Amount of Loan 3400 00 | Interest Rate (APR) 0 00 |
| Mailing Address PO BOX 15123 | Date Incurred or Established 05 23 2014 | |
| City WILMINGTON State DE Zip Code 19850 | Date Due NO DUE DATE | |

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: **3400 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 DAVID FINLEY | DATE 10 13 2014 |
| Signature David Finley | |

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 |
|------------------------------------------------------|-------|------|

14021204001

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 36 of Schedule C

| | |
|----------------------------------------------------------------|------------------------------------------------|
| NAME OF COMMITTEE (In Full) CHARLIE HARDY FOR SENATE | FEC IDENTIFICATION NUMBER C 00554758 |
|----------------------------------------------------------------|------------------------------------------------|

| | | |
|-----------------------------------------------------------|---------------------------------|-----------------------------------|
| LENDING INSTITUTION (LENDER) Full Name CHASE | Amount of Loan 350 00 | Interest Rate (APR) 000 |
|-----------------------------------------------------------|---------------------------------|-----------------------------------|

| | |
|-----------------------------------------------------------------------|---------------------------------------------------|
| Mailing Address PO BOX 15123 | Date Incurred or Established 06 05 2014 |
| City WILMINGTON State DE Zip Code 19850 | Date Due NO DUE DATE |

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 DAVID FINLEY Signature David Finley | DATE 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 Typed Name Signature | Title | DATE |
|------------------------------------------------------|-------|------|

14021204002

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) CHARLIE HARDY FOR SENATE | FEC IDENTIFICATION NUMBER C 00554758 |
|----------------------------------------------------------------|------------------------------------------------|

| | | |
|-----------------------------------------------------------|----------------------------------|-----------------------------------|
| LENDING INSTITUTION (LENDER) Full Name CHASE | Amount of Loan 2500 00 | Interest Rate (APR) 000 |
|-----------------------------------------------------------|----------------------------------|-----------------------------------|

| | |
|-----------------------------------------------------------------------|---------------------------------------------------|
| Mailing Address PO BOX 15123 | Date Incurred or Established 06 27 2014 |
| City WILMINGTON State DE Zip Code 19850 | Date Due NO DUE DATE |

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

B. If line of credit,
 Amount of this Draw: **2500 00** Total Outstanding Balance: **2500 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 DAVID FINLEY Signature David Finley | DATE 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 Typed Name Signature | Title | DATE |
|------------------------------------------------------|-------|------|

14021204003

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 SENATE

| | | | |
|--------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RAW IMAGE | | Nature of Debt (Purpose): CAMPAIGN VIDEOS AND WEBSITE DEVELOPMENT | |
| Mailing Address 525 HAMPTON LANE | | | |
| City KEY DISCANE, FL | State FL | Zip Code 33149 | |
| Outstanding Balance Beginning This Period 2,462.09 | | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2,462.09 |
| Amount Incurred This Period 0.00 | | | |

| | | | |
|--------------------------------------------------------------------------------------|--------------------|------------------------------------------------------|----------------------------------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CITICARDS | | Nature of Debt (Purpose): CREDIT CARD DEBT | |
| Mailing Address 130X 6500 | | | |
| City SIOUX FALLS SD | State SD | Zip Code 57117 | |
| Outstanding Balance Beginning This Period 1,450.51 | | Payment This Period 141.73 | Outstanding Balance at Close of This Period 3,995.16 |
| Amount Incurred This Period 2,686.38 | | | |

| | | | |
|---------------------------------------------------------------------------------|--------------------|------------------------------------------------------|-----------------------------------------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor AMEX | | Nature of Debt (Purpose): CREDIT CARD DEBT | |
| Mailing Address PO BOX 297812 | | | |
| City FT. LAUDERDALE FL | State FL | Zip Code 33329-7812 | |
| Outstanding Balance Beginning This Period 10,541.98 | | Payment This Period 690.00 | Outstanding Balance at Close of This Period 18,658.75 |
| Amount Incurred This Period 8,806.77 | | | |

| | |
|-------------------------------------------------------------------------------------------|------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | |
| 2) TOTALS This Period (last page this line number only)... | 25,116.00 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)... | 29,209.41 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | 54,325.41 |

14021204004

United States Senate
Post Office
1901
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HARRISBURG, PA 17101
DEC 00554758

INSPECTION

U. S. SENATE
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United States Senate
Post Office

INSPECTION

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OFFICE OF PUBLIC RECORDS
232 HARRIS SENATE
WASHINGTON, DC

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OCT 2 A 2014

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OCT 2 A 2014
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Senate Post Office
OCT 2 A 2014

United States Senate

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HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark **10/20/14**

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

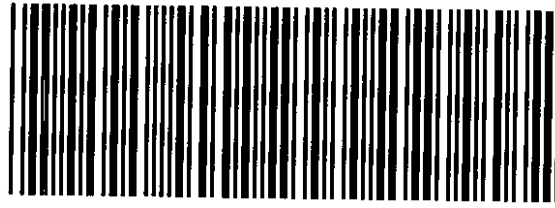
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

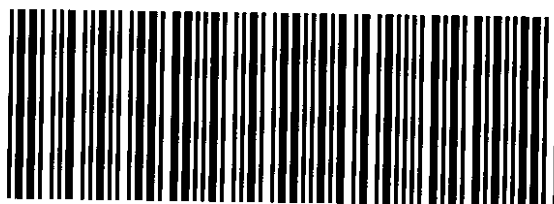
OTHER _____
Date of Receipt or Postmark

PREPARER **MN** DATE PREPARED **10/27/14**

14021204005



SEN PATCH



SEN PATCH

14021204007