



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Ben Hardeman 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)  
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input checked="" type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME <u>TREMP Texas Association of Realtors Political Action Committee</u>
		COMMITTEE ADDRESS <u>P.O. Box 2246 Austin, Tx 78768-2246</u>
		COMMITTEE CAMPAIGN TREASURER NAME <u>Kenya Burrell-Van Wormer</u>
		COMMITTEE CAMPAIGN TREASURER ADDRESS <u>P.O. Box 2246 Austin, Tx 78768-2246</u>

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>8,910.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>9,987.33</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,972.15</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>3,500.00</u>

18 AFFIDAVIT  
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ben Hardeman  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ben Hardeman, this the 26th day of Oct., 20 15, to certify which, witness my hand and seal of office.

Mary H. Stratta Signature of officer administering oath  
Mary H. Stratta Printed name of officer administering oath  
City Secretary Title of officer administering oath

# SUBTOTALS - COH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Ben Hardeman</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,910.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10,045.81
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 1,722.00
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7</b>
2 FILER NAME <b>Ben Hardeman</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/28/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kenny Mallard</b>	7 Amount of contribution (\$) <b>\$100.00/100</b>
6 Contributor address; City; State; Zip Code <b>819 S. Rosemary Dr, Bryan, Tx 77802</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>9/28/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paul Broussard</b>	Amount of contribution (\$) <b>\$100.00/100</b>
Contributor address; City; State; Zip Code <b>3121 Palmetto Tr, Bryan, Tx 77807</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9/28/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jason and Tasha Bienski</b>	Amount of contribution (\$) <b>\$300.00/100</b>
Contributor address; City; State; Zip Code <b>4406 Nottingham Ln, Bryan, Tx 77802</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9/28/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Spencer Clements</b>	Amount of contribution (\$) <b>\$160.00/100</b>
Contributor address; City; State; Zip Code <b>3411 E1 James Dr, Spring, Tx 77388</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:  
pg 2 of 7

2 FILER NAME Ben Hardeman 3 Filer ID (Ethics Commission Filers)

4 Date <u>9/28/15</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Andrew and Shelley Nelson</u>	7 Amount of contribution (\$) <u>\$300.<sup>00</sup>/100</u>
6 Contributor address; City; State; Zip Code <u>720 N. Rosemary Dr., Bryan, TX 77802</u>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <u>9/28/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Susan Prevost</u>	Amount of contribution (\$) <u>\$300.<sup>00</sup>/100</u>
Contributor address; City; State; Zip Code <u>1704 Lakeshore Ct, College Station, TX 77845</u>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>9/28/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dennis Goehring</u>	Amount of contribution (\$) <u>\$300.<sup>00</sup>/100</u>
Contributor address; City; State; Zip Code <u>844 S. Rosemary Dr, Bryan, TX 77802</u>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>9/28/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bobby and Becky Gutierrez</u>	Amount of contribution (\$) <u>\$300.<sup>00</sup>/100</u>
Contributor address; City; State; Zip Code <u>404 N. Haswell, Bryan, TX 77803</u>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

pg 3 of 7

2 FILER NAME

Ben Hardeman

3 Filer ID (Ethics Commission Filers)

4 Date

9/28/15

5 Full name of contributor

Red Cashion

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$200.<sup>00</sup>/100

6 Contributor address; City; State; Zip Code

3040 Hickory Ridge, Bryan, Tx  
77807

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/1/15

Full name of contributor

Bill Youngkin

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$300.<sup>00</sup>/100

Contributor address; City; State; Zip Code

4309 Briarcrest Ln, Bryan, Tx  
77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28/15

Full name of contributor

Julie and Joe Schütz

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$300.<sup>00</sup>/100

Contributor address; City; State; Zip Code

3208 Innsbruck Cir, College Station,  
77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28/15

Full name of contributor

Emanuel Glockzin, Jr.

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$300.<sup>00</sup>

Contributor address; City; State; Zip Code

6855 Glockzin Ranch Rd,  
Bryan, Tx 77806

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

pg. 4 of 7

2 FILER NAME

Ben Hardeman

3 Filer ID (Ethics Commission Filers)

4 Date

9/29/15

5 Full name of contributor

Kevin and Abbie Krolczyk

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$300.<sup>00</sup>/100

6 Contributor address;

City; State; Zip Code

741 S. Rosemary, Bryan, Tx 77802

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/25/15

Full name of contributor

Art Hughes

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$300.<sup>00</sup>/100

Contributor address;

City; State; Zip Code

111 Ehlinger Dr, Bryan, Tx 77801

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28/15

Full name of contributor

Clifford Dorn

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$300.<sup>00</sup>/100

Contributor address;

City; State; Zip Code

7750 Raymond Stotzer Pkwy  
College Station, Tx 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28/15

Full name of contributor

Sue Lee

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$150.<sup>00</sup>/100

Contributor address;

City; State; Zip Code

6000 Augusta Circle, College Station,  
Tx 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
pg. 5 of 7

2 FILER NAME

Ben Hardeman

3 Filer ID (Ethics Commission Filers)

4 Date

9/29/15

5 Full name of contributor

Randy and Cheryl French

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$1,000.<sup>00</sup>/<sub>100</sub>

6 Contributor address; City; State; Zip Code

4301 Clipstone Pl., College Station, Tx 77845

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/29/15

Full name of contributor

Adrian Nettles

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$300.<sup>00</sup>/<sub>100</sub>

Contributor address; City; State; Zip Code

P.O. Box 313 Wellborn, Tx 77881

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/29/15

Full name of contributor

Doug and Cheryl Pederson

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$300.<sup>00</sup>/<sub>100</sub>

Contributor address; City; State; Zip Code

10942 Lakefront Dr., College Station, Tx 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/26/15

Full name of contributor

Henry and Sandra Mayo

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$300.<sup>00</sup>/<sub>100</sub>

Contributor address; City; State; Zip Code

P.O. Box 9169, College Station, Tx 77842

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

pg 6 of 7

2 FILER NAME

Ben Hardeman

3 Filer ID (Ethics Commission Filers)

4 Date

10/11/15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Ann and Robert Horton

7 Amount of contribution (\$)

\$ 250.<sup>00</sup>/100

6 Contributor address; City; State; Zip Code

801 North Rosemary Dr, Bryan, Tx  
77802

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/11/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jack Valerius

Amount of contribution (\$)

\$ 100.<sup>00</sup>/100

Contributor address; City; State; Zip Code

3609 Park Meadow Ln, Bryan, Tx  
77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/8/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Dr. Fred Anderson

Amount of contribution (\$)

\$ 300.<sup>00</sup>/100

Contributor address; City; State; Zip Code

2504 River Forest Dr, Bryan, Tx  
77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jim Singleton IV

Amount of contribution (\$)

\$ 500.<sup>00</sup>/100

Contributor address; City; State; Zip Code

8300 Turkey Creek Rd, College Station  
Tx 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

pg. 7 of 7

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

10/14/15

Stephanie Sale

\$500.<sup>00</sup>/100

6 Contributor address; City; State; Zip Code

8300 Turkey Creek Rd, College Station, TX 77845

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

10/23/15

TREPAC/Tx Assoc. of Realtors

\$1,500.<sup>00</sup>/100

Contributor address; City; State; Zip Code

P.O. Box 2246, Austin, Tx 78768

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME Ben Hardeman		3 Filer ID (Ethics Commission Filers)	
4 Date 9/28/15		5 Payee name Amico Nave Restaurant			
6 Amount (\$) \$833.00		7 Payee address; City; State; Zip Code 203 E. Villa Maria, Bryan, TX 77802			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fundraiser		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/1/15		Payee name Twinzo Co Marketing			
Amount (\$) \$1,969.50		Payee address; City; State; Zip Code 200 South Main, Suite 300, Bryan, TX 77803			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense \$92.68 Advertising - Banners \$876.82 Consulting fees 1000.00		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/1/15		Payee name Craig Regan			
Amount (\$) \$320.00/106		Payee address; City; State; Zip Code 1305 West Villa Maria, Apt. B-101 Bryan, TX 77807			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) consulting expense - data analysis		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: pg 2 of 5	2 FILER NAME Ben Hardeman	3 Filer ID (Ethics Commission Filers)
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4 Date 10/1/15	5 Payee name Lamar Advertising
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6 Amount (\$) \$1,600.00	7 Payee address; City; State; Zip Code P.O. Box 96030 Baton Rouge, LA 70896
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Advertising Expense - Billboards	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/8/15	Payee name Admail
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Amount (\$) \$590.37	Payee address; City; State; Zip Code 427 Bellwood Street Bryan, TX 77801
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Postage/Handling (adu.)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/5/15	Payee name PayPal
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Amount (\$) \$9.00	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) PayPal fees	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>pg 3 of 5</i>	<b>2</b> FILER NAME <i>Ben Hardeman</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>10/5/15</i>	<b>5</b> Payee name <i>Got Print</i>	
<b>6</b> Amount (\$) <i>\$243.43</i>	<b>7</b> Payee address; City; State; Zip Code <i>Burbank Airport Center 7625 N. San Fernando Rd. Burbank, CA 91505</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	
Date <i>10/13/15</i>	Payee name <i>Got Print</i>	
Amount (\$) <i>\$243.06</i>	Payee address; City; State; Zip Code <i>Burbank Airport Center 7625 N. San Fernando Rd. Burbank, CA 91505</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	
Date <i>10/13/15</i>	Payee name <i>The Eagle</i>	
Amount (\$) <i>\$775.40</i>	Payee address; City; State; Zip Code <i>P.O. Box 3000 Bryan, TX 77805</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: pg 4 of 5	<b>2</b> FILER NAME Ben Hardeman	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 10/15/15	<b>5</b> Payee name KORA - FM, Brazos Valley Radio				
<b>6</b> Amount (\$) \$780.00	<b>7</b> Payee address; City; State; Zip Code 1240 E. Villa Maria Bryan, Tx 77802				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising - radio	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10/15/15	Payee name Ben Hardeman				
Amount (\$) \$1,722.00	Payee address; City; State; Zip Code 1820 Gray Stone Dr Bryan, Tx 77807				
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) reimbursement for WTAW ads - paid for with personal funds. See Form G	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10/20/15	Payee name Admail				
Amount (\$) \$553.02	Payee address; City; State; Zip Code 427 Dellwood Street Bryan, Tx 77801				
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) printing expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: p3 5 of 5		<b>2</b> FILER NAME Ben Hardeman		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/22/15		<b>5</b> Payee name Brazos Valley African-American Museum			
<b>6</b> Amount (\$) \$50.00		<b>7</b> Payee address; City; State; Zip Code 500 E. Pruitt St. Bryan, TX 77803			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Contributions Made By Candidate		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10/23/15		Payee name GotPrint			
Amount (\$) \$299.42		Payee address; City; State; Zip Code Burbank Airport Center 7628 N. San Fernando Burbank, CA 91505			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Ben Handeman	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10/15/15	<b>5</b> Payee name Bryan Broadcasting / WTAW-AM
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<b>6</b> Amount (\$) \$1,722.00 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 2700 Earl Rudder Fwy South, Suite 5000 College Station, TX 77845
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) radio advertising see sched, F1	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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