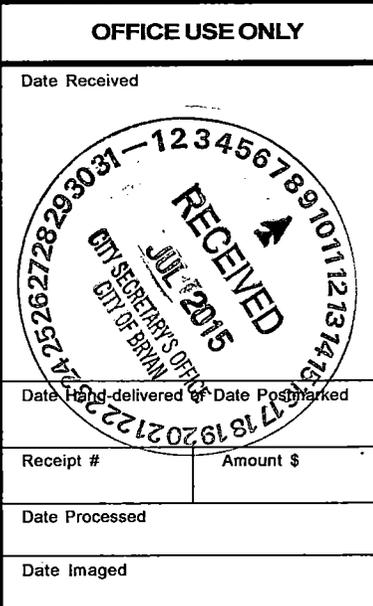


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST Ben	MI L.
	NICKNAME	LAST Hardeman	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1820 Gray Stone Drive Bryan, Tx 77807		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE: (979) PHONE NUMBER: 218-8453 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS <input checked="" type="checkbox"/> MRS <input checked="" type="checkbox"/> MR	FIRST Nancy	MI P
	NICKNAME	LAST Hardeman	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1820 Gray Stone Drive Bryan, Tx 77807		
	8 CAMPAIGN TREASURER PHONE AREA CODE: (979) PHONE NUMBER: 219-1372 EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 3 / 7 / 2015 THROUGH 6 / 30 / 2015		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year 11 / 3 / 2015	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Bryan City Council District 5	



GO TO PAGE 2

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 6,949.⁰⁰/100

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 7,785.⁰⁰/100

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 3,949.⁰⁰/100

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1,000.⁰⁰/100

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 9th day of July, 20 15, to certify which, witness my hand and seal of office.

Mary K Stratta

Signature of officer administering oath

Mary K 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 Ben Hardeman		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,949. ⁰⁰ / ₁₀₀
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,000. ⁰⁰ / ₁₀₀
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,000. ⁰⁰ / ₁₀₀
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 4,750. ⁰⁰ / ₁₀₀
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 35. ⁰⁰ / ₁₀₀
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: ~~7~~ 7
1 of 7 *XPH*

2 FILER NAME
Ben Hardeman

3 Filer ID (Ethics Commission Filers)

4 Date
3/9/15

5 Full name of contributor out-of-state PAC (ID#: _____)
Michael & Kara Holmgreen
6 Contributor address; City; State; Zip Code
5118 Bellerive Bend, College Station, TX 77845

7 Amount of contribution (\$)
\$100.00/100

8 Principal occupation / Job title (See Instructions)
Banker

9 Employer (See Instructions)

Date
3/12/15

Full name of contributor out-of-state PAC (ID#: _____)
Mark Conlee
Contributor address; City; State; Zip Code
833 S. Rosemary, Bryan, TX 77802

Amount of contribution (\$)
\$50.00/100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/12/15

Full name of contributor out-of-state PAC (ID#: _____)
Cathy Conlee
Contributor address; City; State; Zip Code
833 S. Rosemary, Bryan, TX 77802

Amount of contribution (\$)
\$50.00/100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/17/15

Full name of contributor out-of-state PAC (ID#: _____)
Sharyn Galvin
Contributor address; City; State; Zip Code
109 Greenway Dr, Bryan, TX 77801

Amount of contribution (\$)
\$50.00/100

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: ~~7~~ 7
2 of 7 *YIP#*

2 FILER NAME

Ben Hardeman

3 Filer ID (Ethics Commission Filers)

4 Date

3/27/15

5 Full name of contributor

Dan Galvin

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$50.⁰⁰/100

6 Contributor address;

City; State; Zip Code

109 Greenway Dr, Bryan, Tx 77807

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/1/15

Full name of contributor

Ed & Melanie Motley

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.⁰⁰/100

Contributor address;

City; State; Zip Code

5112 Bellerive Bend, CS, Tx 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/15

Full name of contributor

Col & Beth McNeill

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.⁰⁰/100

Contributor address;

City; State; Zip Code

8401 Spring Creek, College Station, Tx 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/3/15

Full name of contributor

Ivan & Candy Olson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.⁰⁰/100

Contributor address;

City; State; Zip Code

3008 Coronado Dr, 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: ~~7~~ 7 *YPH*
3 of 7

2 FILER NAME

Ben Hardeman

3 Filer ID (Ethics Commission Filers)

4 Date

4/3/15

5 Full name of contributor

Timothy Bryan

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250.⁰⁰/100

6 Contributor address;

City; State; Zip Code

P.O. Box 5847, Bryan, Tx 77805

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/9/15

Full name of contributor

Geraldine Holmgreen

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.⁰⁰/100

Contributor address;

City; State; Zip Code

707 E. 31st Street, Bryan, Tx 77805

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/15

Full name of contributor

Ernie & Vickie Wentreck

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.⁰⁰/100

Contributor address;

City; State; Zip Code

P.O. Box 1652, Bryan, Tx 77806

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/15

Full name of contributor

Russ & Vickie Ford

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.⁰⁰/100

Contributor address;

City; State; Zip Code

P.O. Box 100, Kurten, Tx 77862

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: ~~7~~ 7
4 of 7 NPH

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

4 Date 4/10/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Boyd	7 Amount of contribution (\$) \$250.⁰⁰/100
6 Contributor address; City; State; Zip Code 8901 Kurten Cemetery Rd, Bryan, Tx 77808		

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

Date 4/10/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trey Vance	Amount of contribution (\$) \$250.⁰⁰/100
Contributor address; City; State; Zip Code 2151 Harvey Mitchell Pkwy, College Station, Tx 77802		

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

Date 4/10/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. Anthony Boyd	Amount of contribution (\$) \$250.⁰⁰/100
Contributor address; City; State; Zip Code 217 Rock Prairie Rd, College Station, Tx 77845		

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

Date 5/1/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Salvato	Amount of contribution (\$) \$200.⁰⁰/100
Contributor address; City; State; Zip Code 3704 Park Glen Dr, Bryan, Tx 77802		

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: ~~7~~ 7
5 of 7 7/10/15

2 FILER NAME

Ben Hardeman

3 Filer ID (Ethics Commission Filers)

4 Date

5/18/15

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

Ramiro A. Galindo

7 Amount of contribution (\$)

\$1,000.⁰⁰/100

6 Contributor address; City; State; Zip Code

3000 Galindo Way, Bryan, TX 77807

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/26/15

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

Mark D. Humphrey

Amount of contribution (\$)

\$250.⁰⁰/100

Contributor address; City; State; Zip Code

4406 Regal Oaks, Bryan, TX 77846

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/9/15

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

Renee S Ray Frisbie

Amount of contribution (\$)

\$100.⁰⁰/100

Contributor address; City; State; Zip Code

5299 Blue Ridge Dr, College Station, TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/16/15

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

Peter Rose

Amount of contribution (\$)

\$100.⁰⁰

Contributor address; City; State; Zip Code

13 Indian Paintbrush Dr, Bozeman, MT 59718

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: ~~7~~ 7 *MPK*
6 of 7

2 FILER NAME

Ben Hardeman

3 Filer ID (Ethics Commission Filers)

4 Date

6/10/15

5 Full name of contributor

Kandy Rose

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.⁰⁰/100

6 Contributor address; City; State; Zip Code

13 Indian Paintbrush Dr, Bozeman
59718

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/20/15

Full name of contributor

Richard Baur

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1000.⁰⁰/100

Contributor address; City; State; Zip Code

3403 Spring Ln, Bryan, Tx 77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/25/2015

Full name of contributor

Tim Bryan

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000.⁰⁰/100

Contributor address; City; State; Zip Code

P.O. Box 5847, Bryan, Tx 77805

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/26/15

Full name of contributor

Art Hughes

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.⁰⁰/100

Contributor address; City; State; Zip Code

111 Ehlinger Dr, Bryan, Tx 77801

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: ~~7~~ 7
7 of 7 YPH

2 FILER NAME

Ben Hardeman

3 Filer ID (Ethics Commission Filers)

4 Date

6/26/15

5 Full name of contributor

Scott Hickie

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250.⁰⁰/₁₀₀

6 Contributor address;

City; State; Zip Code

914 Park Lane, Bryan, Tx 77802

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/27/15

Full name of contributor

John Clark

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$249.00/100

Contributor address;

City; State; Zip Code

3828 South College Ave, Bryan, Tx 77801

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

Ben Hardeman

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

3/9/15

7 Name of lender

Ben Hardeman

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

\$1,000.00/100

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

1820 Gray Stone Dr
Bryan, Tx 77807

10 Interest rate

0

11 Maturity date

0

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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
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.

1 Total pages Schedule F1: 1	2 FILER NAME Ben Hardeman	3 Filer ID (Ethics Commission Filers)
--	-------------------------------------	--

4 Date 6/11/15	5 Payee name Twinz Co. Marketing
--------------------------	--

6 Amount (\$) \$3,000	7 Payee address; City; State; Zip Code 200 S. Main, Suite 300, Bryan, Tx 77803
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

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 <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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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 F2: 1	2 FILER NAME Ben Hardeman	3 Filer ID (Ethics Commission Filers)
--	-------------------------------------	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

5 Date 6/11/15	6 Payee name Twinz Co. Marketing
--------------------------	--

7 Amount (\$) \$3,000. ⁰⁰ / ₁₀₀	8 Payee address; City; State; Zip Code 200 S. Main, Suite 300, Bryan, Tx 77803
---	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense (balance due)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
----------------------------------	--	---

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 4/9/2015	Payee name Lamar
------------------	---------------------

Amount (\$) \$1,750. ⁰⁰ / ₁₀₀	Payee address; City; State; Zip Code 1701 Gooseneck Dr, Bryan, Tx 77808
--	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising 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 <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 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 G: 1	2 FILER NAME Ben Hardeman	3 Filer ID (Ethics Commission Filers)
4 Date 3/13/15	5 Payee name Kristeen Roe, Brazos Co. Tax Assessor/Collector	
6 Amount (\$) \$35.09/100 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 300 E. Wm. J. Bryan Pkwy Bryan, Tx 77803	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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