

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: <div style="text-align: center; font-size: 24px;">17</div>														
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST <div style="text-align: center; font-size: 24px;">Bennett</div>	MI <div style="text-align: center; font-size: 24px;">L</div>	<div style="text-align: center; font-weight: bold; font-size: 14px;">OFFICE USE ONLY</div> <hr/> <p>Date Received</p> <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 150px; height: 150px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> </div> <hr/> <p>Date Hand-delivered or Date Postmarked</p> <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged								
	Receipt #	Amount \$															
Date Processed																	
Date Imaged																	
NICKNAME <div style="text-align: center; font-size: 24px;">Ben</div>	LAST <div style="text-align: center; font-size: 24px;">Hardeman</div>	SUFFIX															
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 24px;">1820 Gray Stone Dr, Bryan, Tx 77807</div>																
<input type="checkbox"/> Change of Address																	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 24px;">(979) 218-8453</div>																
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS	FIRST <div style="text-align: center; font-size: 24px;">Nancy</div>	MI <div style="text-align: center; font-size: 24px;">P</div>														
	NICKNAME <div style="text-align: center; font-size: 24px;">Hardeman</div>	LAST	SUFFIX														
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 24px;">1820 Gray Stone Dr, Bryan, Tx 77807</div>																
(Residence or Business)																	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 24px;">(979) 219-1372</div>																
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/> January 15</td> <td style="width:25%;"><input checked="" type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input 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)						
<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)														
<input 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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center; font-size: 24px;">7</td> <td style="text-align: center; font-size: 24px;">/ 1</td> <td style="text-align: center; font-size: 24px;">/ 2015</td> <td></td> <td style="text-align: center; font-size: 24px;">9</td> <td style="text-align: center; font-size: 24px;">/ 24</td> <td style="text-align: center; font-size: 24px;">/ 2015</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	7	/ 1	/ 2015		9	/ 24	/ 2015
Month	Day	Year	THROUGH	Month	Day	Year											
7	/ 1	/ 2015		9	/ 24	/ 2015											
11 ELECTION	ELECTION DATE		ELECTION TYPE														
	Month	Day	Year	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description													
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 24px;">Bryan City Council Single Member District 5</div>														

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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> 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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3,500.⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7,139.⁵¹</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>5,176.^{41/100}</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 5th day of October 20 15, to certify which, witness my hand and seal of office.

Mary K Stratta Printed name of officer administering oath
Mary K Stratta Title of officer administering oath
City Secretary

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	\$ 3,500. ⁰⁰ / ₁₀₀
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 100. ⁰⁰ / ₁₀₀
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2,500. ⁰⁰ / ₁₀₀
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 7,139. ⁵⁴ / ₁₀₀
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 2,600. ⁰⁰ / ₁₀₀
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ —
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ —
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 checked="" 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: Pg. 1 of 6
2 FILER NAME Ben Hardeman		3 Filer ID (Ethics Commission Filers)
4 Date 7/22/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Kristen	7 Amount of contribution (\$) \$500. ⁰⁰
6 Contributor address; City; State; Zip Code 1501 Independence Ave, Bryan, Tx 77803		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/17/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Fred Anderson	Amount of contribution (\$) \$250. ⁰⁰
Contributor address; City; State; Zip Code 2504 River Forest Dr Bryan, Tx 77802		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chalon and Marilyn Jones	Amount of contribution (\$) \$100. ⁰⁰
Contributor address; City; State; Zip Code 2008 Quail Hollow Dr Bryan, Tx 77802		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell Bradley	Amount of contribution (\$) \$100. ⁰⁰
Contributor address; City; State; Zip Code 3401 Chingue pin Ct. Bryan, Tx 77807		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Pg. 2 of 6

2 FILER NAME

Ben Hardeman

3 Filer ID (Ethics Commission Filers)

4 Date

8/17/15

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

Ronald & Vickie Schmidt

7 Amount of contribution (\$)

\$250.00

6 Contributor address; City; State; Zip Code

835 N. Rosemary Dr, Bryan, Tx 77802

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/21/15

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

Ruth Blatchley & Ron Blatchley

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

3129 Palmetto Ln, Bryan, Tx 77807

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/31/15

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

Flynn Adcock

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

2705 Rustling Oaks
Bryan, Tx 77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/31/15

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

Bradley Hurt

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

208 Cecilia Ct
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. 3 of 6
2 FILER NAME Ben Hardeman		3 Filer ID (Ethics Commission Filers)
4 Date 8/30/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenwood Vernon 6 Contributor address; City; State; Zip Code 1600 Antique Lane, Brenham, Tx 77833	7 Amount of contribution (\$) \$50.⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha Vernon Contributor address; City; State; Zip Code 1600 Antique Lane, Brenham, Tx 77833	Amount of contribution (\$) \$50.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonia Vernon Contributor address; City; State; Zip Code 1818 Gray Stone Dr, Bryan, Tx 77803	Amount of contribution (\$) \$50.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Vernon Contributor address; City; State; Zip Code 1818 Gray Stone Dr, Bryan, Tx 77803	Amount of contribution (\$) \$50.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

Pg. 4 of 6

2 FILER NAME

Ben Hardeman

3 Filer ID (Ethics Commission Filers)

4 Date

9/2/15

5 Full name of contributor

Russell Hanna

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

7 Amount of contribution (\$)

\$250.⁰⁰

6 Contributor address;

1011 Muirfield Villages College Station, TX 777

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/24/15

Full name of contributor

Michael Beal

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

Amount of contribution (\$)

\$50.⁰⁰

Contributor address;

506 Crescent Dr, Bryan, Tx 77801

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/3/15

Full name of contributor

Don Lewis

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

Amount of contribution (\$)

\$250.⁰⁰

Contributor address;

1511 Texas Aves. #116, College Station, TX 77840

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/1/15

Full name of contributor

Karen Smith

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

Amount of contribution (\$)

\$50.⁰⁰

Contributor address;

810 N. Rosemary Dr, Bryan, Tx 77802

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Pg. 5 of 6
2 FILER NAME Ben Hardeman		3 Filer ID (Ethics Commission Filers)
4 Date 9/18/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Ballard	7 Amount of contribution (\$) \$100.⁰⁰
6 Contributor address; City; State; Zip Code 4615 Locksford Dr, Bryan, Tx 77802		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lysabeth Wood	Amount of contribution (\$) \$100.⁰⁰
Contributor address; City; State; Zip Code 3207 Walnut Creek Ct, Bryan, Tx 77807		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy Conlee & Mark Conlee	Amount of contribution (\$) \$900
Contributor address; City; State; Zip Code 833 S. Rosemary Dr, Bryan, Tx 77802		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan & Sharon Galvin	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 109 Greenway Dr, Bryan, Tx 77801		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>Pg. 6 of 6</i>
2 FILER NAME <i>Ben Hardeman</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/14/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Merrill S Bonnie Green</i>	7 Amount of contribution (\$) <i>\$50</i>
6 Contributor address; City; State; Zip Code <i>3911 Park Meadow Ln, Bryan, Tx 77802</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Ben Hardeman		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 7/3/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler Arden	8 Amount of Contribution \$ \$100.00	9 In-kind contribution description photo shoot
7 Contributor address; City; State; Zip Code 2711 Darwood Bryan, Tx 77807		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) business owner/realtor		11 Employer (FOR NON-JUDICIAL)(See Instructions) Downtown Uncorked	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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: <u>1</u>
2 FILER NAME <u>Ben Hardeman</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <u>0</u>
5 Date of loan <u>8/28/15</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ben Hardeman</u>	9 Loan Amount (\$) <u>\$2,500.⁰⁰</u>
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code <u>1820 Gray Stone Dr, Bryan, Tx 77807</u>	10 Interest rate _____
		11 Maturity date _____
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	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)

Pg 1 of 4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 4	2 FILER NAME Ben Hardeman	3 Filer ID (Ethics Commission Filers)
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4 Date 7/9/15	5 Payee name Twinz Co Marketing
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6 Amount (\$) \$1000.00	7 Payee address; City; State; Zip Code 200 South Main, Ste. 300 Bryan, Tx 77803
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) marketing consultant	(b) Description <input checked="" 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
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Date 9/14/15	Payee name Got Print / Twinz Co Marketing
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Amount (\$) \$49.82	Payee address; City; State; Zip Code 200 South Main, Ste. 300 Bryan, Tx 77803
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense - business cards	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/23/15	Payee name Twinz Co Marketing
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Amount (\$) \$750.00	Payee address; City; State; Zip Code 200 South Main, Ste. 300 Bryan, Tx 77803
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) web design/advertising	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
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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)

Pg 2 of 4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 4	2 FILER NAME Ben Hardeman	3 Filer ID (Ethics Commission Filers)
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4 Date 7/28/15	5 Payee name Twinz Co. Marketing
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6 Amount (\$) \$1,851.07	7 Payee address; City; State; Zip Code 200 South Main, Ste. 300 Bryan, Tx 77803
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) advertising expense - signs, stakes	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/10/15	Payee name U.S. Post Office/Wal Mart
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Amount (\$) \$49.00	Payee address; City; State; Zip Code Wm. Joel Bryan St., Bryan, Tx
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) mailing - advertising	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/10/15	Payee name Twinz Co. Marketing
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Amount (\$) \$1,000	Payee address; City; State; Zip Code 200 South Main, Ste. 300 Bryan, Tx 77803
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Marketing consultant	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 ONLY 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)

Pa. 3 of 4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 4	2 FILER NAME Ben Hardeman	3 Filer ID (Ethics Commission Filers)
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4 Date 8/28/15	5 Payee name Got Print
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6 Amount (\$) \$135. ⁰⁰	7 Payee address; City; State; Zip Code Burbank Airport Center 7625 N. San Fernando Rd Burbank, CA 91505
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) advertising expenses - doorhangers	(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 8/28/15	Payee name Got Print
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Amount (\$) \$176. ⁶⁷	Payee address; City; State; Zip Code Burbank Airport Center 7625 N. San Fernando Rd Burbank, CA 91505
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) adv. expense - pushcards	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 9/2/15	Payee name PayPal
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Amount (\$) \$4.95	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	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)

Pg 4 of 4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 4	2 FILER NAME Ben Hardeman	3 Filer ID (Ethics Commission Filers)
4 Date 9/14/15	5 Payee name U.S. Post Office	
6 Amount (\$) \$49.00	7 Payee address; City; State; Zip Code 2121 E. Wm. J. Bryan Pkwy Bryan, TX 77801	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) advertising-postage	(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 9/7/15	Payee name Lamar Companies	
Amount (\$) \$1,900.00	Payee address; City; State; Zip Code P.O. Box 96030 Baton Rouge, LA 70896	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising-billboard rental	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 7/9/15	Payee name Vista Print	
Amount (\$) \$174.00	Payee address; City; State; Zip Code vistaprint.com	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising-car magnets	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 _____	

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)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 6/11/15	6 Payee name Twinz Co. Marketing
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7 Amount (\$) \$1000.00	8 Payee address; City; State; Zip Code 200 S. Main, Suite 300 Bryan, Tx 77803
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 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
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/9/15	Payee name Lamar Companies
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Amount (\$) \$1600.00	Payee address; City; State; Zip Code 1701 Gooseneck Dr Bryan, Tx 77803
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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
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Complete ONLY 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

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

Ben Hardeman

3 Filer ID (Ethics Commission Filers)

4 Date

9/20/15

5 Name of person ^{to} from whom amount is received ~~received~~ paid

B-C-S Chamber of Commerce

6 Address of person ^{to} from whom amount is received; City; State; Zip Code

8 Amount (\$)

\$725.00

paid by campaign account

7 Purpose for which amount is received ^{paid} ~~received~~ advertising gift certificate purchased in silent auction, provided by KBTX-TV Check if political contribution returned to filer

Date

9/21/15

Name of person from whom amount is received

Shipwreck Grill

Address of person from whom amount is received; City; State; Zip Code

206 E. Villa Maria
Bryan, Tx 77801

Amount (\$)

\$725.00
returned to campaign account

Purpose for which amount is received Check if political contribution returned to filer
Purchase of KBTX gift certificate bought in fundraiser auction from Chamber of Commerce. certificate is not useable in political campaign

Date

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Amount (\$)

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Amount (\$)

Purpose for which amount is received Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED