

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: //
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Ben L. NICKNAME LAST SUFFIX Hardeman	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1820 Gray Stone Dr Bryan, Tx 77807		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 218-1453	Date Received	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Nancy P. NICKNAME LAST SUFFIX Hardeman	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1820 Gray Stone Dr Bryan, Tx 77807	Receipt # Amount \$ 3:26 pm	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 219-1372	Date Processed	
9 REPORT TYPE	<input checked="" 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 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 10 / 24 / 2015 THROUGH 12 / 31 / 2015		
11 ELECTION	ELECTION DATE Month Day Year 11 / 3 / 2015	ELECTION TYPE <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) City Council Member Single Member Dist. 5 (as of Nov. 13, 2015)	13 OFFICE SOUGHT (if known) City Council Member Single Member Dist. 5	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

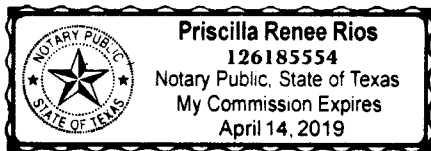
14 C/OH NAME Ben L. Hardeman 15 Filer ID (Ethics Commission Filers)

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 type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

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)	\$ 3,000. ⁰⁰ / ₁₀₀
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,541. ¹⁸ / ₁₀₀
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,195. ⁰³ / ₁₀₀
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,500. 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 15th day of January, 2016, to certify which, witness my hand and seal of office.

Priscilla Rios
Signature of officer administering oath

PRISCILLA RIOS
Printed name of officer administering oath

COUNCIL SERVICES ASST.
Title of officer administering oath

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Ben L. 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	\$3,000. ⁰⁰ / ₁₀₀
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$3,451. ¹⁸ / ₁₀₀
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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 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:

1 of 4

2 FILER NAME

Ben L. Hardeman

3 Filer ID (Ethics Commission Filers)

4 Date

10/28/15

5 Full name of contributor

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

Becky Cramer

7 Amount of contribution (\$)

\$500.⁰⁰/₁₀₀

6 Contributor address;

City; State; Zip Code

404 N. Haswell Dr, Bryan, Tx 77803

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/28/15

Full name of contributor

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

Bobby Gutierrez

Amount of contribution (\$)

\$500.⁰⁰/₁₀₀

Contributor address;

City; State; Zip Code

404 N. Haswell Dr, Bryan, Tx 77803

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/27/15

Full name of contributor

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

Richard Ruffino

Amount of contribution (\$)

\$50.⁰⁰/₁₀₀

Contributor address;

City; State; Zip Code

2208 E. BriarGate Dr., Bryan, Tx 77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/15

Full name of contributor

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

Travis Bryan III

Amount of contribution (\$)

\$500.⁰⁰/₁₀₀

Contributor address;

City; State; Zip Code

314 Brookside Dr. E., 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:
2 of four (4)

2 FILER NAME
Ben L. Hardeman

3 Filer ID (Ethics Commission Filers)

4 Date
10/28/15

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

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

6 Contributor address; City; State; Zip Code
1305 West Villa Maria, Apt B-101
Bryan, Tx 77807

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/28/15

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

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

Contributor address; City; State; Zip Code
1305 West Villa Maria, Apt. B-101
Bryan, Tx 77807

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/30/15

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

Amount of contribution (\$)
\$200.⁰⁰/100

Contributor address; City; State; Zip Code
4711 Johnson Creek Loop
College Station, Tx 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/2/15

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

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

Contributor address; City; State; Zip Code
2508 Briarwood Circle
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:

3 of 4

2 FILER NAME

Ben L. Hardeman

3 Filer ID (Ethics Commission Filers)

4 Date

11/4/15

5 Full name of contributor

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

Greg & Julie Owens

7 Amount of contribution (\$)

\$300.⁰⁰/₁₀₀

6 Contributor address;

City; State; Zip Code

4403 Nottingham Ln
Bryan, Tx 77802

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/4/15

Full name of contributor

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

Len & Diana Gallagher

Amount of contribution (\$)

\$300.⁰⁰/₁₀₀

Contributor address;

City; State; Zip Code

3308 Willow Ridge Dr
Bryan, Tx 77807

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/1/15

Full name of contributor

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

Linda & Roy Evans

Amount of contribution (\$)

\$100.⁰⁰/₁₀₀

Contributor address;

City; State; Zip Code

2200 Dewberry Ln, Bryan, Tx 77807

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

~~11/1/15~~
11/2/15

Full name of contributor

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

Elliott Head

Amount of contribution (\$)

\$250.⁰⁰/₁₀₀

Contributor address;

City; State; Zip Code

3214 Wilderness Rd
Bryan, Tx 77807

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:

4 of 4

2 FILER NAME

Ben L. Hardeman

3 Filer ID (Ethics Commission Filers)

4 Date

11/4/15

5 Full name of contributor

Lysabeth Wood

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

7 Amount of contribution (\$)

\$100.⁰⁰/100

6 Contributor address; City; State; Zip Code

3207 Walnut Creek
Bryan, TX 77807

8 Principal occupation / Job title (See Instructions)

9 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)

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: 1 of 4	2 FILER NAME Ben L. Hardeman	3 Filer ID (Ethics Commission Filers)
--------------------------------------	---------------------------------	---------------------------------------

4 Date 10/25/15	5 Payee name Ben Hardeman
--------------------	------------------------------

6 Amount (\$) \$58.48	7 Payee address; City; State; Zip Code 1820 Gray Stone Bryan, Tx 77807
--------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Reimbursement for gifts, (we-Rent-EM); Walmart - Cookies for neighborhood meetings, office depot - labels	(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 10/30/15	Payee name Paypal
------------------	----------------------

Amount (\$) \$6.10	Payee address; City; State; Zip Code
-----------------------	--------------------------------------

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
-------------------------------	---	--

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

Date 10/27/15	Payee name Admail
------------------	----------------------

Amount (\$) \$553.02	Payee address; City; State; Zip Code 427 Dellwood St. Bryan, Tx 77801
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising - postage for postcards, handling	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

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: 2 of 4	2 FILER NAME Ben Hardeman	3 Filer ID (Ethics Commission Filers)
---	-------------------------------------	---------------------------------------

4 Date 10/27/15	5 Payee name Twinz Co Marketing
---------------------------	---

6 Amount (\$) \$ 666.40	7 Payee address; City; State; Zip Code 200 South Main, Suite 300 Bryan, Tx 77803
-----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising - Consulting	(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 10/30/15	Payee name The Eagle
-------------------------	--------------------------------

Amount (\$) \$ 770.40	Payee address; City; State; Zip Code 1729 Briarcrest Bryan, Tx 77802
---------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) 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
--	-------------------------------	---------------	-------------

Date 11/2/15	Payee name Paypal
------------------------	-----------------------------

Amount (\$) \$ 7.55	Payee address; City; State; Zip Code
-------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	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
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: 3 of 4	2 FILER NAME Ben Hardeman	3 Filer ID (Ethics Commission Filers)		
4 Date 11/3/15	5 Payee name Shipwrecked Grill			
6 Amount (\$) \$610.24/100	7 Payee address; City; State; Zip Code 206 E. Villa Maria Bryan, TX 77807			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event 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		
	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 11/5/15	Payee name L. Shakelford Inc.			
Amount (\$) \$172.60/100	Payee address; City; State; Zip Code 817 Holliday Plainview, TX 79072			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 11/16/15	Payee name Twinz Co. Marketing			
Amount (\$) \$81.19/100	Payee address; City; State; Zip Code 200 S. Main, Suite 300 Bryan, TX 77803			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising - ad prep	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

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: 4 of 4	2 FILER NAME Ben Hardeman	3 Filer ID (Ethics Commission Filers)
4 Date 11/16/15	5 Payee name The Eagle	
6 Amount (\$) \$340.20	7 Payee address; City; State; Zip Code 1729 Briancrest Bryan, Tx 77802	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(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 11/16/15	Payee name Tina Gandy, Twinz Co Marketing	
Amount (\$) \$250.00	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) Consulting	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 12/31/15	Payee name Mexicanas Fiestas Patrias, Parade	
Amount (\$) \$25.00	Payee address; City; State; Zip Code P.O. Box 346 Bryan, Tx 77806	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution	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