CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	мı Д	OFFICE USE ONLY
NAME	NICHAEL NICKNAME LAST HARDY	SUFFIX	Date Received ELE 20. 1
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE /		CITY; STATE: ZIP CODE	FILE LARRANT CO
OFFICEHOLDER PHONE			Date land deliveren or Date Postnarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST NICKNAME LAST	MI SUFFIX	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE#; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ()	extension	
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH . Month	Day Year
11 ELECTION	Month Day Year Primary 3 / 1 / 16 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known TARRAL CONSTABLE	r coury Per 4
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		• •	15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S				
	COMMITTEE TYPE	COMMITTEE NAME	TARRA 2016 FEB ELECTIONS BY:		
	SPECIFIC	COMMITTEE ADDRESS	AP 22		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	OUHT) IM 7: L		
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$		
	4. TOTAL	\$ 13,861.97			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$ 100.00		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$		
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 Gode. AFFIX NOTARY STAMP/SEALABOVE Sworn to and subscribed before me, by the said Michael J. Hardy , this the 29					
day of February	ribed before me, γ , 20 γ ,	to certify which, witness my hand and seal of office			
Signature of officer a	Administering oath	Printed name of officer administering oath	Notary Public Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Co.		mmission	r Filers)			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT	
1,	SCHED	ULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$		
2.	SCHED	ULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHED	ULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHED	ULE E: LOANS		\$		
5.	SCHED	ULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
6.	SCHED	ULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	SCHED	ULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$		
8.	SCHED	ULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 13,861.97		
9.	SCHED	ULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$		
10.	SCHED	ULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$		
11.	SCHED	ULE 1: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$		
12.		ULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT NED TO FILER	TIONS	\$		
			ВҮ:	32	TARRANT COUNTY 2016 FEB 22 AM 7: 41	

-	EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Loan Repayment/Reimburst Office Overhead/Rental Exp Polling Expense Printing Expense Salaries/Wages/Contract Lins how to complete this f	penso Transpo Travel I Travel C abor Other (e	ion/Fundraising Expense ortation Equipment & Related Expense n District Out Of District offer a category not lend above)	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer	D (Ethica Commission Fiers)	
144	MICHAEL H	ARD-1			
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TOACREDIT CAR	RD \$	T CO	
5 Date	6 Payee name			M 7: 41 IPS STRATOR	
1-22-16	USPS			RAI	
7 Amount (\$)	8 Payee address; City; State;	Zip Code		OR -	
490.00	4600 MIARK IV PKW	Y FT WORT	4 Tx 7	6161	
9 TYPE OF EXPENDITURE	Political [Non-Political			
10	(a) Category (See Calegories listed at the top of	his schedule) (b) De	escription		
PURPOSE			Check if travel outside	of Texas, Complete Schedule T.	
OF EXPENDITURE	STAMPS	[Check if Austin, TX	(, officeholder living expense	
	3/46(7)				
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name	And the second s		Allow I pro und a same to my representation	
1-25-16	G.S.P.				
Amount (\$)	Payee address: City; State:	Zip Code			
809.18	1804 AFTON HOU	STON TX -	17055		
TYPE OF EXPENDITURE	Political	Non-Political			
The state of the s	Category (See Categories listed at the top of	this schedule) D	escription		
PURPOSE			_	e of Texas. Complete Schedule T.	
OF EXPENDITURE	V0 A		Check if Austin, T	X, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE	AS NEEDED		

EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Everit Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel I n District Travel Out of District Other (enter a category not listed above)					Related Expense
	The Instruction Guide explains how to comple	ete this form.	Ø		
1 Total pages Schedule F4:	2 FILER NAME		3 Filer 15 (E		
246	MILHAEL HARDY			<u> </u>	E PT
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A CREDI	ITCARD	\$		22 新
5 Date	6 Payee name		\		3 29
1-26-16	G.S.P.		1	HISTO	1 ==
7 Amount (\$)	8 Payee address; City; State; Zip Code	_		RATOR	= =
166.91	1804 AFTON HOUSTON, TX	77055	,	70	
9 TYPE OF EXPENDITURE	Political Non-Political				
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	on		
PURPOSE		Gheck i	f travel outside of Texa	ıs. Complete Sch	ectule T.
OF Expenditure	SIGH SUPPLIES	Check	il Austin, TX, office	holder living ex	pense
EXTERIOR OFFE					
11 Complete ONLY if direct expenditure to benefit C/Oi		sought	O	fice held	
Date 1 - 2 6 - 1 6	Payee name PRINT PLACE				
Amount (\$)	Payee address; City; State; Zip Code				
901.18	1130 AVE H EAST ARE	المالحة مالا	Tx 7601	1	
TYPE OF EXPENDITURE	Political Non-Politica	al			
	Category (See Categories listed at the top of this schedule)	Descripti			
PURPOSE		Check	if travel outside of Tex	as. Complete Sch	edule T.
OF EXPENDITURE	\mathcal{O}_{\bullet}	Check	if Austin, TX, office	eholder living e	×pense
	PALLOTING				
Complete <u>ONLY</u> if direct expenditure to benefit C/O		sought	0	ffice held	
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS N	EEDED		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/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.

FILER NAME

1 Total pages Schedule F4:	2 FILERNAME MICHAEL HARDY	3 Filer IDatethics Commission Filers
	ZED EXPENDITURES CHARGED TO A CREDIT CARD	FEB 2
5 Date	6 Payee name	1 8º N
1-26-16	PRINT PLACE	
7 Amount (\$)	8 Payee address; City; State; Zip Code	STPS 7
1227,56	1130 Ave H EAST ALLIEBTON, T	X 760 III X 760 III
9 TYPE OF EXPENDITURE	Political Non-Political	\
10	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	otion
PURPOSE	Che	ck if travel outside of Texas. Complete Schedule T.
OF Expenditure	PRINTING Che	ck if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought	Office held
Date	Payee name	
1-26-16	PRINT PLACE	
Amount (\$)	Payee address; City; State; Zip Code	·
3,345.71	1130 AVE H LEAST ARLINGTON, 7	* 76011
TYPE OF EXPENDITURE	Political Non-Political	
	Category (See Categories listed at the top of this schedule) Descri	ption
PURPOSE	ch	ack if travel outside of Texas. Complete Schedule T.
OF Expenditure	Pastace	eck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought	Office held

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F4:	2 FILER NAME 3 Filer ID (Ethics Commission Filers) 11 CHARL HARDY
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date	6 Payee name FASCMNYIT
7 Amount (\$)	8 Payee address; City; State; Zip Code
461.84	7500 BAKER BLUNTILO FIWMILLITY 76118
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF Expenditure	Gheck if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/Ot	Candidate / Officeholder name Office sought Office held H
Date	Payee name
2-2-16	G.S.P.
Amount (\$)	Payee address; City; State; Zip Code
309.18	1804 AFTEN HOUTEN TX 77055
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF Expenditure	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense
	1, 0
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held H
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Of Food/Beverage Expense Prod/Beverage	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travelout Of District Other (exter a chiegory not letted above)	
	The Instruction Guide explains h	ow to complete this form.	- SP B 27	
1 Total pages Schedule F4:	MICHAEL HARDY		3 Filer ID (Ethics Commission Files)	
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO	A CREDIT CARD	S AM 7:	
5 Date	6 Payee name		TR. 7:1	
2-3-16	0585		TRATOR	
7 Amount (\$)	8 Payee address; City; State; Zip	Code	\ 2	
2,625.00	4600 MARIE IV PLUM	FWMTH,	Tx 76161	
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of this so	thedule) (b) Descript	ion	
PURPOSE		Check	if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	CTILL 83	Checi	k if Austin, TX, officeholder living expanse	
•	- Share			
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
2-13-16	WHITE CAP			
Amount (\$)	Payee address: City; State; Zi	p Code		
326.25	2037 E, LAUCASTE	x Frwwru	Tx 76103	
TYPE OF EXPENDITURE	Political	Non-Political	·	
	Category (See Categories listed at the top of this so		tion it travel outside of Texas. Complete Schedule T.	
PURPOSE OF			k if Aussin, TX, officeholder living expense	
EXPENDITURE	Sullies		R II Additi, 1A, Vincelloidel Brig Uspende	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Tanaha arasa	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	IEEDED	

EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Rental Expense Transportati Travel In Dis Travel Out Contract Labor Other (enter	of District a category not listed above)		
1 Total pages Schedule F4:	2 FILER NAME		(Ethics Counmission File (BI)		
6 H	MICHAEL HARDY	0 1 1101 13	E 8 ≥		
	ZED EXPENDITURES CHARGED TO A CREDI	TCARD \$	T COUNTY 22 AM 7: 41 22 AM 7: 41 ADMINISTRATOR		
5 Date	6 Payee name		= E E		
2-9-16	HOH DISTRIBUTION		AH 7:		
7 Amount (\$)	8 Payee address; City; State; Zip Code		1 E ~		
2,700.00	3309 S. Janes Fe War	H (x 76110	70		
9 TYPE OF EXPENDITURE	Political Non-Political	I			
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE		Check if travel outside of To	exas. Complete Schedule T.		
OF EXPENDITURE			iceholder living expense		
EXPENDITURE	SELVICES	Sirta ii Addai, 17, di	is a superior		
11 Complete ONLY if direct expenditure to benefit C/O		sought	Office held		
Date	Payee name				
Amount (\$)	Payee address: City; State; Zip Code				
•					
TYPE OF EXPENDITURE	Political Non-Politica	al			
	Category (See Calegories listed at the top of this schedule)	Description			
PURPOSE OF			Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, TX, of	ticeholder living expense		
Complete ONLY if direct expenditure to benefit C/O		sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED			