FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00030949 33 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Ben NAME Date Received **ELECTRONICALLY FILED** 07/16/2023 NICKNAME LAST **SUFFIX** Hardin CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** Wharton County Courthouse MAILING Receipt # Amount **ADDRESS** 100 S. Fulton Street Wharton, TX 77488 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Ben NAME NICKNAME LAST **SUFFIX** Hardin STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** P.O. Box 757 **ADDRESS** (Residence or Business) Lake Jackson, TX 77566 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (979) 549-8625 **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2023 06/30/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge (Multi-county) District 23 Brazoria,

GO TO PAGE 2

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 33

13 C / OH NAME	Hardin, Ben (The Ho	norable)	14 Filer ID 00030949	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	the candidate's or offic	committees to support the ceholder's knowledge or otice of such expenditures.						
Additional Pages	COMMITTEE TYPE	MMITTEE TYPE COMMITTEE NAME						
	GENERAL COMMITTEE ADDRESS							
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00				
		ICAL CONTRIBUTIONS	(C)	\$ 0.00				
EXPENDITURE TOTALS								
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 5,261.40				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 5,000.00				
17 AFFIDAVIT								
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.						
		The Ho	onorable Ben Hardin	ı				
		Signature or	f Candidate or Officeho	older				
AFFIX NO	TARY STAMP / SEAL AB	OVE						
		aid	, this the	day				
of	, 20, to c	ertify which, witness my hand and seal of office.						
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	er administering oath				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	3 of 33									
	18 FILER NAME Hardin, Ben (The Honorable) 20 SCHEDULE SUBTOTALS 19 Filer ID (Ethics Commission Filers) 00030949									
20 SCHEDU NAME OF	SUBTOTAL AMOUNT									
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$							
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$							
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$							
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$ 5,000.00							
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 11,323.21							
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$							
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$							
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	T CARD								
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$							
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$							
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$							
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$							

	LOANS (J	UDICIAL)			SCHEDULE E(J)		
	The Instruction	n Guide explains how to complete this f	orm.	1 Total pages Schedule E(J): Sch: 1/1 Rpt: 4/33			
2	FILER NAME Hardin, Ben (The	e Honorable)		3 Filer ID 00030	(Ethics Commission Filers) 949		
4	TOTAL OF UN	IITEMIZED LOANS			\$		
5	Date of loan 05/15/2023	7 Name of lender out-of-state PA Prosperity Bank	C (ID#:		9 Loan Amount (\$) \$5,000.00		
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate 6.00 11 Maturity Date		
	Yes	El Campo, TX 77437-1470			11/15/2023		
12	Lender's Principal	Occupation	13 Lender's Job Title				
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	e (if any)			
16	If lender is child, la	w firm of parent(s) (if any)	<u> </u>				
17	Description of Coll X None	ateral	18 Check if personal funds were deposited into political account (See Instructions)				
19	GUARANTOR INFORMATION	20 Name of guarantor	22 Amount Guaran				
23	X not applicable Guarantor's Princi	21 Guarantor address; City; State; pal Occupation	Zip Code Zip Code				
25	Guarantor's Emplo	yer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any	7)		
27	If guarantor is child	d, law firm of parent(s) (if any)					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter a	strict i category not listed abov	e)
	- Croak Gara Faymon			The Instruction G	uide explains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 1/29 Rpt: 5/33		Hardin, Ben	(The Honorabl	e)					00030949		
4	Date	5	Payee name									
	02/03/2023		AAA AMERI	CAN AUTOMO	BILE ASSO	CIATIO	N					
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$59.00		941 MacAR	THUR PARK D	R., STE. 100	0						
			IRVING, TX	75063								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			on Equipment a		,		Check if travel	outsi	de of Texas. Con	plete Schedule T.	
	LAFENDITORE		Expense					—		officeholder living	g expense	
								AAA Member	shi	р		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	0	office sou	ght			Office h	eld	
		_										
	Date		Payee name									
	05/02/2023		AMAZON.C	OM, LLC								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$31.75		1 CENTERF	POINT BLVD								
			NEW CAST	LE, DE 19720-	5550							
	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Ex	pense			=			plete Schedule T.	
								Book	, IX,	officeholder living	g expense	
								DOOK				
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	reholder name		office sou	aht			Office h	eld	
	expenditure to benefit C/OI		Janara ato, o me	seriolaer riame	Ü	11100 000	9110			Cilioo II		
_	Date	Г	Davisa nama									
	05/02/2023		Payee name AMAZON.C	OMILC								
					Ctata	7in Co	al a					
	Amount (\$)		Payee addres		State;	Zip Co	ue					
	\$252.15		ICENTER	POINT BLVD								
				. = == 10700								
				LE, DE 19720-								
	PURPOSE OF	(a)		e Categories listed at t		edule)	(b)	Description	outoi.	do of Toyoo Com	nplete Schedule T.	
	EXPENDITURE		Office Overr	nead/Rental Ex	pense			브		officeholder living	•	
								office supplie			S - 1	
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	office sou	ght			Office h	eld	
	expenditure to benefit C/OI											
l												

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 2/29 Rpt: 6/33	Hardin, Ben (The Honorable) 00030949
4	Date	5 Payee name
	02/05/2023	AT&T MOBILITY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$199.29	P.O. BOX 650574
		DALLAS, TX 75265-0574
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense cell phone
		Cell priorie
_	Complete ONLY if direct	Condidate/Officeholder name Office county Office hold
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/05/2023	AT&T MOBILITY
	Amount (\$)	Payee address; City; State; Zip Code
	\$124.00	P.O. BOX 650574
		DALLAS, TX 75265-0574
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		cell phone
	0 1: 0.11.7.7.1.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	04/05/2023	AT&T MOBILITY
	Amount (\$)	Payee address; City; State; Zip Code
	\$154.00	P.O. BOX 650574
		DALLAS, TX 75265-0574
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		cell phone
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	<u> </u>

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	d Payment	The Instruction Guide explains how to co	-	ete this form.	OTHER (ente	er a category not listed above)
1 Total pag	ges Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 3/	/29 Rpt: 7/33	Hardin, Ben (The Honorable)			0003094	9
4 Date		5 Payee name		•		
05/05/20	023	AT&T MOBILITY				
6 Amount (\$208.00	7 Payee address; City; State; Zip Co P.O. BOX 650574 DALLAS, TX 75265-0574	ode			
0 DUDE	2005		(h)			
0	POSE DF DITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(D)	Description Check if travel outs Check if Austin, TX cell phone		omplete Schedule T. ving expense
	e <u>ONLY</u> if direct ure to benefit C/O	Candidate/Officeholder name Office sou H	ıght		Office	held
Date		Payee name				
06/05/20	023	AT&T MOBILITY				
Amount (\$138.00	Payee address; City; State; Zip Co P.O. BOX 650574 DALLAS, TX 75265-0574	ode			
PLIRE	POSE		(h)	Description		
	F	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense				omplete Schedule T. ving expense
	e <u>ONLY</u> if direct ure to benefit C/O	Candidate/Officeholder name Office sou	ıght		Office	held
Date		Payee name				
01/26/20	023	AT&T				
Amount ((\$) \$74.86	Payee address; City; State; Zip Co P.O. Box 650574	ode			
		Dallas, TX 75265-0574				
	POSE DF DITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	Description Check if travel outs Check if Austin, TX netgear wifi		omplete Schedule T. ving expense
	e <u>ONLY</u> if direct ure to benefit C/O	Candidate/Officeholder name Office sou H	ıght		Office	held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

t Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/29 Rpt: 8/33	Hardin, Ben (The Honorable)	00030949
4	Date	5 Payee name	
	02/26/2023	AT&T	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$71.35	P.O. Box 650574	
		Dallas, TX 75265-0574	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	_	vel outside of Texas. Complete Schedule T.
		☐ Check if Aus netgear wif	stin, TX, officeholder living expense
		neigear will	•
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		5.1135 113.13
_	Date	Payee name	
	03/26/2023	AT&T	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$72.43	P.O. Box 650574	
	412.10	1 1.6. Box 33331 1	
		Dallas, TX 75265-0574	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	vel outside of Texas. Complete Schedule T.
	EXPENDITURE	Onice Overhead/Nerital Expense	stin, TX, officeholder living expense
		netgear wif	i
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialitate to belieff of of	'	
	Date	Payee name	
	01/01/2023	Affordable Storage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$173.00	508 E. Main	
		Clute, TX 77531	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overficad/Nertial Expense	vel outside of Texas. Complete Schedule T.
		Storage	stin, TX, officeholder living expense
		Storage	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
l			

SCHEDULE F1

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

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/29 Rpt: 9/33	Hardin, Ben (The Honorable) 00030949
4	Date	5 Payee name
	02/01/2023	Affordable Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$173.00	508 E. Main
		Clute, TX 77531
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
H	<u> </u>	
	Date	Payee name
	03/01/2023	Affordable Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$173.00	508 E. Main
		Clute, TX 77531
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		storage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/01/2023	Affordable Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$173.00	508 E. Main
		Clute, TX 77531
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		storage
L	0 1. 2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
_			
1	Total pages Schedule F1: Sch: 6/29 Rpt: 10/33	2 FILER NAME Hardin, Ben (The Honorable)	3 Filer ID (Ethics Commission Filers) 00030949
4	Date	5 Payee name	
	05/01/2023	Affordable Storage	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$173.00	508 E. Main	
		Clute, TX 77531	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	, , , , , , , , , , , , , , , , , , ,	outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		storage	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiorare to benefit C/O	1	
	Date	Payee name	
	06/01/2023	Affordable Storage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$173.00	508 E. Main	
		Clute, TX 77531	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		storage	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	05/05/2023	BUC-EES #30	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$48.92	10484 HWY. 59	
		WHARTON, TX 77488	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		fuel	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
1	Sch: 7/29 Rpt: 11/33	Hardin, Ben (The Honorable) 00030949	
4	Date	5 Payee name	
	03/21/2023	BUC-EES #30	
6	Amount (\$) \$30.72	7 Payee address; City; State; Zip Code 10484 HWY. 59 WHARTON, TX 77488	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
ľ	OF	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense fuel	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/07/2023	Brazoria County Historical Museum	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	100 East Cedar	
		Angleton, TX 77515	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/09/2023	CHEVRON/SYNCHRONY BANK	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$159.93	PROCESSING CENTER	
		P.O. Box 530950	
		ATLANTA, GA 30353-0950	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.	
		Expense	
		fuel	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Trave
Salaries/Wages/Contract Labor OTHE

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 8/29 Rpt: 12/33	2 FILER NAME Hardin, Ben (The Honorable) 3 Filer ID (Ethics Commission Filers) 00030949
4	Date 02/03/2023	5 Payee name CHEVRON/SYNCHRONY BANK
	Amount (\$) \$37.10	7 Payee address; City; State; Zip Code PROCESSING CENTER P.O. Box 530950 ATLANTA, GA 30353-0950
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fuel
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/06/2023	Payee name CHEVRON/SYNCHRONY BANK
	Amount (\$) \$88.07	Payee address; City; State; Zip Code PROCESSING CENTER P.O. Box 530950 ATLANTA, GA 30353-0950
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fuel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/23/2023	Payee name COSTCO
	Amount (\$) \$66.96	Payee address; City; State; Zip Code 3836 RICHMOND AVE.
		HOUSTON, TX 77027
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense coffee, water
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (pottor a category not listed above)

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/29 Rpt: 13/33 Hardin, Ben (The Honorable) 00030949 4 Date Payee name 01/23/2023 COSTCO 6 Amount (\$) Payee address; City; State; Zip Code \$71.97 3836 RICHMOND AVE. HOUSTON, TX 77027 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense office supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/23/2023 COSTCO Amount (\$) Payee address; City; State; Zip Code \$62.95 3836 RICHMOND AVE. HOUSTON, TX 77027 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense coffee, water Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/23/2023 COSTCO Amount (\$) Payee address: City: State; Zip Code \$46.48 3836 RICHMOND AVE. HOUSTON, TX 77027 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense office supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	Salaries/V	Wages	s/Contract Labor		Travel Out of Dist OTHER (enter a d	trict category not listed above)
1	Total pages Cabadula F1:	12			P-1		_	Filor ID	(Ethics Commission Filers)
1	Total pages Schedule F1:	1					3	Filer ID	(Ethics Commission Filers)
	Sch: 10/29 Rpt: 14/33	$oxed{oxed}$	Hardin, Ben (The Honorable)					00030949	
4	Date	5	Payee name						
	03/23/2023		COSTCO						
6	Amount (\$)	7	Payee address; City;	State; Zip Co	ode				
	\$77.98	1	3836 RICHMOND AVE.						
			HOUSTON, TX 77027						
Ļ		⊢							
8	PURPOSE OF		Category (See Categories listed at the top of		(b)	Description			
	EXPENDITURE		Office Overhead/Rental Expense	:				de of Texas. Comp officeholder living	
						coffee, water	1/,	officeriolaer living	expense
						Jones, water			
_	Complete ONU V if alice	<u></u>	andidata (Office held	Off:	! 4			Off: 1	I.a.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Office sou	ıgnt			Office he	iu
L									
	Date	_	Payee name				_		
	04/05/2023		DISCOUNT TIRE CO. OF TEXA	S					
	Amount (\$)		Payee address; City;	State; Zip Co	ode				
	\$62.25	1	151 BRAZOS MALL						
			LAKE JACKSON, TX 77566						
	PURPOSE	┝	Category (See Categories listed at the top of	f this cobadul-\	(b)	Description			
	OF		Transportation Equipment & Rela		(~)		utsi	de of Texas. Comp	olete Schedule T.
	EXPENDITURE		Expense	atou .		=		officeholder living	
			-			automobile m	ain	tenace	
	Complete ONLY if direct		andidate/Officeholder name	Office sou	ıght			Office he	ld
	expenditure to benefit C/OI	Н							
H	Date	Г	Payee name						
	01/05/2023		Payee name EZ Tag						
		_	-						
	Amount (\$)	1	Payee address; City;	State; Zip Co	ode				
	\$40.00		2901 West Sam Houston Pkwy.						
		1							
			Houston, TX 77043						
	PURPOSE	(a)	Category (See Categories listed at the top of	f this schedule)	(b)	Description			
	OF EXPENDITURE		Transportation Equipment & Rela				utsi	de of Texas. Comp	olete Schedule T.
	EXPENDITURE		Expense			ш	TX,	officeholder living	expense
						tolls			
					L				
	Complete ONLY if direct		andidate/Officeholder name	Office sou	ıght			Office he	ld
	expenditure to benefit C/O	Н							

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/29 Rpt: 15/33	Hardin, Ben (The Honorable) 00030949
4	Date	5 Payee name
L	02/05/2023	EZ Tag
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	2901 West Sam Houston Pkwy.
		Houston, TX 77043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense tolls
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	03/05/2023	EZ Tag
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	
	Φ40.00	2901 West Sam Houston Pkwy.
		Houston, TX 77043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/05/2023	EZ Tag
H	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	2901 West Sam Houston Pkwy.
	Ψ40.00	2301 West Sum Houston Fkwy.
		Houston, TV 77042
L		Houston, TX 77043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		tolls
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al 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: Sch: 12/29 Rpt: 16/33	2 FILER NAME Hardin, Ben (The Honorable) 3 Filer ID (Ethics Commission Filers) 00030949	
4	Date	5 Payee name	_
•	06/05/2023	EZ Tag	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$40.00	2901 West Sam Houston Pkwy.	
		Houston, TX 77043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Transportation Equipment & Related	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
		tolls	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiulture to beliefit C/Oi		
	Date	Payee name	
	02/12/2023	ExxonMobil	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$46.30	P.O. BOX 9767	
		MACON, GA 31297-9767	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense	
		Expense Check if Austin, TX, officeholder living expense fuel	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
H	Date	Payee name	_
	04/12/2023	ExxonMobil	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$102.97	P.O. BOX 9767	
	Ψ102.31	1.0. BOX 3707	
		MACON, GA 31297-9767	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Transportation Equipment & Related	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
		fuel	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	onponditure to beliefft 6/01		

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee Le	ift/Awards/Memorials egal Services he Instruction Gu	·		ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers	3)
-	Sch: 13/29 Rpt: 17/33			The Honorable))					00030949	(Eulies Commission Filers	,,
4	Date	5	Payee name									
	05/19/2023		ExxonMobil									
6	Amount (\$) \$66.00	7	Payee address P.O. BOX 97	67	State;	Zip Coo	de					
			MACON, GA									
8	PURPOSE OF	(a)		Categories listed at th		edule)	(b)	Description				
	EXPENDITURE		•	n Equipment &	Related			=		de of Texas. Com		
			Expense					fuel	, 1,	officeholder living	rexpense	
								luci				
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Office	holder name	0	ffice souç	ght			Office he	eld	
	Date		Payee name									
	06/12/2023		ExxonMobil									
	Amount (\$)		Payee address	; City;	State;	Zip Cod	de					
	\$166.68		P.O. BOX 97	67								
			MACON, GA									
	PURPOSE OF	(a)		Categories listed at th		edule)	(b)	Description				
	EXPENDITURE		Transportatio Expense	n Equipment &	Related			=		de of Texas. Com officeholder living		
			Expense					fuel	, .,.,	omoonoidoi mung	, oxponed	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	holder name	0	ffice souç	ght			Office he	eld	
	Date		Payee name									
	01/12/2023		ExxonMobil									
	Amount (\$)		Payee address	; City;	State;	Zip Cod	de					
	\$89.30		P.O. BOX 97	67								
			MACON, GA	31297-9767								
	PURPOSE OF	(a)		Categories listed at th		edule)	(b)	Description				
	EXPENDITURE			n Equipment &	Related			=		de of Texas. Com		
			Expense					fuel Check if Austin	, IX,	officeholder living	expense	
								IUCI				
	Complete ONLY if direct	<u> </u>	Candidate/Office	holder name		ffice soug	thr			Office he	ald	
	expenditure to benefit C/OI		Sandidate/Office	HOIUCI HAIHE	O	mee souf	JIIL			Office He	Jiu	

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/29 Rpt: 18/33	Hardin, Ben (The Honorable) 00030949
4	Date	5 Payee name
	03/12/2023	ExxonMobil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.41	P.O. BOX 9767
		MACON, GA 31297-9767
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_		
	Date	Payee name
	04/03/2023	Farm House Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.00	225 Avenue G
		Bay City, TX 77414
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense staff lunch
		Stan functi
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L	<u> </u>	
	Date	Payee name
	04/10/2023	Farm House Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.36	225 Avenue G
		Bay City, TX 77414
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense staff lunch
		Stall fuller
	Operation ONLY if all part	Our distance (Office health an agree Office health
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/29 Rpt: 19/33	Hardin, Ben (The Honorable) 00030949
4	Date	5 Payee name
	01/11/2023	HEB - Wharton
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$44.56	1616 N. Alabama
		Wharton, TX 77488
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense fuel
		iuci
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	02/27/2023	HEB - Wharton
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.60	1616 N. Alabama
		Wharton, TX 77488
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense fuel
		iuci
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	03/03/2023	HEB - Wharton
	Amount (\$) \$40.08	Payee address; City; State; Zip Code 1616 N. Alabama
	Φ40.00	1010 N. Alabama
		Wharton, TX 77488
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Fxpense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 16/29 Rpt: 20/33	Hardin, Ben (The Honorable)
4	Date	5 Payee name
	03/20/2023	HEB - Wharton
6	Amount (\$) \$135.51	7 Payee address; City; State; Zip Code 1616 N. Alabama
	Ф135.51	1010 N. Alabama
		Wharton, TX 77488
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		coffee, water, snacks for office
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/27/2023	HEB - Wharton
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.68	1616 N. Alabama
		Wharton, TX 77488
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense fuel
		idei
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/06/2023	HEB - Wharton
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.78	1616 N. Alabama
		Wharton, TX 77488
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		fuel
_	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 17/29 Rpt: 21/33	Hardin, Ben (The Honorable) 00030949
4	Date	5 Payee name
	01/05/2023	HONEY BAKED HAM
6	Amount (\$) \$145.79	7 Payee address; City; State; Zip Code 201 W. HWY. 35 LAKE JACKSON, TX 77566
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/05/2023	Holiday Inn Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.86	10247 Highway 59
		Wharton, TX 77488
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Trial
		ma
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	01/05/2023	Houston Chronicle
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.95	801 Texas St.
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		newspaper subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/29 Rpt: 22/33	Hardin, Ben (The Honorable) 00030949
4	Date	5 Payee name
	02/05/2023	Houston Chronicle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$66.95	801 Texas St.
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense newspaper subscription
		newspaper subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	David and the second se
	03/05/2023	Payee name Houston Chronicle
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.95	801 Texas St.
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense newspaper subscription
		newspaper subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	04/05/2023	Houston Chronicle
	Amount (\$)	
	\$60.00	Payee address; City; State; Zip Code 801 Texas St.
	Φ00.00	out texas st.
		H
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		newspaper subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/29 Rpt: 23/33	Hardin, Ben (The Honorable) 00030949
4	Date	5 Payee name
	06/05/2023	Houston Chronicle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	801 Texas St.
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense newspaper subscription
		newspaper subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Payee name
	01/03/2023	Loves Travel Stop
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$) \$48.25	Payee address; City; State; Zip Code
	\$48.25	19477 FM 523
		Angleton, TX 77515
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense fuel
		idei
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	03/02/2023	MUSEUM OF FINE ARTS
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1001 BISSONNET ST.
	φ200.00	1001 BISSONNET ST.
		HOUGTON TV 7700F
		HOUSTON, TX 77005
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
1		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/29 Rpt: 24/33	Hardin, Ben (The Honorable) 00030949
4	Date	5 Payee name
	02/07/2023	Murphy's Wal Mart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.77	4608 7th Street
		Bay City, TX 77414
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/05/2023	New York Times
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.20	75 Varick Street
		New York, TX 10013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		newspaper subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davida nama
	02/05/2023	Payee name New York Times
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.12	75 Varick Street
	Ψ01.12	73 Valler Street
		New York, TX 10013
	PURPOSE	La.
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		newspaper subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	oxperialitate to beliefit G/OI	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/29 Rpt: 25/33	Hardin, Ben (The Honorable) 00030949
4	Date	5 Payee name
	03/05/2023	New York Times
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.68	75 Varick Street
		New York, TX 10013
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		newspaper subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/05/2023	New York Times
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.68	75 Varick Street
		New York, TX 10013
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		newspaper subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	05/05/2023	New York Times
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.96	75 Varick Street
		New York, TX 10013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Newspaper subscription
		Newspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 22/29 Rpt: 26/33	Hardin, Ben (The Honorable) 00030949
4	Date	5 Payee name
	05/05/2023	New York Times
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.68	75 Varick Street
		New York, TX 10013
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		newspaper subscription
_	0 1: 0.11.7.7.1.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/05/2023	OfficeMax
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.02	206 EAST HIGHWAY 332
		LAKE JACKSON, TX 77566
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<u> </u>	
	Date	Payee name
	01/23/2023	Progressive Co. Mutual Insurance Co.
	Amount (\$)	Payee address; City; State; Zip Code
	\$449.00	125 S. Parking Place
		Lake Jackson, TX 77566
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Automobile insurance
		Automobile insurance
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1 Total pages Schedule F1:									
Sch: 23/29 Rpt: 27/33	Hardin, Ben (The Honorable) 00030949								
4 Date	5 Payee name								
01/23/2023	Progressive Co. Mutual Insurance Co.								
6 Amount (\$) \$449.00	7 Payee address; City; State; Zip Code								
Ψ443.00	125 S. Parking Place								
	Lake Jackson, TX 77566								
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
EXPENDITURE	Transportation Equipment & Related								
	Expense								
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held								
Date	Payee name								
01/05/2023	STERLING McCALL LEXUS								
Amount (\$)	Payee address; City; State; Zip Code								
\$187.65	10025 SOUTHWEST FRWY.								
	HOUSTON, TX 77074								
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense								
	Expense La Check if Austin, TX, officeholder living expense automobile maintenance								
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held								
Date	Payee name								
03/05/2023	STERLING McCALL LEXUS								
Amount (\$)	Payee address; City; State; Zip Code								
\$1,929.00	10025 SOUTHWEST FRWY.								
	HOUSTON, TX 77074								
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.								
-	Expense								
	automobile manitenance								
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/O	1								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 24/29 Rpt: 28/33	Hardin, Ben (The Honorable) 00030949						
4	Date	5 Payee name						
	06/05/2023	STERLING McCALL LEXUS						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$15.22	10025 SOUTHWEST FRWY.						
		HOUSTON, TX 77074						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.						
		Expense Check if Austin, TX, officeholder living expense automobile maintenance						
		automobile maintenance						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
⊨	Date	Davisa nama						
	06/05/2023	Payee name STERLING McCALL LEXUS						
L								
	Amount (\$)	Payee address; City; State; Zip Code						
	\$229.00	10025 SOUTHWEST FRWY.						
		HOUSTON, TX 77074						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE		Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.						
		Expense						
		automobile maintenance						
⊢	Complete ONLY if direct	<u>DNLY</u> if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
⊨	Date	Davida marea						
	06/05/2023	Payee name STERLING McCALL LEXUS						
L								
	Amount (\$)	Payee address; City; State; Zip Code						
\$25.50 10025 SOUTHWEST FRWY.								
		HOUSTON, TX 77074						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.						
		Expense						
		automobile maintenance						
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·						
\vdash								

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1 Total pages Schedule F1:							
Sch: 25/29 Rpt: 29/33	Hardin, Ben (The Honorable) 00030949						
4 Date	5 Payee name						
04/05/2023	Saltgrass Steak House						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$52.22	19720 Southwest Frwy.						
Ψ02.22	20120 Countries in the second						
	Sugarland, TX 77479						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Food/Beverage Expense						
EAFEINDITURE	Check if Austin, TX, officeholder living expense						
	meeting						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI	1						
Date	Payee name						
02/24/2023	Shell						
Amount (\$)	Payee address; City; State; Zip Code						
\$159.76	Processing Center						
	Des Moines, IA 50350-0001						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE	Expense Check if Austin, TX, officeholder living expense						
	fuel						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OI	1						
Date	Payros namo						
	Payee name						
03/24/2023	Shell						
Amount (\$)	Payee address; City; State; Zip Code						
\$152.29	Processing Center						
Des Moines, IA 50350-0001							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE	Expense Check if Austin, TX, officeholder living expense						
	fuel						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI							

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 26/29 Rpt: 30/33	Hardin, Ben (The Honorable) 00030949							
4	Date	5 Payee name							
	04/24/2023	Shell							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$40.29	Processing Center							
		Des Moines, IA 50350-0001							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.							
		Expense Check if Austin, TX, officeholder living expense fuel							
		idei							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
9	expenditure to benefit C/O								
_									
	Date	Payee name							
	05/24/2023	Shell							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$96.06	Processing Center							
		Des Moines, IA 50350-0001							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE		Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.							
		Expense Check if Austin, TX, officeholder living expense fuel							
		idei							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
	Data	Paras mana							
	Date 06/24/2023	Payee name Shell							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$598.81	Processing Center							
		Des Moines, IA 50350-0001							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.							
		Expense Check if Austin, TX, officeholder living expense fuel							
		iuci							
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
_									

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 27/29 Rpt: 31/33	Hardin, Ben (The Honorable) 00030949							
4	Date	5 Payee name							
	01/24/2023	Shell							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$267.98	Processing Center							
		Des Moines, IA 50350-0001							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense							
		Expense Check if Austin, TX, officeholder living expense fuel							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
	Date	Payee name							
	04/05/2023	Total Wine and More							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$302.04	2617 W. Holcombe							
		Houston, TX 77030							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITORE	Check if Austin, TX, officeholder living expense							
		beverages for reception							
	Complete ONLY if direct	omplete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/Ol								
	Date	Davies same							
	06/14/2023	Payee name USPS							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$113.00	210 Oak Drive South							
	Ψ113.00	210 Oak Drive South							
		Lake Jackson, TX 77566							
	PURPOSE	To a second seco							
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Post Office Box rental							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	oxperialitate to betterit 6/01	·							

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

nent Solicitation/Fundraising Expense
nse Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 28/29 Rpt: 32/33	Hardin, Ben (The Honorable) 00030949							
4	Date	5 Payee name							
	06/03/2023	Valero/DSRM National Bank							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$37.72	P.O. Box 300							
		Amarillo, TX 79105-0300							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense							
		Expense							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
F	Date	Payee name							
	02/05/2023	Vallarta Mexican Grill							
Г	Amount (\$)	Payee address; City; State; Zip Code							
	\$71.17	4701 7th Street							
		Bay City, TX 77414							
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense staff lunch							
		Guar ransm							
┝	Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OH								
F	Date	Payee name							
	04/05/2023	Vallarta Mexican Grill							
Г	Amount (\$)	Payee address; City; State; Zip Code							
	\$57.30	4701 7th Street							
		Bay City, TX 77414							
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense staff lunch							
		Stati Idilon							
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
ı									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions Donations Made By Candidate/Officeholder/Politica	/ - al Co	mmittee	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense e Legal Services Printing Expense Salaries/Wages/Contract Labor				Travel in District Travel Out of District OTHER (enter a category not listed above)			
l	Credit Card Payment			The Instruction Guid	le explains l	how to comp	olete this form.				
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission File	rs)
l	Sch: 29/29 Rpt: 33/33		Hardin, Bei	n (The Honorable)					00030949		
┰	Date	5	Payee name								
	05/05/2023	ľ	Victoria's C								
Ļ		Ļ			01-1	7:- 01-					
l۴	Amount (\$)	'	Payee addre		State;	Zip Code	1				
l	\$93.95		367 Avenu	e E							
l											
			Van Vleck,	TX 77482							
8	PURPOSE	(a)	Category (S	See Categories listed at the	top of this sche	edule) (b) Description				
l	OF							l outs	side of Texas. Co	nplete Schedule T.	
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff meal									
l							staff meal				
9	Complete ONLY if direct		Candidate/Off	ficeholder name	С	Office sough	t		Office h	eld	
	expenditure to benefit C/OI	Н									