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 27 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Ben NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** Hardin CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Ben NAME NICKNAME LAST **SUFFIX** Hardin **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (979) 549-8625 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge (Multi-county) District 23 Matagorda

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GO TO PAGE 2
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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 27

13 C / OH NAME	Hardin, Ben (The Ho	norable)	14 Filer ID 00030949	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	committees to support the ceholder's knowledge or otice of such expenditures.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME	<u> </u>			
		COMMITTEE CAMPAIGN TREASURER ADDR	PESS			
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00		
		TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$ 0.00				
	\$ 14,390.90					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 9,191.10		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	AS OF THE LAST DAY	\$ 28,000.00		
17 AFFIDAVIT						
		I swear, or affirm, under pen true and correct and include under Title 15, Election Code	s all information required			
		The	Honorable Ben Hardin	1		
		Signature	of Candidate or Officeho	older		
AFFIX NOT	TARY STAMP / SEAL AB	OVE				
Sworn to and subsc	ribed before me, by the s	aid	, this the	day		
		ertify which, witness my hand and seal of office.				
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	er administering oath		

FORM JC/OH **SUBTOTALS - JC/OH COVER SHEET PG 3**

18 FILER NAME	<u> </u>	19 Filer ID	(Ethics Commission Filers)					
Hardin, Ben	(The Honorable)	00030949						
20 SCHEDULE S	SUBTOTALS		CURTOTAL AMOUNT					
NAME OF SC	SUBTOTAL AMOUNT							
1.	\$							
2. 📗 5	\$							
3. 📗 S	3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)							
4. 🔲 S	SCHEDULE E(J): LOANS (JUDICIAL)		\$					
5. X S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 14,390.90					
6. 🔲 5	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7. 📗 5	\$							
8. 📗 S	\$							
9. 📗 S	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	DNS	\$					
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$					

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 1/23 Rpt: 4/27	2 FILER NAME Hardin, Ben (The Honorable) 3 Filer ID (Ethics Commission Filers) 00030949
4	Date	5 Payee name
	03/06/2024	AAA AMERICAN AUTOMOBILE ASSOCIATION
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$229.00	941 MacARTHUR PARK DR., STE. 100
		IRVING, TX 75063
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		AAA membership
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/24/2024	AT&T MOBILITY
	Amount (\$)	Payee address; City; State; Zip Code
	\$198.00	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
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		cell phone
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
H	Date	Payee name
		AT&T MOBILITY
	02/14/2024	AT&T MOBILITY
	Amount (\$)	Payee address; City; State; Zip Code
	\$198.00	P.O. BOX 650574
		DALLAS, TX 75265-0574
	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
		cell phone
	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

Fees Office Overhead/fr
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/C

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 2/23 Rpt: 5/27	Hardin, Ben (The Honorable) 00030949
4	Date	5 Payee name
	03/14/2024	AT&T MOBILITY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$198.00	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	
		Payee name
	04/14/2024	AT&T MOBILITY
	Amount (\$)	Payee address; City; State; Zip Code
	\$198.00	P.O. BOX 650574
		DALLAS, TX 75265-0574
	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 cell phone
		Con phone
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	05/14/2024	AT&T MOBILITY
	Amount (\$)	Payee address; City; State; Zip Code
	\$198.00	P.O. BOX 650574
	Ψ130.00	1.0. BOX 030374
		DALLAS TV 75265 0574
	DUDDOOT.	DALLAS, TX 75265-0574
	PURPOSE 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	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		cell phone
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
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1		
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

	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: 3/23 Rpt: 6/27	Hardin, Ben (The Honorable) 00030949
4	Date	5 Payee name
L	06/14/2024	AT&T MOBILITY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$198.00	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
		Con phone
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/11/2024	Affairs to Remember
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$401.25	1024 Oleander
		Lake Jackson, TX 77566
	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 Jury and staff lunch
		outy and stail failth
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/16/2024	Affairs to Remember
	Amount (\$)	Payee address; City; State; Zip Code
	\$521.85	1024 Oleander
		Lake Jackson, TX 77566
	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 Jury and staff lunch
		July and stail fuller
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking 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/Political Con Credit Card Payment		I Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)	
	Sch: 4/23 Rpt: 7/27	Hardin, Be	n (The Honorable)					00030949		
4	Date	5 Payee name								
L	01/01/2024	Affordable	Affordable Storage							
6	Amount (\$)	7 Payee addr		State; Zip C	ode					
	\$173.00	508 E. Mai	'n							
		Clute, TX	77531							
8	PURPOSE	(a) Category (See Categories listed at the to	pp of this schedule)	(b)	Description				
	OF EXPENDITURE		rhead/Rental Expen			=			plete Schedule T.	
	-					Storage	, TX,	officeholder living	g expense	
						J.O. ago				
9	Complete ONLY if direct	L Candidate/Of	ficeholder name	Office so	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI				J					
	Date	Payee name								
	02/01/2024	Affordable								
	Amount (\$)	Payee addr		State; Zip C	ode					
	\$173.00	508 E. Mai	n							
		Clute, TX	77531							
	PURPOSE		See Categories listed at the to	on of this schodulo)	(b)	Description				
	OF EXPENDITURE		rhead/Rental Expen		'	_	outsi	de of Texas. Com	plete Schedule T.	
	LAFENDITUKÉ		·			—	, TX,	officeholder living	g expense	
						Storage				
_	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	llapt			Office he	ald	
	expenditure to benefit C/OI		ncentiuei name	Office S0	ugni			Office He	siu	
_	Data	D								
	Date 03/01/2024	Payee name Affordable								
				Ctoto: 7:- C	od-					
	Amount (\$) \$173.00	Payee addr 508 E. Mai		State; Zip C	oae					
	Φ1/3.00	JUO E. Mai	111							
		Clute, TX	77531							
	PURPOSE		See Categories listed at the to		(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Expen	ise		\blacksquare		de of Texas. Com officeholder living	plete Schedule T.	
						Storage	, , ,,	omocnoider iiviiilig	y experise	
						J				
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/O	H			-					

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 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 Filer	s)						
	Sch: 5/23 Rpt: 8/27	Hardin, Ben (The Honorable) 00030949							
4	Date	5 Payee name							
	04/01/2024	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							
	EXPENDITORE	Check if Austin, TX, officeholder living expense							
		Storage							
_	Operation ONE V & discont	Out if the ACC in a half and a second to the Company of the Acc in a second to the Company of the Acc in a second to the Company of the Acc in a second to the Company of the Acc in a second to the Company of the Acc in a second to the Company of the Acc in a second to the Company of the Acc in a second to the Company of the Acc in a second to the Company of the Acc in a second to the Company of the Acc in a second to the Company of the Acc in a second to the Company of the Acc in a second to the Company of the Acc in a second to the Company of the Acc in a second to the Company of the Acc in a second to the Company of the Acc in a second to the Company of the Acc in a second to the Company of the Acc in a second to the Company of the Acc in a second to the Acc in a secon							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H							
	Date	Payee name							
	05/01/2024	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	Н							
	Date	Payee name							
	06/01/2024	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							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Storage							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H							

SCHEDULE F1

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

Eveni Expense Loan Repa Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Ex Lenal Services Salaries/W

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 6/23 Rpt: 9/27	Hardin, Ben (The Honorable)
4	Date	5 Payee name
	05/19/2024	Arrington, Hunter
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	1700 7th St.
		Bay City, TX 77414
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Donation to Project Graduation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiorare to benefit C/OI	1
	Date	Payee name
	01/04/2024	B.B. Italia
	Amount (\$)	Payee address; City; State; Zip Code
	\$133.88	16250 City Walk
		Sugarland, TX 77479
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		staff lunch
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/23/2024	Bay City Girls Softball
-	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P.O. Box 412
	φ100.00	1 .0. 000 412
		Bay City, TX 77414
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFLINDITORE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- Farmana to bonont of of	

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
_	Sch: 7/23 Rpt: 10/27	Hardin, Ben (The Honorable) 3 Filer ID (Eurics Commission Filers)
4	Date	5 Payee name
	03/07/2024	Brazoria County Historical Museum
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 100 East Cedar
	,	
		Angleton, TX 77515
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
		Bonadon
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	01/09/2024	CHEVRON/SYNCHRONY BANK
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.65	PROCESSING CENTER
		P.O. Box 530950
		ATLANTA, GA 30353-0950
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/06/2024	CHEVRON/SYNCHRONY BANK
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.17	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 And Related Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	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

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Exp Salaries/Wa	head/Renta ense pense ages/Contra	act Labor		Travel in District Travel Out of Distri	ipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 8/23 Rpt: 11/27		Hardin, Ben (The Honorable)					00030949	
4	Date	5	Payee name						
	04/09/2024	ı	CHEVRON/SYNCHRONY BANK						
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Cod	le				
	\$93.81		PROCESSING CENTER						
			P.O. Box 530950						
			ATLANTA, GA 30353-0950						
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b) Des	cription			
	OF EXPENDITURE		Transportation Equipment And Relate		_	•	outsi	de of Texas. Comple	ete Schedule T.
	EXPENDITORE		Expense				TX,	officeholder living e	xpense
					Fue	l			
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9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office soug	nt			Office held	1
	Date		Payee name						
	05/09/2024		CHEVRON/SYNCHRONY BANK						
	Amount (\$)		Payee address; City; Stat	e; Zip Cod	le				
	\$147.15		PROCESSING CENTER						
			P.O. Box 530950						
			ATLANTA, GA 30353-0950						
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b) Des	cription			
	OF EXPENDITURE		Transportation Equipment And Relate	I				de of Texas. Comple	
			Expense Check if Austin, TX, officeholder living expense Fuel						xpense
					rue	ı			
_	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office soug	ht			Office held	1
	expenditure to benefit C/O		oundate, officerolder flame	Omec soug	,,,,,			Office field	•
_	Date		Payee name						
	06/09/2024	ı	CHEVRON/SYNCHRONY BANK						
	Amount (\$)	_		e; Zip Coo	lo.				
	\$229.17	ı	PROCESSING CENTER	e, 2ip Coc	ic				
	ΨΖΖ3.11	l	P.O. Box 530950						
		l							
			ATLANTA, GA 30353-0950						
	PURPOSE OF		Category (See Categories listed at the top of this s		(b) Des	•	nuto:	de of Texas. Comple	ata Schadula T
	EXPENDITURE		Transportation Equipment And Relate Expense	ed				officeholder living e	
					Fue		,	3 -	
	Complete ONLY if direct		Candidate/Officeholder name	Office soug	ht			Office held	d
	expenditure to benefit C/O	H							
	rms provided by Tayas E	+hio	s Commission www.athics	ototo tv u				\/	arsion V// 1 0 d278aha0

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor	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: Sch: 9/23 Rpt: 12/27	2 FILER NAME Hardin, Ben (The Honorable)	3 Filer ID (Ethics Commission Filers) 00030949
4	Date 02/23/2024	5 Payee name COSTCO	
6	Amount (\$) \$199.26	7 Payee address; City; State; Zip Code 3836 RICHMOND AVE. HOUSTON, TX 77027	
8	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense es - Batteries, Kleenex, Napkins
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 02/28/2024	Payee name COSTCO	
	Amount (\$) \$214.27	Payee address; City; State; Zip Code 3836 RICHMOND AVE. HOUSTON, TX 77027	
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense es - Coffee, water, paper towels
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 04/23/2024	Payee name COSTCO	
	Amount (\$) \$123.95	Payee address; City; State; Zip Code 3836 RICHMOND AVE. HOUSTON, TX 77027	
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense Snacks for office
	Complete ONLY 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 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/Political Committee Credit Card Payment		Gift// e Lega	//Beverage Expense Awards/Memorials Exp I Services Instruction Guide			xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)		
1	Total pages Schedule F1:	2 FILE	ER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 10/23 Rpt: 13/27	Har	din, Ben (Tl	ne Honorable)						00030949		
4	Date	5 Paye	ee name									
	03/13/2024	cos	STCO									
6	Amount (\$)	7 Paye	ee address;	City;	State;	Zip Co	ode					
	\$75.96	383	6 RICHMO	ND AVE.								
		ноі	USTON, TX	77027								
8	PURPOSE	(a) Cate	egory (See Ca	tegories listed at the to	on of this sche	edule)	(b)	Description				
	OF EXPENDITURE			d/Rental Exper		,		`	outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITORE							ш		officeholder living	g expense	
								office supplies	S			
_	Complete ONLY 's direct	Carrel	idata/Office !-	older name		effice carr	abt			Office	74	
9	Complete ONLY if direct expenditure to benefit C/OI		idate/Officeho	лиег патте		ffice sou	ığılı			Office he	eiu	
	Date	Paye	ee name					_				
	04/30/2024	COS	STCO									
	Amount (\$)	Paye	ee address;	City;	State;	Zip Co	de					
	\$185.33	383	6 RICHMO	ND AVE.								
		ноі	USTON, TX	77027								
	PURPOSE	(a) Cate	egory (See Ca	tegories listed at the to	op of this sche	edule)	(b)	Description				
	OF EXPENDITURE			d/Rental Exper				ш			plete Schedule T.	
	EM EMBITORE							_		officeholder living		
								Coffee, water	, sr	IACKS IOI OII	ICE	
	Complete ONLY if direct	Candi	idato/Office b	oldor nama		effice co	ah+			Office he	old.	
	Complete ONLY if direct expenditure to benefit C/OH		idate/Officeh	nuer name	O	ffice sou	ynı			Office ne	eiu	
_												_
	Date	1	ee name	2000#								
	03/28/2024		gar Youth S									
	Amount (\$)		ee address;	City;	State;	Zip Co	de					
	\$50.00	170	0 7th Street	•								
		Bay	City, TX 77	'414								
	PURPOSE OF			tegories listed at the to		edule)	(b)	Description				
	EXPENDITURE			onations Made		ittoo		ш		de of Texas. Com officeholder living	plete Schedule T.	
		Can	iuiuale/Offic	eholder/Politic	ai Cuillini	แยย		Donation	, , ,	omeenoude manif	y expense	
	Complete ONLY if direct	<u> </u>	idate/Officeh	older name	0	ffice sou	<u>l</u> ight			Office he	eld	
	expenditure to benefit C/OI						-					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awa Legal Se	rds/Memorials E rvices	Expense		g Expenses/Wages	se s/Contract Labor		Travel Out of DOTHER (enter		ot listed above)	
	Credit Card F dyment			The In	struction Gui	de explains	how to	comple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME	:						3	Filer ID	(Ethics (Commission Filers)	
	Sch: 11/23 Rpt: 14/27		Hardin, Ben	(The	Honorable)					00030949			
4	Date	5	Payee name											
	01/18/2024		Crisis Cente	er										
6	Amount (\$)	7	Payee addres	ss;	City;	State	; Zip	Code						
	\$100.00		3010 6th St	reet										
			Bay City, TX	K 7741	.4									
8	PURPOSE	(a)	Category (Se	ee Catego	ories listed at the	e top of this sch	edule)	(b)	Description					_
	OF EXPENDITURE		Contribution						Check if trave	el outs	ide of Texas. Co	mplete Sched	dule T.	
	EXI ENDITORE		Candidate/C	Officeh	older/Politi	ical Comm	ittee		ш.	tin, TX	, officeholder livii	ng expense		
									Donation					
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	cehold	er name	(Office s	ought			Office I	neld		
	Date		Payee name											=
	02/12/2024		ExxonMobil											
	Amount (\$)	H	Payee addres	SS:	City;	State	; Zip	Code						-
	\$51.08		P.O. BOX 9				, —,							
	Ψ01.00		1.0. BOX 3	,,,,,										
			MACON, G	A 3129	97-9767									
	PURPOSE	(a)	Category (Se	ee Catego	ories listed at the	e top of this sch	iedule)	(b)	Description					-
	OF EXPENDITURE		Transportati						_	el outs	ide of Texas. Co	mplete Sched	dule T.	
	EXPENDITURE	Expense							tin, TX	, officeholder livi	ng expense			
									Fuel					
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	cehold	er name	(Office s	ought			Office h	neld		
	Date	Π	Payee name											=
	03/12/2024		ExxonMobil											
		H			City:	Ctata	· Zin	Codo						_
	Amount (\$)		Payee addres	-	City;	State	; Zip	Code						
	\$27.35		P.O. BOX 9	9/6/										
			MACON, G	A 3129	97-9767			_						
	PURPOSE	(a)	Category (Se	ee Catego	ories listed at the	e top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Transportati	ion Eq	uipment A	nd Related	t				ide of Texas. Co	•	dule T.	
			Expense						_	tin, TX	, officeholder livi	ng expense		
									Fuel					
														_
	Complete ONLY if direct		Candidate/Offic	cehold	er name	(Office s	ought			Office h	neld		
	expenditure to benefit C/O	П												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 12/23 Rpt: 15/27	Hardin, Ben (The Honorable) 00030949
4	Date	5 Payee name
	05/12/2024	ExxonMobil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.14	P.O. BOX 9767
L		MACON, GA 31297-9767
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Fxpense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨	Date	Dayso nama
	06/12/2024	Payee name ExxonMobil
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.31	P.O. BOX 9767
		MACON, GA 31297-9767
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. 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	
H	Date	Payee name
	05/07/2024	Farmhouse Cafe
	Amount (\$) \$113.66	Payee address; City; State; Zip Code 2125 Avenue G
	Φ113.00	2125 Avenue G
		Bay City, TX 77414
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		staff lunch
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

	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: 13/23 Rpt: 16/27	Hardin, Ben (The Honorable) 00030949
4	Date	5 Payee name
L	01/05/2024	Holiday Inn Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$394.97	10247 Highway 59
		Wharton, TX 77488
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		criminal trial Wharton
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/01/2024	Holiday Inn Express
H	Amount (\$)	Payee address; City; State; Zip Code
	\$457.96	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
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/07/2024	Intuit Turbotax
	Amount (\$)	Payee address; City; State; Zip Code
	\$308.14	2800 Commerce St.
		Tucson, AZ 85706
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Tax software Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Tax software
		Tax Sullware
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	Il 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: 14/23 Rpt: 17/27	Hardin, Ben (The Honorable) 00030949
4	Date	5 Payee name
	05/06/2024	Le Colonial Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$204.10	4444 Westheimer Road
		Houston, TX 77027
8	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 turion
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
	03/06/2024	MUSEUM OF FINE ARTS
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1001 BISSONNET ST.
		HOUSTON, TX 77005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	<u> </u>	
	Date	Payee name
	04/08/2024	Milam Donuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.62	1103 E. Milam
		Wharton, TX 77488
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donuts for jurors
		Donats for juriors
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊢		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 15/23 Rpt: 18/27	Hardin, Ben (The Honorable) 00030949
4	Date	5 Payee name
	01/13/2024	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 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
١	expenditure to benefit C/O	
_	Date	Payee name
	02/13/2024	New York Times
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.68	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 Austin, TX, officeholder living expense
		Newspaper subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 03/13/2024	Payee name
		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
		ινεννοραρεί ομοσεπριίστι
_	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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
1		
	Sch: 16/23 Rpt: 19/27	Hardin, Ben (The Honorable) 00030949
4	Date	5 Payee name
	04/13/2024	New York Times
6	Amount (\$)	7 Payee address; City; State; Zip Code
١	\$76.68	75 Varick Street
	Ψ10.00	10 Vallot Guodi
L		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
	TVI FIADITORE	Check if Austin, TX, officeholder living expense
		Newspaper subscription
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	05/13/2024	New York Times
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.68	75 Varick Street
		New York, TX 10013
\vdash	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
		Newspaper subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Data	
	Date	Payee name
	06/13/2024	New York Times
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.68	75 Varick Street
		New York, TX 10013
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Office Overhead/Pental Expense
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Newspaper subscription
		rewspaper subscription
	Complete ONU V if alice	Condidate/Officeholder come
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Oracide to borioni O/OI	

SCHEDULE F1

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

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

1. Total pages Scheduler F. Sch: 17723 Rpt: 20/27 4. Date Od/04/2024 5. Page and ress; City: State; Zip Code Office Supplies 5. Page and ress; City: State; Zip Code Office Supplies 6. Amount (\$) 7. Pages address; City: State; Zip Code Office Supplies 7. Pages and ress; City: State; Zip Code Office Supplies 8. PURPOSE Office Overhead/Rental Expense 9. Complete ONLY if direct expenditure to benefit CiOH Date Overhead/Rental Expense 9. Complete ONLY if direct Office Supplies 9. Pages and ress; City: State; Zip Code Office Supplies 9. Pages and ress; City: State; Zip Code Office Supplies 9. Pages and ress; City: State; Zip Code Office Supplies 9. Pages and ress; City: State; Zip Code Office Supplies 9. Pages and ress; City: State; Zip Code Office Supplies 9. Pages and ress; City: State; Zip Code Office Supplies 9. Complete ONLY if direct expenditure to benefit CiOH Complete ONLY if direct expenditure to benefit CiOH Complete ONLY if direct expenditure to benefit CiOH Date Office Supplies 1. Candidate/Officeholder name Office Sought Office Sought Office held Office Press Compres Schedule T. Candidate/Officeholder name Office Sought Office held Amount (\$) Page address; City: State; Zip Code Office Sought Office held Amount (\$) Page address: City: State; Zip Code Office Sought Office held Amount (\$) Page address; City: State; Zip Code Office held Office Sought Office held Office he	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.
4 Date O4/04/2024 5 Payee name OFFICE MAX #442 6 Amount (\$) 7 Payee address: City: State: Zip Code \$52.26 8 PURPOSE OF EXPENDITURE (a) Category: Gee Categories listed at the top of this schedule) Office Overhead/Rental Expense 9 Complete ONLY if direct expenditure to benefit C/OH Date O2/02/2024 PP Changes PP Changes \$51.68 \$51.68 QCategory: Gee Categories listed at the top of this schedule) Office Sought Office Sought Office held Date O2/02/2024 PP Changes Specially direct expenditure to benefit C/OH Complete ONLY if direct expense listed at the top of this schedule) Complete ONLY if direct expense listed at the top of this schedule) Complete ONLY if direct expense listed at the top of this schedule) Complete ONLY if direct expense listed at the top of this schedule) Complete ONLY if direct expense listed at the top of this schedule) Complete ONLY if direct expense listed at the top of this schedule) Complete ONLY if direct expense Candidate/Officeholder name Office sought Office held	1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
O/4/04/2024 OFFICE MAX #442 6 Amount (S) 7 Payee address: City; State; Zip Code \$52.26 1576 W. GRAY HOUSTON, TX 77019 8 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Sought Office held Payee name PF Changs Amount (S) Payee address: City; State; Zip Code S\$1.68 2120 Lonestar Drive Sugarland, TX 77479 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Sought Office held Complete ONLY if direct expenditure to benefit C/OH Amount (S) Payee address: City; State; Zip Code S\$1.68 2120 Lonestar Drive Sugarland, TX 77479 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Amount (S) Payee address: City; State; Zip Code S\$1.71.11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sch: 17/23 Rpt: 20/27	Hardin, Ben (The Honorable) 00030949
Amount (\$)	4 Date	5 Payee name
SS2.26	04/04/2024	OFFICE MAX #442
HOUSTON, TX 77019	6 Amount (\$)	7 Payee address; City; State; Zip Code
S	\$52.26	1576 W. GRAY
S		
Office Overhead/Rental Expense		HOUSTON, TX 77019
## Complete ONLY if direct expenditure to benefit C/OH Date		(a) Category (See Categories listed at the top of this schedule) (b) Description
9 Complete ONLY if direct expenditure to benefit C/OH Date		emice everneda/itental Expense
9 Complete ONLY if direct expenditure to benefit C/OH Date		l
Date O2/02/2024 PP Changs Amount (\$) Payee address; City; State; Zip Code 2120 Lonestar Drive Sugarland, TX 77479 PURPOSE OF EXPENDITURE Candidate/Officeholder name Office sought Office held Date O1/05/2024 Payee address; City; State; Zip Code 2120 Lonestar Drive Sugarland, TX 77479 Discontinuous Complete ONLY if direct expenditure to benefit C/OH Date O1/05/2024 Papadeaux Seafood Amount (\$) Payee name Pappadeaux Seafood Amount (\$) Payee address; City; State; Zip Code 12711 Hwy. 59 Stafford, TX 77477 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description (c) Check if Austin, TX, officeholder living expense staff lunch (b) Description (c) Check if Austin, TX, officeholder living expense (c) Check if Austin, TX, officeholder living		Office Supplies
Date O2/02/2024 PP Changs Amount (\$) Payee address; City; State; Zip Code 2120 Lonestar Drive Sugarland, TX 77479 PURPOSE OF EXPENDITURE Candidate/Officeholder name Office sought Office held Date O1/05/2024 Payee address; City; State; Zip Code 2120 Lonestar Drive Sugarland, TX 77479 Discontinuous Complete ONLY if direct expenditure to benefit C/OH Date O1/05/2024 Papadeaux Seafood Amount (\$) Payee name Pappadeaux Seafood Amount (\$) Payee address; City; State; Zip Code 12711 Hwy. 59 Stafford, TX 77477 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description (c) Check if Austin, TX, officeholder living expense staff lunch (b) Description (c) Check if Austin, TX, officeholder living expense (c) Check if Austin, TX, officeholder living	Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold
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O2/02/2024 PF Changs Amount (\$) Payee address; City; State; Zip Code Sugarland, TX 77479 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought O1/05/2024 Amount (\$) Payee address; City; State; Zip Code Candidate/Officeholder name Office sought O1/05/2024 Amount (\$) Payee address; City; State; Zip Code S177.11 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Payee name Pappadeaux Seafood Amount (\$) Payee address; City; State; Zip Code S177.11 Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held		
Amount (\$)		•
\$51.68 2120 Lonestar Drive Sugarland, TX 77479 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if Tavael outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense staff lunch Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held Date	02/02/2024	PF Changs
Sugarland, TX 77479 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense staff lunch Complete ONLY if direct expenditure to benefit C/OH Date O1/05/2024 Payee name Pappadeaux Seafood Amount (\$) Payee address; City; State; Zip Code 12711 Hwy. 59 Stafford, TX 77477 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if Austin, TX, officeholder living expense Staff lunch (b) Description Check if Austin, TX, officeholder Iving expense Staff lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	\$51.68	2120 Lonestar Drive
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.		
Food/Beverage Expense Check if Tavel outside of Texas. Complete Schedule T.		Sugarland, TX 77479
Complete ONLY if direct expenditure to benefit C/OH Date Payee name Pappadeaux Seafood Amount (\$) Payee address; City; State; Zip Code 12711 Hwy. 59 Stafford, TX 77477 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OH Date		1 ood/beverage Expense
Complete ONLY if direct expenditure to benefit C/OH Date O1/05/2024 Payee name Pappadeaux Seafood Amount (\$) Payee address; City; State; Zip Code \$177.11 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Staff lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held		
Date 01/05/2024 Pappadeaux Seafood Amount (\$) Purpose Of Expenditure to benefit C/OH Payee name Pappadeaux Seafood Payee address; City; State; Zip Code Stafford, TX 77477 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Stati Milon
Date 01/05/2024 Pappadeaux Seafood Amount (\$) Purpose Of Expenditure to benefit C/OH Payee name Pappadeaux Seafood Payee address; City; State; Zip Code Stafford, TX 77477 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
O1/05/2024 Pappadeaux Seafood Amount (\$) Payee address; City; State; Zip Code \$177.11 12711 Hwy. 59 Stafford, TX 77477 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held		
O1/05/2024 Pappadeaux Seafood Amount (\$) Payee address; City; State; Zip Code \$177.11 12711 Hwy. 59 Stafford, TX 77477 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Dete	
Amount (\$) Payee address; City; State; Zip Code 12711 Hwy. 59 Stafford, TX 77477 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held		
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Stafford, TX 77477 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held	· ·	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held	\$177.11	12711 Hwy. 59
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held		
OF EXPENDITURE Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Stafford, TX 77477
Food/Beverage Expense Complete ONLY if direct Candidate/Officeholder name Complete ONLY if direct Complete ONLY if di		(a) Category (See Categories listed at the top of this schedule) (b) Description
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		1 ood/beverage Expense
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	EXI ENDITORE	
		Stait lunch
	Operation Children	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
'		

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Lead Services Salaries/Wages/Contract Labor

	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: 18/23 Rpt: 21/27	Hardin, Ben (The Honorable) 00030949
4	Date	5 Payee name
	03/06/2024	Pi Kappa Alpha
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	P.O. Box 442100
		Lawrence, KS 66044
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF 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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/23/2024	Progressive Co. Mutual Insurance Co.
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,049.00	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 And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense
		Automobile Insurance
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Data	David and the second se
	Date 02/19/2024	Payee name Restaurant Depot
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$) \$211.23	Payee address; City; State; Zip Code 11290 Bissonnet
	ΨΖ11.25	11230 Dissollilet
		Houston, TX 77099
	DUDDOCE	To.
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to beliefft 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel in Distr

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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 19/23 Rpt: 22/27	Hardin, Ben (The Honorable)		00030949
4	Date	5 Payee name		•
	03/24/2024	SIRIUS XM RADIO, INC.		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$349.49	12231 AVENUE OF AMERICAS		
		NEW YORK, NY 10029		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Expense		Check if Austin, TX, officeholder living expense
				sirius xm radio renewal
0	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
9	expenditure to benefit C/O		gnı	Office field
_	Data			
	Date	Payee name		
	02/05/2024	STERLING McCALL LEXUS		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$244.23	10025 SOUTHWEST FRWY.		
		HOUSTON, TX 77074		
	PURPOSE OF	o , ((b)	Description
	EXPENDITURE	Transportation Equipment And Related Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lxperise		automobile maintenance
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	02/09/2024	STERLING McCALL LEXUS		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$167.90	10025 SOUTHWEST FRWY.		
		HOUSTON, TX 77074		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Transportation Equipment And Related	` ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense		Check if Austin, TX, officeholder living expense
				Automobile maintenance
	Operation ONE VIII I	Condidate (Office halds on a		0#:
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	gnt	Office held

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

	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: 20/23 Rpt: 23/27	Hardin, Ben (The Honorable) 00030949
4	Date	5 Payee name
	02/26/2024	STERLING McCALL LEXUS
6	Amount (\$) \$2,024.00	7 Payee address; City; State; Zip Code 10025 SOUTHWEST FRWY.
		HOUSTON, TX 77074
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Automobile maintenance
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/24/2024	Shell
	Amount (\$) \$49.08	Payee address; City; State; Zip Code Processing Center
		Des Moines, IA 50350-0001
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And 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/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/24/2024	Shell
	Amount (\$) \$54.62	Payee address; City; State; Zip Code Processing Center
		Des Moines, IA 50350-0001
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And 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/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking 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 Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	rpense		ense .ges/Contract Labor		Travel in District Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
	Sch: 21/23 Rpt: 24/27	Hardin, Be	n (The Honorable)					00030949	
4	Date	5 Payee name							
	06/04/2024	Total Wine	and More						
6	Amount (\$)	7 Payee addre		State;	Zip Cod	е			
	\$247.75	2617 W. H	olcombe						
		Houston, T	X 77030						
8	PURPOSE OF		See Categories listed at the	top of this sched	dule) (b) Description			
	EXPENDITURE	Food/Beve	rage Expense					ide of Texas. Com , officeholder living	nplete Schedule T. g expense
								or staff party	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Of	ffice soug	ht		Office h	eld
	S.ponditare to belieff 0/01								
	Date	Payee name							
	01/17/2024	Total Wine	and More						
	Amount (\$)	Payee address; City; State; Zip Code							
\$215.40 2617 W. Holcombe									
		Houston, T	X 77030						
	PURPOSE OF		See Categories listed at the	top of this sched	dule) (b) Description		:d4.T-	onlata Cabadula T
	EXPENDITURE	Food/Beve	rage Expense					ide of Texas. Com , officeholder living	nplete Schedule T. g expense
						refreshme		·	
	Complete ONLY if direct		ficeholder name	Of	ffice soug	ht		Office h	eld
	expenditure to benefit C/OI	1							
	Date	Payee name							
	01/01/2024	USPS							
	Amount (\$)	Payee addre	ess; City;	State;	Zip Cod	e			
	\$226.00	210 Oak D	rive South						
		Lake Jacks	son, TX 77566						
	PURPOSE	(a) Category (S	See Categories listed at the	top of this sched	dule) (b) Description			
	OF EXPENDITURE	Office Ove	rhead/Rental Expe	ense				ide of Texas. Com , officeholder living	plete Schedule T.
						P.O. Box		, onicenolaer livin(a evhenze
	Complete ONLY if direct	Candidate/Of	ficeholder name	Of	ffice soug	ht		Office h	eld
	expenditure to benefit C/O	H			J				

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide 6	Salaries/\	Vages	/Contract Labor		OTHER (enter a	category not listed above	ve)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 22/23 Rpt: 25/27	Hardin, Be	n (The Honorable)					00030949		
4	Date	5 Payee name	9							
	01/03/2024	Valero/DSI	RM National Bank							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$29.00	P.O. Box 3	800							
		Amarillo, T	X 79105-0300							
8	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		tion Equipment And I	Related		=			plete Schedule T.	
		Expense				Fuel	, IX	, officeholder living	g expense	
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	l ıaht			Office he	eld	
	expenditure to benefit C/OI	Н			5					
F	Date	Payee name	<u> </u>							
	02/03/2024	1 1	RM National Bank							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$29.00	P.O. Box 3	000							
		Amarillo, T	X 79105-0300							
	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		tion Equipment And I	Related		=			plete Schedule T.	
		Expense				Fuel	, IX	, officeholder living	g expense	
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	<u>I</u> ıght			Office he	eld	
	expenditure to benefit C/OI	Н								
┢	Date	Payee name	e							
	03/03/2024	Valero/DSI	RM National Bank							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$28.00	P.O. Box 3	00							
		Amarillo, T	X 79105-0300							
	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Transporta	tion Equipment And I			므			plete Schedule T.	
	ZAI ZAISTONZ	Expense				Check if Austin,	, TX	, officeholder living	g expense	
						i uci				
\vdash	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	<u>l</u> ıght			Office he	eld	
	expenditure to benefit C/OI				J					
\vdash										
ᆫ										10-0 1

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 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. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 23/23 Rpt: 26/27 Hardin, Ben (The Honorable) 00030949 4 Date Payee name 04/03/2024 Valero/DSRM National Bank 6 Amount (\$) Payee address; City; State; Zip Code \$46.44 P.O. Box 300 Amarillo, TX 79105-0300 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. Transportation Equipment And Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fuel Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/03/2024 Valero/DSRM National Bank Amount (\$) Payee address; City; State; Zip Code \$135.05 P.O. Box 300 Amarillo, TX 79105-0300 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment And Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fuel Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/03/2024 Valero/DSRM National Bank Amount (\$) Payee address: City: State; Zip Code \$194.55 P.O. Box 300 Amarillo, TX 79105-0300 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Transportation Equipment And Related

Expense

Candidate/Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Fuel

OUTSTANDING LOANS			SCHEDULE L
	The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 27/27
2 FILER NAME Hardin, Ben (The Honorable)		ne Honorable)	3 Filer ID (Ethics Commission Filers) 00030949
	LENDER INFORMATION	4 Name of lender Hardin, Ben (Judge)	·
		5 Lender address; City; State; Zip Code	
		Wharton, TX 77488	
	GUARANTOR INFORMATION	6 Name of guarantor	
	not applicable	7 Guarantor address; City; State; Zip Code	