

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE *GENERAL* FIRST *HUGH* MI *W*  
NICKNAME *"GENERAL"* LAST *HARDY* SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-Delivered or Date Postmarked

Reason

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE  
*5626 RUTHERGLENN DRIVE*  
*HOUSTON, TX 77096*

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE *MR.* FIRST *MICHAEL* MI *P*  
NICKNAME *"MIKE"* LAST *FLEMING* SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE  
*6106 LYMBAR* *HOUSTON, TX 77096*

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(713) 728-2341* *-*

8 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
*SEPT / 27 / 2001* *OCT / 29 / 2001*

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
*NOV / 6 / 2001*

11 OFFICE

OFFICE HELD (if any)

*-*

12 OFFICE SOUGHT (if known)

*DISTRICT C, CITY COUNCIL*

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

*NONE*

Address / PO Box Apt. / Suite # City State Zip Code

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME HUGH W. HARDY 15 ACCOUNT # (Ethics Commission file)

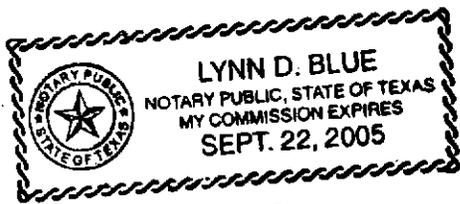
16 NOTICE FROM POLITICAL COMMITTEE(S) \*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>NONE</u>
	COMMITTEE ADDRESS	<u>—</u>
	COMMITTEE CAMPAIGN TREASURER NAME	<u>—</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<u>—</u>

17 NO REPORTABLE ACTIVITY  Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 19,657.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,766.50
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00

19 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Hugh W. Hardy  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Hugh W. Hardy, this the 29<sup>th</sup> day of October, 2001, to certify which, witness my hand and seal of office.

Lynn D. Blue  
Signature of officer administering oath

LYNN D. BLUE  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>7</b>	
2 FILER NAME <b>HUGH W. HARDY</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/22/01</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GEORGE W. STRAFE, JR.</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] <b>HOUSTON, TX 77002</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>10/23/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>E. P. WHITE</b>	Amount of contribution (\$) <b>1000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>HOUSTON, TX 77024</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>10/29/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JON N. STRANGE</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>HOUSTON, TX</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>10/15/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DIONEL AYLES</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>HOUSTON, TX</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>10/23/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHARLES M. NETTLES</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>CHANNELVIEW, TX</b>			
Principal occupation (Optional)		Employer (Optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>7</b>	
2 FILER NAME <b>HUGH W. HARDY</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/22/01</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JACK G. LEE</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>HOUSTON, TX</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>10/22/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>E. P. WHITE</b>	Amount of contribution (\$) <b>682.00</b>	In-kind contribution description (if applicable) <b>FOOD &amp; BEVERAGES FOR EVENT</b>
Contributor address; City; State; Zip Code <b>HOUSTON, TX</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>10/19/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>STEVE RADACK CAMPAIGN</b>	Amount of contribution (\$) <b>1075.00</b>	In-kind contribution description (if applicable) <b>STAMPS, ENVELOPES, COPIES, LABELS</b>
Contributor address; City; State; Zip Code <b>HOUSTON, TX</b>			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>7</b>	
2 FILER NAME <b>HUGH W. HARDY</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/12/01</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>J. H. MUELLER</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>HOUSTON, TEXAS</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>10/18/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>C. J. TAMBORELLO</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>HOUSTON, TEXAS</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>10/15/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHARLES M. NETTLES</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>CHANNELVIEW, TX</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>10/18/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHRIS CLAUNCH</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>HOUSTON, TX</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>10/19/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LOUIS SPAW</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>HOUSTON, TX</b>			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>7</b>	
2 FILER NAME <b>HUGH W. HARDY</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/17/01</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>'C' CLUB PAC</b>	7 Amount of contribution (\$) <b>3,000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] <b>HOUSTON, TX 77210</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>10/22/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MICHAEL P. FLEMING CAMPAIGN</b>	Amount of contribution (\$) <b>2,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>HOUSTON, TEXAS</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>10/18/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HERMES REED ARCHITECTES POLITICAL ACTION COMMITTEE</b>	Amount of contribution (\$) <b>2,500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>HOUSTON, TX</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>10/22/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHN J. MONTALBANO</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>HOUSTON, TX</b>			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PAT BROWN &amp; DICK GAY</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>HOUSTON, TX</b>			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>7</b>	
2 FILER NAME <b>HUGH W. HARDY</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>10/22/01</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>LARRY BARFIELD</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>HOUSTON, TX 77070</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>10/22/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JAMES BINKLEY</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>HOUSTON, TX 77008</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>10/22/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>RANNEY McDONOUGH</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>BELLAIRE, TX</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>10/22/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>WILLIAM OTHON</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>HOUSTON, TEXAS</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>10/22/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>HERBERT JOHNSON</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>HOUSTON, TX</b>			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A1: **7**

2 FILER NAME **HUGH W. HARDY** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>10/22/01</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>GEORGE A. DEMONTROND, III</b>	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>HOUSTON, TX 77090</b>			

9 Principal occupation (Optional) 10 Employer (Optional)

Date <b>10/22/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MARTHA CROCKETT</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>HOUSTON, TX 77035</b>			

Principal occupation (Optional) Employer (Optional)

Date <b>10/22/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CARL JONES</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>HOUSTON, TX</b>			

Principal occupation (Optional) Employer (Optional)

Date <b>10/22/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>RONALD NIELSEN</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>HOUSTON, TX 77057</b>			

Principal occupation (Optional) Employer (Optional)

Date <b>10/22/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JOHN COBB</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>HOUSTON, TX</b>			

Principal occupation (Optional) Employer (Optional)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>7</b>	
2 FILER NAME <b>HUGH W. HARDY</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>10/22/01</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ALLEN WATSON</b>	7 Amount of contribution (\$) <b>200.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>HOUSTON, TX 77015</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>10/22/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>WILLIAM FENOLEY</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>HOULEY, TX</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>10/22/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>LOUISE H. WING</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>HOUSTON, TX 77257</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>10/20/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>DENNIS SANDER</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>HOUSTON, TX</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>10/22/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>THOMAS FULTON</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>HOUSTON, TX</b>			
Principal occupation (Optional)		Employer (Optional)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS**

**SCHEDULE E**

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME <p style="text-align: center; font-size: 1.2em;">HUGH W. HARDY</p>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$ <del>500.00</del>
<b>5</b> Date of loan <p style="text-align: center; font-size: 1.2em;">9/28/01</p>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center; font-size: 1.2em;">HUGH W. HARDY</p>	<b>9</b> Loan Amount (\$) <p style="text-align: center; font-size: 1.2em;">500.00</p>
<b>6</b> Is lender a financial Institution? <p style="text-align: center;">Y      <input checked="" type="radio"/> N</p>	<b>8</b> Lender address;    City;    State;    Zip Code <p style="text-align: center; font-size: 1.2em;">5626 RUTHERGLEN HOUSTON, TX 77096</p>	<b>10</b> Interest rate <p style="text-align: center; font-size: 1.2em;">0</p>
		<b>11</b> Maturity date <p style="text-align: center; font-size: 1.2em;">NONE</p>
<b>12</b> Description of Collateral <input checked="" type="checkbox"/> none		
<b>13</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>14</b> Name of guarantor <p style="text-align: center; font-size: 1.2em;">NONE</p>	<b>16</b> Amount Guaranteed (\$)
		<b>15</b> Guarantor address;    City;    State;    Zip Code
<b>17</b> Principal Occupation		<b>18</b> Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <p style="text-align: center;">Y      N</p>	Lender address;    City;    State;    Zip Code	Interest rate
		Maturity date
Description of Collateral <input type="checkbox"/> none		
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p><b>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME <p style="text-align: center; font-size: 1.2em;">HUGH W. HARDY</p>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date <p style="font-size: 1.2em;">10/11/01</p>	<b>5</b> Payee name <p style="text-align: center; font-size: 1.2em;">TEXAS PRINTING</p>	<b>7</b> Amount (\$) <p style="font-size: 1.2em; text-align: center;">11,750.00</p>
<b>6</b> Payee address; City; State; Zip Code <p style="text-align: center; font-size: 1.2em;">MAIN STREET HOUSTON, TX</p>		
<b>8</b> Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center; font-size: 1.2em;">SIGNS &amp; PRINTING</p>		<b>9</b> <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date <p style="font-size: 1.2em;">10/11/01</p>	Payee name <p style="text-align: center; font-size: 1.2em;">PROSPERITY BANK</p>	Amount (\$) <p style="font-size: 1.2em; text-align: center;">16.50</p>
Payee address; City; State; Zip Code <p style="text-align: center; font-size: 1.2em;">WEST LOOP BELLAIRE, TEXAS</p>		
Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center; font-size: 1.2em;">CHECK ORDER</p>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**