

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <i>25</i>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Robert	MI R			
	NICKNAME Bob	LAST Harvey	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9311 FM 1488 Rd, Ste 30-260, Magnolia, Texas 77354			<input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER 790-7442	EXTENSION	Date Hand-Delivered or Date Postmarked		
6 CAMPAIN TREASURER NAME	MS / MRS / MR Ms	FIRST Michelle	MI A	Receipt # <input type="text"/> Amount \$ <input type="text"/>		
	NICKNAME	LAST Kane	SUFFIX	Date Processed		
7 CAMPAIN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 62 Trellis Gate Street, Spring, Texas 77382			STATE; ZIP CODE		
8 CAMPAIN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 818-9412	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff		<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit		<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 10	Day 13	Year 2025	Month 12	Day 31	Year 2025
11 ELECTION	ELECTION DATE Month 3 Day 3 Year 2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description _____				
12 OFFICE	OFFICE HELD (if any) None			13 OFFICE SOUGHT (if known) County Commissioner - Precinct 2		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL	COMMITTEE NAME				
		COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

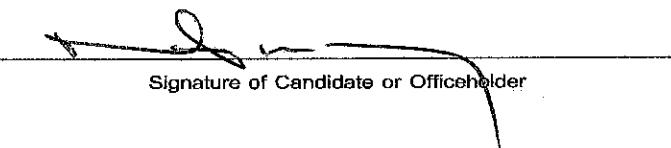
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

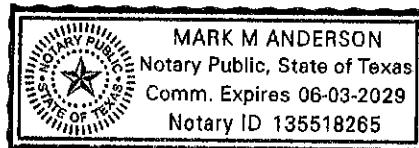
15 C/OH NAME	Robert R. (Bob) Harvey	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,188.03
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,615.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 20,870.54
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 31,194.35

18 SIGNATURE 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.


Signature of Candidate or Officeholder

JAN 15 2026

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Robert R. Harvey this the 15th day of January,
20 16, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____, _____.

(street)

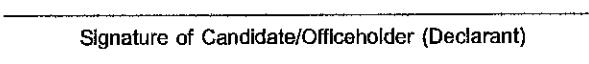
(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(month) (year)


Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Robert R (Bob) Harvey	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 3,188.03	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS \$ 31,194.35	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 13,615.25	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: 4</p>
<p>2 FILER NAME Robert R (Bob) Harvey</p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 10/14/2025</p>	<p>5 Full name of contributor Ralph Carthrae</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u> </u>)</p>	<p>7 Amount of contribution (\$) USD 1,000.00</p>
	<p>6 Contributor address; 22 Rhapsody Bend Dr. Spring, Texas, 77382</p>	City; State; Zip Code	
<p>8 Principal occupation / Job title (See Instructions) Retired</p>		<p>9 Employer (See Instructions) Retired</p>	
<p>Date 10/27/2025</p>	<p>Full name of contributor Lindi Harvey</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u> </u>)</p>	<p>Amount of contribution (\$) USD 500.00</p>
	<p>Contributor address; Lake Forest Ct, Conroe, Texas 77384</p>	City; State; Zip Code	
<p>Principal occupation / Job title (See Instructions) Chief of Staff / Global President</p>		<p>Employer (See Instructions) Tech Mahindra Americas Inc.</p>	
<p>Date 10/30/2025</p>	<p>Full name of contributor Lee Wilton</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u> </u>)</p>	<p>Amount of contribution (\$) USD 100.00</p>
	<p>Contributor address; 1 Lake Forest Ct, Conroe, Texas 77384</p>	City; State; Zip Code	
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions) Retired</p>	
<p>Date 11/6/2025</p>	<p>Full name of contributor Anna McGlaun</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u> </u>)</p>	<p>Amount of contribution (\$) USD 500.00</p>
	<p>Contributor address; 29018 Driftwood Lane, Shenandoah, Texas 77381</p>	City; State; Zip Code	
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions) Retired</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 4
2 FILER NAME Robert R (Bob) Harvey			3 Filer ID (Ethics Commission Filers)
4 Date 11/11/2025	5 Full name of contributor Tony Verdi	<input type="checkbox"/> out-of-state PAC (ID#:)	7 Amount of contribution (\$) USD 250.00
	6 Contributor address; 91 Sunlit Grove Street, spring, Texas 77382	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) GITECH	
Date 11/13/2025	Full name of contributor Dennis Peck	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) USD 50.00
	Contributor address; 2327 Legends Gate Drive, Spring, Texas 77386	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Millwork Specialist		Employer (See Instructions) Home Depot	
Date 11/17/2025	Full name of contributor Adrian Heath	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) USD 48.03
	Contributor address; 43 W Stony Bridge Ct, Spring, Texas 77381	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Reseller		Employer (See Instructions) Self	
Date 11/22/2025	Full name of contributor Chris Cruz	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) USD 100.00
	Contributor address; 12510 Patridge Circle, Pinehurst, Texas, 77362	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Independent Contractor		Employer (See Instructions) Self	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: 4</p>
<p>2 FILER NAME Robert R (Bob) Harvey</p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 12/4/2025</p>	<p>5 Full name of contributor Teresa Strack</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:)</p>	<p>7 Amount of contribution (\$) USD 150.00</p>
<p>6 Contributor address; 36102 Post Oak Circle, Magnolia, Texas 77355</p>		<p>City; State; Zip Code</p>	
<p>8 Principal occupation / Job title (See Instructions) Executive Director</p>		<p>9 Employer (See Instructions) LifeFirst</p>	
<p>Date 12/8/2025</p>	<p>Full name of contributor Peter Goeddertz</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:)</p>	<p>Amount of contribution (\$) USD 100.00</p>
<p>Contributor address; 15970 Hartman Road, Magnolia, Texas 77355</p>		<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date 12/10/2025</p>	<p>Full name of contributor Julie Vanderhorst</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:)</p>	<p>Amount of contribution (\$) USD 100.00</p>
<p>Contributor address; 33603 Conroe Huffsmith Rd, Magnolia, Texas 77354</p>		<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions) Retired</p>	
<p>Date 12/10/2025</p>	<p>Full name of contributor Anna McGlaun</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:)</p>	<p>Amount of contribution (\$) USD 20.00</p>
<p>Contributor address; 29018 Driftwood Lane, Shenandoah, Texas 77381</p>		<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions) Retired</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>4</i>
2 FILER NAME Robert R (Bob) Harvey			3 Filer ID (Ethics Commission Filers)
4 Date 12/10/2025	5 Full name of contributor Anonymous	<input type="checkbox"/> out-of-state PAC (ID#:)	7 Amount of contribution (\$) USD 20.00
	6 Contributor address; Left under QR Code Picture	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) Financial Adviser		9 Employer (See Instructions) Self	
Date 12/10/2025	Full name of contributor Barry Tate	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) USD 100.00
	Contributor address; 11926 Rainy Oaks Dr, Magnolia 77354	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 12/15/2025	Full name of contributor Michelle Kane	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) USD 50.00
	Contributor address; 62 Trellis Gate Street, Spring, Texas 7	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 12/29/2025	Full name of contributor Sally Helbert	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) USD 100.00
	Contributor address; 32311 Doe Dr. Magnolia, Texas 77355	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

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LOANS**SCHEDULE E**

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 8
2 FILER NAME Robert R (Bob) Harvey		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ USD 31194.35
5 Date of loan 10/13/2025	7 Name of lender Robert R (Bob) Harvey	9 Loan Amount (\$) USD 84.00
6 Is lender a financial institution? <input checked="" type="checkbox"/> Y	8 Lender address; 9511 Clubhouse Circle, Magnolia, Texas, 77354	10 Interest rate 0.0%
		11 Maturity date 12/31/2027
12 Principal occupation / Job title (See Instructions) Millwork Specialist		13 Employer (See Instructions) Home Depot
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; 9511 Clubhouse Circle, Magnolia, Texas 77354	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 10/14/2025	Name of lender Robert R (Bob) Harvey	Loan Amount (\$) USD 2500.00
Is lender a financial institution? <input checked="" type="checkbox"/> Y	Lender address; 9511 Clubhouse Circle, Magnolia, Texas 77354	Interest rate 0.0%
		Maturity date 12/31/2027
Principal occupation / Job title (See Instructions) Millworks		Employer (See Instructions) Home Depot
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; 9511 Clubhouse Circle, Magnolia, Texas 77354	
Principal Occupation (See Instructions)		Employer (See Instructions)

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LOANS**SCHEDULE E**

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<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule E: 8
2 FILER NAME Robert R (Bob) Harvey			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$ USD 31194.35
5 Date of loan 10/15/2025	7 Name of lender Robert R (Bob) Harvey		8 out-of-state PAC (ID#: <input type="checkbox"/>
6 Is lender a financial institution? Y <input checked="" type="checkbox"/>	8 Lender address; 9511 Clubhouse Circle, Magnolia, Texas, 77354		9 City; State; Zip Code 10 Interest rate 0.0%
			11 Maturity date 12/31/2027
12 Principal occupation / Job title (See Instructions) Millwork Specialist		13 Employer (See Instructions) Home Depot	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions) 10/20/2025	21 Employer (See Instructions)		Loan Amount (\$) USD 29.32
Is lender a financial institution? Y <input checked="" type="checkbox"/>	Lender address; City; State; Zip Code 9511 Clubhouse Circle, Magnolia, Texas 77354		Interest rate 0.0%
			Maturity date 12/31/2027
Principal occupation / Job title (See Instructions) Millworks		Employer (See Instructions) Home Depot	
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)	

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LOANS

SCHEDULE E

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LOANS**SCHEDULE E**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <i>8</i>
2 FILER NAME Robert R (Bob) Harvey		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ USD 31194.35
5 Date of loan 10/20/2025	7 Name of lender Robert R (Bob) Harvey	9 Loan Amount (\$) USD 44.59
6 Is lender a financial institution? <input checked="" type="checkbox"/> <i>N</i>	8 Lender address; 9511 Clubhouse Circle, Magnolia, Texas, 77354	10 Interest rate 0.0%
		11 Maturity date 12/31/2027
12 Principal occupation / Job title (See Instructions) Millwork Specialist		13 Employer (See Instructions) Home Depot
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; 9511 Clubhouse Circle, Magnolia, Texas 77354	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	
Date of loan 10/21/2025	Name of lender Robert R (Bob) Harvey	Loan Amount (\$) USD 19.49
Is lender a financial institution? <input checked="" type="checkbox"/> <i>N</i>	Lender address; 9511 Clubhouse Circle, Magnolia, Texas 77354	Interest rate 0.0%
		Maturity date 12/31/2027
Principal occupation / Job title (See Instructions) Millworks		Employer (See Instructions) Home Depot
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; 9511 Clubhouse Circle, Magnolia, Texas 77354	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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LOANS**SCHEDULE E**

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<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule E: 8
2 FILER NAME Robert R (Bob) Harvey			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$ USD 31194.35
5 Date of loan 10/22/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: Robert R (Bob) Harvey		9 Loan Amount (\$) USD 31.88
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code 9511 Clubhouse Circle, Magnolia, Texas, 77354		10 Interest rate 0.0%
			11 Maturity date 12/31/2027
12 Principal occupation / Job title (See Instructions) Millwork Specialist		13 Employer (See Instructions) Home Depot	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)		
Date of loan 10/22/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: Robert R (Bob) Harvey		Loan Amount (\$) USD 92.97
Is lender a financial institution? Y N	Lender address; City; State; Zip Code 9511 Clubhouse Circle, Magnolia, Texas 77354		Interest rate 0.0%
			Maturity date 12/31/2027
Principal occupation / Job title (See Instructions) Millworks		Employer (See Instructions) Home Depot	
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)	
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LOANS**SCHEDULE E**

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<p>The Instruction Guide explains how to complete this form.</p>		1 Total pages Schedule E: 8
2 FILER NAME Robert R (Bob) Harvey		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ USD 31194.35
5 Date of loan 11/03/2025	7 Name of lender Robert R (Bob) Harvey	9 Loan Amount (\$) USD 1000.00
6 Is lender a financial institution? Y <input checked="" type="checkbox"/>	8 Lender address; 9511 Clubhouse Circle, Magnolia, Texas, 77354	10 Interest rate 0.0%
		11 Maturity date 12/31/2027
12 Principal occupation / Job title (See Instructions) Millwork Specialist		13 Employer (See Instructions) Home Depot
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; 9511 Clubhouse Circle, Magnolia, Texas 77354	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions) Millworks	21 Employer (See Instructions) Home Depot	
Date of loan 11/05/2025	Name of lender Robert R (Bob) Harvey	Loan Amount (\$) USD 500.00
Is lender a financial institution? Y <input checked="" type="checkbox"/>	Lender address; 9511 Clubhouse Circle, Magnolia, Texas 77354	Interest rate 0.0%
		Maturity date 12/31/2027
Principal occupation / Job title (See Instructions) Millworks		Employer (See Instructions) Home Depot
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; 9511 Clubhouse Circle, Magnolia, Texas 77354	Amount Guaranteed (\$)
Principal Occupation (See Instructions) Millworks		Employer (See Instructions) Home Depot

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LOANS**SCHEDULE E**

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<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule E: <i>8</i>
2 FILER NAME Robert R (Bob) Harvey			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$ USD 31194.35
5 Date of loan 12/03/2025	7 Name of lender Robert R (Bob) Harvey		8 out-of-state PAC (ID#: _____ 9 Loan Amount (\$) USD 1500.00
6 Is lender a financial institution? <i>Y</i> <i>N</i>	8 Lender address; 9511 Clubhouse Circle, Magnolia, Texas, 77354		10 Interest rate 0.0%
12 Principal occupation / Job title (See Instructions) Millwork Specialist		13 Employer (See Instructions) Home Depot	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; 9511 Clubhouse Circle, Magnolia, Texas 77354		19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)		
Date of loan 11/22/2025	Name of lender Robert R (Bob) Harvey		Loan Amount (\$) USD 5000.00
Is lender a financial institution? <i>Y</i> <i>N</i>	Lender address; 9511 Clubhouse Circle, Magnolia, Texas 77354		Interest rate 0.0%
Principal occupation / Job title (See Instructions) Millworks		Employer (See Instructions) Home Depot	
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; 9511 Clubhouse Circle, Magnolia, Texas 77354		Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

If the requested information is not applicable, **DO NOT include this page in the report.**

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule E: <i>8</i>	
2 FILER NAME Robert R (Bob) Harvey			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS			\$ USD 31194.35	
5 Date of loan 12/03/2025	7 Name of lender Robert R (Bob) Harvey		8 Lender address; City; State; Zip Code 9511 Clubhouse Circle, Magnolia, Texas, 77354	9 Loan Amount (\$) USD 10000.00
6 Is lender a financial institution? <input checked="" type="checkbox"/> <i>N</i>				10 Interest rate 0.0%
				11 Maturity date 12/31/2027
12 Principal occupation / Job title (See Instructions) Millwork Specialist		13 Employer (See Instructions) Home Depot		
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor Robert R (Bob) Harvey		18 Guarantor address; City; State; Zip Code 9511 Clubhouse Circle, Magnolia, Texas 77354	
Date of loan 12/29/2025	Name of lender Robert R (Bob) Harvey		19 Amount Guaranteed (\$) USD 10000.00	
Is lender a financial institution? <input checked="" type="checkbox"/> <i>N</i>			Interest rate 0.0%	
			Maturity date 12/31/2027	
20 Principal Occupation (See Instructions) Millworks		21 Employer (See Instructions) Home Depot		
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Robert R (Bob) Harvey		Amount Guaranteed (\$) USD 10000.00	
Guarantor address; City; State; Zip Code 9511 Clubhouse Circle, Magnolia, Texas 77354				
Principal Occupation (See Instructions)		Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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: 10	2 FILER NAME Robert R (Bob) Harvey	3 Filer ID (Ethics Commission Filers)	
4 Date 10/13/2025	5 Payee name The Shipping Place		
6 Amount (\$) USD 84.00	7 Payee address; 9311 FM 1488 Rd Suite 30, Magnolia, Texas 77354	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Rental Expense	(b) Description Campaign Post Office Box Rental	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/14/2025	Payee name Ruth & Rene Photography		
Amount (\$) USD 324.75	Payee address; 1023 Oakshire Ln, Conroe, Texas 77384	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Photographs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/20/2025	Payee name Office Max		
Amount (\$) USD 29.32	Payee address; 32954 FM 2978, Magnolia, Texas 77354	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Office Supplies - Paper	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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)			
10	Robert R (Bob) Harvey				
4 Date	5 Payee name				
10/20/2025	Postnet #Tx233				
6 Amount (\$)	7 Payee address;	City; State; Zip Code			
USD 49.00	27710 SH-249, Tomball, Texas 77375				
<input type="checkbox"/> Check if individual's residence address.					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	Other	Office Supplies - Business Cards			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH <table> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Payee name				
10/20/2025	Texas Marking Products				
Amount (\$)	Payee address;	City; State; Zip Code			
USD 18.35	26019 Interstate 45, Spring, Texas 77381				
<input type="checkbox"/> Check if individual's residence address.					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Other	Office Supplies - Name Tag			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH <table> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Payee name				
10/20/2025	Go Daddy				
Amount (\$)	Payee address;	City; State; Zip Code			
USD 44.59	14455 N. Hayden Road, Scottsdale, Arizona 85260				
<input type="checkbox"/> Check if individual's residence address.					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Other	Website Domain			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH <table> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME 10 Robert R (Bob) Harvey	3 Filer ID (Ethics Commission Filers)	
4 Date 10/21/2025	5 Payee name Waterfalls Cafe		
6 Amount (\$) USD 19.49	7 Payee address; 32823 FM-2978 Unit F, Magnolia, 77354 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food	(b) Description Breakfast with Judicial Candidate Megan White	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/22/2025	Payee name Office Max		
Amount (\$) USD 31.88	Payee address; 32954 FM 2978, Magnolia, Texas 77354 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expenses	Description Business Cards	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/22/2025	Payee name Office Max		
Amount (\$) USD 92.97	Payee address; 32954 FM 2978, Magnolia, Texas 77354 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expenses	Description Palm Cards	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fee	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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: 10	2 FILER NAME Robert R (Bob) Harvey	3 Filer ID (Ethics Commission Filers)	
4 Date 11/4/2025	5 Payee name Texas Marketing Products		
6 Amount (\$) USD 18.35	7 Payee address; 26019 Interstate 45, Spring, Texas 77381	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Office Supplies - Name Tag	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/07/2025	Payee name CAZ Consulting		
Amount (\$) USD 2500.00	Payee address; 5049 Edwards Ranch Road, Fort Worth, Tx 76109	City;	State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consultant	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/07/2025	Payee name CAZ Consulting		
Amount (\$) USD 400.00	Payee address; 5049 Edwards Ranch Road, Fort Worth, Tx 76109	City;	State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consultant	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 Robert R (Bob) Harvey	3 Filer ID (Ethics Commission Filers)	
10			
4 Date 11/7/2025	5 Payee name CAZ Consulting		
6 Amount (\$) USD 1100.00	7 Payee address; 5049 Edwards Ranch Road, Fort Worth, Tx 76109 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/10/2025	Payee name Montgomery County Republican Party		
Amount (\$) USD 1250.00	Payee address; 18001 Hwy 105 W Suite 101, Montgomery, Tx 77356 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Filing Fee	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/24/2025	Payee name The Shipping Place		
Amount (\$) USD 962.45	Payee address; 9311 FM 1488 Rd, Suite 30, Magnolia, Texas 77354 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Push Cards	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME Robert R (Bob) Harvey	3 Filer ID (Ethics Commission Filers)	
4 Date 11/26/2025	5 Payee name Postnet #Tx233		
6 Amount (\$) USD 103.91	7 Payee address; 27710 SH-249, Tomball, Texas 77375 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Business Cards	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/28/2025	Payee name Amegy Bank		
Amount (\$) USD 2.00	Payee address; PO Box 26547, Salt Lake City, Utah, 84126-0547 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	Description Bank Fee	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/03/2025	Payee name Wrap Stars Magnolia		
Amount (\$) USD 2720.00	Payee address; 5523 FM 1488 Suite B, Magnolia 77354 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signage	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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: 10	2 FILER NAME Robert R (Bob) Harvey	3 Filer ID (Ethics Commission Filers)	
4 Date 12/05/2025	5 Payee name Wrap Stars Magnolia		
6 Amount (\$) USD 1442.00	7 Payee address; 5523 FM 1488 Suite B, Magnolia 77354 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Tee Shirts	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/06/2025	Payee name Ron Reilly		
Amount (\$) USD 135.00	Payee address; 201 PERCHERON DR, THE WOODLANDS, TEXAS 77382 <input checked="" type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expenses	Description Del Webb Meet & Greet	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/18/2025	Payee name SWMCC Chamber of Commerce		
Amount (\$) USD 39.00	Payee address; 18423 FM 1488 Suite C, Magnolia 77354 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description Signage	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME Robert R (Bob) Harvey	3 Filer ID (Ethics Commission Filers)	
4 Date 12/15/2025	5 Payee name Wrap Stars Magnolia		
6 Amount (\$) USD 1500.00	7 Payee address; 5523 FM 1488 Suite B, Magnolia 77354 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Billboard Wrap	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/22/2025	Payee name SpeedPro		
Amount (\$) USD 294.94	Payee address; 32503 Tamina Rd #1 Magnolia, Tx 77354 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Bumper Stickers	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/29/2025	Payee name Microsoft 365		
Amount (\$) USD 127.89	Payee address; One Microsoft Way, Redmond, WA 98052 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Software Program	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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: 10	2 FILER NAME Robert R (Bob) Harvey	3 Filer ID (Ethics Commission Filers)	
4 Date 12/28/2025	5 Payee name Amegy Bank		
6 Amount (\$) USD 2.00	7 Payee address; PO Box 26547, Salt Lake City, Ut 88126 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	(b) Description Bank Fee	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/05/2025	Payee name Microsoft 365		
Amount (\$) USD 127.89	Payee address; One Microsoft Way, Redmond, WA 98052 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Software Monthly Fee	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/28/2025	Payee name Microsoft 365		
Amount (\$) USD 127.89	Payee address; One Microsoft Way, Redmond WA 98052 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Software Monthly Fee	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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: 10	2 FILER NAME Robert R (Bob) Harvey	3 Filer ID (Ethics Commission Filers)	
4 Date 11/28/2025	5 Payee name Amegy Bank		
6 Amount (\$) USD 2.00	7 Payee address; PO Box 26547, Salt Lake City, Ut 88126 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	(b) Description Bank Fee	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/28/2025	Payee name Amegy Bank		
Amount (\$) USD 2.00	Payee address; PO Box 26547, Salt Lake City, Ut 88126 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	Description Bank Fee	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/11/2025	Payee name Amegy Bank / Deluxe Business Systems		
Amount (\$) USD 63.58	Payee address; PO Box 26547, Salt Lake City, UT 8812 <input type="checkbox"/> check if individual's residence address.	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	Description Check book	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			