

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> <div style="font-size: 2em; text-align: center;">25</div>																
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><small>MS / MRS / MR</small></td> <td style="width:40%;"><small>FIRST</small></td> <td style="width:20%;"><small>MI</small></td> </tr> <tr> <td>Mr</td> <td>Robert</td> <td>R</td> </tr> <tr> <td><small>NICKNAME</small></td> <td><small>LAST</small></td> <td><small>SUFFIX</small></td> </tr> <tr> <td>Bob</td> <td>Harvey</td> <td></td> </tr> </table>		<small>MS / MRS / MR</small>	<small>FIRST</small>	<small>MI</small>	Mr	Robert	R	<small>NICKNAME</small>	<small>LAST</small>	<small>SUFFIX</small>	Bob	Harvey		<div style="border: 2px solid black; border-radius: 50%; padding: 10px; width: 150px; margin: 0 auto;"> <b>OFFICE USE ONLY</b>  <div style="border: 1px solid black; border-radius: 50%; padding: 5px; margin: 5px auto; width: 100px;"> <b>RECEIVED</b>  JAN 15 2026  25 pages - yw </div> </div>				
<small>MS / MRS / MR</small>	<small>FIRST</small>	<small>MI</small>																	
Mr	Robert	R																	
<small>NICKNAME</small>	<small>LAST</small>	<small>SUFFIX</small>																	
Bob	Harvey																		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"><small>ADDRESS / PO BOX;</small></td> <td style="width:10%;"><small>APT / SUITE #;</small></td> <td style="width:10%;"><small>CITY;</small></td> <td style="width:10%;"><small>STATE;</small></td> <td style="width:10%;"><small>ZIP CODE</small></td> </tr> <tr> <td colspan="5">9311 FM 1488 Rd, Ste 30-260, Magnolia, Texas 77354</td> </tr> </table>		<small>ADDRESS / PO BOX;</small>	<small>APT / SUITE #;</small>	<small>CITY;</small>	<small>STATE;</small>	<small>ZIP CODE</small>	9311 FM 1488 Rd, Ste 30-260, Magnolia, Texas 77354											
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<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><small>STREET ADDRESS (NO PO BOX PLEASE);</small></td> <td style="width:10%;"><small>APT / SUITE #;</small></td> <td style="width:10%;"><small>CITY;</small></td> <td style="width:10%;"><small>STATE;</small></td> <td style="width:10%;"><small>ZIP CODE</small></td> </tr> <tr> <td colspan="5">62 Trellis Gate Street, Spring, Texas 77382</td> </tr> </table>			<small>STREET ADDRESS (NO PO BOX PLEASE);</small>	<small>APT / SUITE #;</small>	<small>CITY;</small>	<small>STATE;</small>	<small>ZIP CODE</small>	62 Trellis Gate Street, Spring, Texas 77382										
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<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	<p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><small>COMMITTEE TYPE</small></td> <td style="width:80%;"><small>COMMITTEE NAME</small></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td><small>COMMITTEE ADDRESS</small></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td><small>COMMITTEE CAMPAIGN TREASURER NAME</small></td> </tr> <tr> <td></td> <td><small>COMMITTEE CAMPAIGN TREASURER ADDRESS</small></td> </tr> </table>			<small>COMMITTEE TYPE</small>	<small>COMMITTEE NAME</small>	<input type="checkbox"/> GENERAL	<small>COMMITTEE ADDRESS</small>	<input type="checkbox"/> SPECIFIC	<small>COMMITTEE CAMPAIGN TREASURER NAME</small>		<small>COMMITTEE CAMPAIGN TREASURER ADDRESS</small>								
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**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

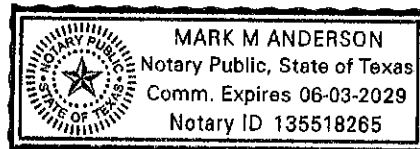
<b>15 C/OH NAME</b> Robert R. (Bob) Harvey		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,188.03
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,615.25
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 20,870.54
<b>OUTSTANDING LOAN TOTALS</b>	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 15<sup>th</sup> day of January, 2026, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Mark M. Anderson Printed name of officer administering oath: Mark M. Anderson Title of officer administering oath: Notary Public

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****SUBTOTAL  
AMOUNT**

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.

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

## SCHEDULE A1

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1:

Robert R (Bob) Harvey

### 3 Filer ID (Ethics Commission Filers)

**5 Full name of contributor**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**7 Amount of contribution (\$)**

Tony Verdi

**6** Contributor address;                      City;                      State;                      Zip Code

USD 250.00

91 Sunlit Grove Street, spring, Texas 77382

President

GITECH

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Dennis Peck

Contributor address; City; State; Zip Code

USD 50.00

2327 Legends Gate Drive, Spring, Texas 77386

## Millwork Specialist

Home Depot

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Adrian Heath

Contributor address; City; State; Zip Code

USD 48.03

43 W Stony Bridge Ct., Spring, Texas 77381

Reseller

Self

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Chris Cruz

Contributor address: City: State: Zip Code

USD 100.00

12510 Patridge Circle, Pinehurst, Texas, 77362

Independent Contractor

Self

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

## SCHEDULE A1

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1:

Robert R (Bob) Harvey

### 3 Filer ID (Ethics Commission Filers)

**5 Full name of contributor**

**7 Amount of contribution (\$)**

Teresa Strack

USD 150.00

36102 Post Oak Circle, Magnolia, Texas 77355

9 Employer (See Instructions)

**LifeFirst**

Full name of contributor

Amount of contribution (\$)

Peter Goeddertz

USD 100.00

15970 Hartman Road, Magnolia, Texas 77355

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Full name of contributor

Amount of contribution (\$)

Julie Vanderhorst

USD 100.00

33603 Conroe Huffsmith Rd, Magnolia, Texas 77354

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Retired

Full name of contributor

Amount of contribution (\$)

Anna McGlaun

USD 20.00

29018 Driftwood Lane, Shenandoah, Texas 77381

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Retired

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

**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: <b>4</b>
2 FILER NAME <b>Robert R (Bob) Harvey</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/10/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Anonymous</b> 6 Contributor address; City; State; Zip Code <b>Left under QR Code Picture</b>	7 Amount of contribution (\$)  <b>USD 20.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12/10/2025</b>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Barry Tate</b> Contributor address; City; State; Zip Code <b>11926 Rainy Oaks Dr, Magnolia 77354</b>
Principal occupation / Job title (See Instructions) <b>Financial Adviser</b>		Employer (See Instructions) <b>Self</b>
Date <b>12/15/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michelle Kane</b> Contributor address; City; State; Zip Code <b>62 Trellis Gate Street, Spring, Texas 7</b>	Amount of contribution (\$)  <b>USD 50.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>12/29/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sally Helbert</b> Contributor address; City; State; Zip Code <b>32311 Doe Dr. Magnolia, Texas 77355</b>	Amount of contribution (\$)  <b>USD 100.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor 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.

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule E: <div style="text-align: center; font-size: 1.5em;">8</div>
<b>2</b> FILER NAME Robert R (Bob) Harvey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> USD 31194.35
<b>5</b> Date of loan 10/13/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robert R (Bob) Harvey	<b>9</b> Loan Amount (\$) USD 84.00
<b>6</b> Is lender a financial institution?  Y <input checked="" type="checkbox"/>	<b>8</b> Lender address; City; State; Zip Code  9511 Clubhouse Circle, Magnolia, Texas, 77354	<b>10</b> Interest rate 0.0%
		<b>11</b> Maturity date 12/31/2027
<b>12</b> Principal occupation / Job title (See Instructions) Millwork Specialist		<b>13</b> Employer (See Instructions) Home Depot
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
<b>Date of loan</b> 10/14/2025	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robert R (Bob) Harvey	<b>Loan Amount (\$)</b> USD 2500.00
<b>Is lender a financial institution?</b>  Y <input checked="" type="checkbox"/>	<b>Lender address; City; State; Zip Code</b>  9511 Clubhouse Circle, Magnolia, Texas 77354	<b>Interest rate</b> 0.0%
		<b>Maturity date</b> 12/31/2027
<b>Principal occupation / Job title (See Instructions)</b> Millworks		<b>Employer (See Instructions)</b> Home Depot
<b>Description of Collateral</b> <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>8</b>
2 FILER NAME <b>Robert R (Bob) Harvey</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ USD 31194.35
5 Date of loan <b>10/15/2025</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert R (Bob) Harvey</b>	9 Loan Amount (\$) <b>USD 324.75</b>
6 Is lender a financial Institution? <b>Y</b> <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <b>9511 Clubhouse Circle, Magnolia, Texas, 77354</b>	10 Interest rate <b>0.0%</b>
		11 Maturity date <b>12/31/2027</b>
12 Principal occupation / Job title (See Instructions) <b>Millwork Specialist</b>		13 Employer (See Instructions) <b>Home Depot</b>
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; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <b>10/20/2025</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert R (Bob) Harvey</b>	Loan Amount (\$) <b>USD 29.32</b>
Is lender a financial Institution? <b>Y</b> <input checked="" type="radio"/>	Lender address; City; State; Zip Code <b>9511 Clubhouse Circle, Magnolia, Texas 77354</b>	Interest rate <b>0.0%</b>
		Maturity date <b>12/31/2027</b>
Principal occupation / Job title (See Instructions) <b>Millworks</b>		Employer (See Instructions) <b>Home Depot</b>
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; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: <b>8</b>
<b>2</b> FILER NAME Robert R (Bob) Harvey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> USD 31194.35
<b>5</b> Date of loan 10/20/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert R (Bob) Harvey	<b>9</b> Loan Amount (\$) USD 49.00
<b>6</b> Is lender a financial institution? Y <input checked="" type="radio"/>	<b>8</b> Lender address; City; State; Zip Code 9511 Clubhouse Circle, Magnolia, Texas, 77354	<b>10</b> Interest rate 0.0%
		<b>11</b> Maturity date 12/31/2027
<b>12</b> Principal occupation / Job title (See Instructions) Millwork Specialist		<b>13</b> Employer (See Instructions) Home Depot
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
<b>Date of loan</b> 10/20/2025	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert R (Bob) Harvey	<b>Loan Amount (\$)</b> USD 18.35
<b>Is lender a financial institution?</b> Y <input checked="" type="radio"/>	<b>Lender address; City; State; Zip Code</b> 9511 Clubhouse Circle, Magnolia, Texas 77354	<b>Interest rate</b> 0.0%
		<b>Maturity date</b> 12/31/2027
<b>Principal occupation / Job title (See Instructions)</b> Millworks		<b>Employer (See Instructions)</b> Home Depot
<b>Description of Collateral</b> <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

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

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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: <b>8</b>
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 <b>N</b>	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)
<hr/>		
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 <b>N</b>	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**If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: <div style="text-align: center; font-size: 1.5em;">8</div>
<b>2</b> FILER NAME Robert R (Bob) Harvey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> USD 31194.35
<b>5</b> Date of loan 11/03/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert R (Bob) Harvey	<b>9</b> Loan Amount (\$) USD 1000.00
<b>6</b> Is lender a financial institution?  Y <input checked="" type="radio"/>	<b>8</b> Lender address; City; State; Zip Code  9511 Clubhouse Circle, Magnolia, Texas, 77354	<b>10</b> Interest rate 0.0%
		<b>11</b> Maturity date 12/31/2027
<b>12</b> Principal occupation / Job title (See Instructions) Millwork Specialist		<b>13</b> Employer (See Instructions) Home Depot
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
<b>Date of loan</b> 11/05/2025	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert R (Bob) Harvey	<b>Loan Amount (\$)</b> USD 500.00
<b>Is lender a financial institution?</b>  Y <input checked="" type="radio"/>	<b>Lender address; City; State; Zip Code</b>  9511 Clubhouse Circle, Magnolia, Texas 77354	<b>Interest rate</b> 0.0%
		<b>Maturity date</b> 12/31/2027
<b>Principal occupation / Job title (See Instructions)</b> Millworks		<b>Employer (See Instructions)</b> Home Depot
<b>Description of Collateral</b> <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: <div style="text-align: center; font-size: 1.5em;">8</div>
<b>2</b> FILER NAME Robert R (Bob) Harvey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$ USD 31194.35
<b>5</b> Date of loan 12/03/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert R (Bob) Harvey	<b>9</b> Loan Amount (\$) USD 1500.00
<b>6</b> Is lender a financial institution? Y <input checked="" type="radio"/>	<b>8</b> Lender address; City; State; Zip Code 9511 Clubhouse Circle, Magnolia, Texas, 77354	<b>10</b> Interest rate 0.0%
		<b>11</b> Maturity date 12/31/2027
<b>12</b> Principal occupation / Job title (See Instructions) Millwork Specialist		<b>13</b> Employer (See Instructions) Home Depot
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
Date of loan 11/22/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert R (Bob) Harvey	Loan Amount (\$) USD 5000.00
Is lender a financial institution? Y <input checked="" type="radio"/>	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)
<b>GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>8</b>
2 FILER NAME <b>Robert R (Bob) Harvey</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ USD 31194.35
5 Date of loan <b>12/03/2025</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Robert R (Bob) Harvey</b>	9 Loan Amount (\$) <b>USD 10000.00</b>
6 Is lender a financial institution? <b>Y</b> <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code <b>9511 Clubhouse Circle, Magnolia, Texas, 77354</b>	10 Interest rate <b>0.0%</b>
		11 Maturity date <b>12/31/2027</b>
12 Principal occupation / Job title (See Instructions) <b>Millwork Specialist</b>		13 Employer (See Instructions) <b>Home Depot</b>
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; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <b>12/29/2025</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Robert R (Bob) Harvey</b>	Loan Amount (\$) <b>USD 10000.00</b>
Is lender a financial institution? <b>Y</b> <input checked="" type="checkbox"/>	Lender address; City; State; Zip Code <b>9511 Clubhouse Circle, Magnolia, Texas 77354</b>	Interest rate <b>0.0%</b>
		Maturity date <b>12/31/2027</b>
Principal occupation / Job title (See Instructions) <b>Millworks</b>		Employer (See Instructions) <b>Home Depot</b>
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; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>10</b>	<b>2</b> FILER NAME <b>Robert R (Bob) Harvey</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/13/2025</b>	<b>5</b> Payee name <b>The Shipping Place</b>	
<b>6</b> Amount (\$)  <b>USD 84.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>9311 FM 1488 Rd Suite 30, Magnolia, Texas 77354</b> <input type="checkbox"/> Check if individual's residence address.	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Rental Expense</b>	<b>(b)</b> Description  <b>Campaign Post Office Box Rental</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>10/14/2025</b>	Payee name <b>Ruth &amp; Rene Photography</b>	
Amount (\$)  <b>USD 324.75</b>	Payee address; City; State; Zip Code <b>1023 Oakshire Ln, Conroe, Texas 77384</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Advertising Expense</b>	Description  <b>Campaign Photographs</b>
	<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 <b>10/20/2025</b>	Payee name <b>Office Max</b>	
Amount (\$)  <b>USD 29.32</b>	Payee address; City; State; Zip Code <b>32954 FM 2978, Magnolia, Texas 77354</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Other</b>	Description  <b>Office Supplies - Paper</b>
	<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		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



# 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>10</b>	<b>2</b> FILER NAME <b>Robert R (Bob) Harvey</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/20/2025</b>	<b>5</b> Payee name <b>Postnet #Tx233</b>	
<b>6</b> Amount (\$) <b>USD 49.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>27710 SH-249, Tomball, Texas 77375</b> <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Other</b>	<b>(b)</b> Description <b>Office Supplies - Business Cards</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>10/20/2025</b>	Payee name <b>Texas Marking Products</b>	
Amount (\$) <b>USD 18.35</b>	Payee address; City; State; Zip Code <b>26019 Interstate 45, Spring, Texas 77381</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Office Supplies - Name Tag</b>
	<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 <b>10/20/2025</b>	Payee name <b>Go Daddy</b>	
Amount (\$) <b>USD 44.59</b>	Payee address; City; State; Zip Code <b>14455 N. Hayden Road, Scottsdale, Arizona 85260</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Website Domain</b>
	<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		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

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

# 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>10</b>		<b>2</b> FILER NAME <b>Robert R (Bob) Harvey</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>11/4/2025</b>		<b>5</b> Payee name <b>Texas Marketing Products</b>			
<b>6</b> Amount (\$)  <b>USD 18.35</b>		<b>7</b> Payee address; City; State; Zip Code <b>26019 Interstate 45, Spring, Texas 77381</b> <input type="checkbox"/> Check if individual's residence address.			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Other</b>		<b>(b)</b> Description  <b>Office Supplies - Name Tag</b>		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date <b>11/07/2025</b>		Payee name <b>CAZ Consulting</b>			
Amount (\$)  <b>USD 2500.00</b>		Payee address; City; State; Zip Code <b>5049 Edwards Ranch Road, Fort Worth, Tx 76109</b> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Consulting Expense</b>		Description  <b>Consultant</b>		
	<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 <b>11/07/2025</b>		Payee name <b>CAZ Consulting</b>			
Amount (\$)  <b>USD 400.00</b>		Payee address; City; State; Zip Code <b>5049 Edwards Ranch Road, Fort Worth, Tx 76109</b> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Consulting Expense</b>		Description  <b>Consultant</b>		
	<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					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>10</b>		2 FILER NAME <b>Robert R (Bob) Harvey</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/7/2025</b>		5 Payee name <b>CAZ Consulting</b>			
6 Amount (\$)  <b>USD 1100.00</b>		7 Payee address; City; State; Zip Code <b>5049 Edwards Ranch Road, Fort Worth, Tx 76109</b> <input type="checkbox"/> Check if individual's residence address.			
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <b>Consulting Expense</b>		(b) Description  <b>Consulting</b>		
	(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 <b>11/10/2025</b>		Payee name <b>Montgomery County Republican Party</b>			
Amount (\$)  <b>USD 1250.00</b>		Payee address; City; State; Zip Code <b>18001 Hwy 105 W Suite 101, Montgomery, Tx 77356</b> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>Other</b>		Description  <b>Filing Fee</b>		
	<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 <b>11/24/2025</b>		Payee name <b>The Shipping Place</b>			
Amount (\$)  <b>USD 962.45</b>		Payee address; City; State; Zip Code <b>9311 FM 1488 Rd, Suite 30, Magnolia, Texas 77354</b> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>Printing Expense</b>		Description  <b>Push Cards</b>		
	<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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

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

# 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>10</b>		2 FILER NAME <b>Robert R (Bob) Harvey</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/05/2025</b>		5 Payee name <b>Wrap Stars Magnolia</b>			
6 Amount (\$)  <b>USD 1442.00</b>		7 Payee address; City; State; Zip Code <b>5523 FM 1488 Suite B, Magnolia 77354</b> <input type="checkbox"/> Check if individual's residence address.			
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <b>Printing Expense</b>		(b) Description  <b>Tee Shirts</b>		
	(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 <b>12/06/2025</b>		Payee name <b>Ron Reilly</b>			
Amount (\$)  <b>USD 135.00</b>		Payee address; City; State; Zip Code <b>201 PERCHERON DR, THE WOODLANDS, TEXAS 77382</b> <input checked="" type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>Event Expenses</b>		Description  <b>Del Webb Meet &amp; Greet</b>		
	<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 <b>12/18/2025</b>		Payee name <b>SWMCC Chamber of Commerce</b>			
Amount (\$)  <b>USD 39.00</b>		Payee address; City; State; Zip Code <b>18423 FM 1488 Suite C, Magnolia 77354</b> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>Food</b>		Description  <b>Signage</b>		
	<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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>10</b>		2 FILER NAME <b>Robert R (Bob) Harvey</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/15/2025</b>		5 Payee name <b>Wrap Stars Magnolia</b>			
6 Amount (\$)  <b>USD 1500.00</b>		7 Payee address; <b>5523 FM 1488 Suite B, Magnolia 77354</b> City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.			
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <b>Printing Expense</b>		(b) Description  <b>Billboard Wrap</b>		
	(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 <b>12/22/2025</b>		Payee name <b>SpeedPro</b>			
Amount (\$)  <b>USD 294.94</b>		Payee address; <b>32503 Tamina Rd #1 Magnolia, Tx 77354</b> 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)  <b>Printing Expense</b>		Description  <b>Bumper Stickers</b>		
	<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 <b>12/29/2025</b>		Payee name <b>Microsoft 365</b>			
Amount (\$)  <b>USD 127.89</b>		Payee address; <b>One Microsoft Way, Redmond, WA 98052</b> 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)  <b>Other</b>		Description  <b>Software Program</b>		
	<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  
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: <b>10</b>	2 FILER NAME <b>Robert R (Bob) Harvey</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/28/2025</b>	5 Payee name <b>Amegy Bank</b>	
6 Amount (\$) <b>USD 2.00</b>	7 Payee address; City; State; Zip Code <b>PO Box 26547, Salt Lake City, Ut 88126</b> <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>Accounting / Banking</b>	(b) Description <b>Bank Fee</b>
	(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 <b>11/05/2025</b>	Payee name <b>Microsoft 365</b>	
Amount (\$) <b>USD 127.89</b>	Payee address; City; State; Zip Code <b>One Microsoft Way, Redmond, WA 98052</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Software Monthly Fee</b>
	<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 <b>11/28/2025</b>	Payee name <b>Microsoft 365</b>	
Amount (\$) <b>USD 127.89</b>	Payee address; City; State; Zip Code <b>One Microsoft Way, Redmond WA 98052</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Software Monthly Fee</b>
	<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		
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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 10	<b>2</b> FILER NAME Robert R (Bob) Harvey	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/28/2025	<b>5</b> Payee name Amegy Bank	
<b>6</b> Amount (\$)  USD 2.00	<b>7</b> Payee address; City; State; Zip Code PO Box 26547, Salt Lake City, Ut 88126 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Accounting / Banking	<b>(b)</b> Description  Bank Fee
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> 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; City; State; Zip Code PO Box 26547, Salt Lake City, Ut 88126 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	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; City; State; Zip Code PO Box 26547, Salt Lake City, UT 8812 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	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		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		