CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this	1 Filer ID (Ethics Commis 00069334	sion Filers)	2 Total pages filed:20
3 CANDIDATE /	MS / MRS / MR FIRS	Т	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Eric			Date Received
				ELECTRONICALLY FILED
	NICKNAME LAST	-	SUFFIX	07/03/2025
	Sam Harle	ess		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUIT	E#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING	15814 Champion Forest Dr.			
ADDRESS	PMB #312			Receipt # Amount
Change of Address	Spring, TX 77379			Date Processed
				Date Imaged
5 CAMPAIGN	MS / MRS / MR FIRST	Γ	MI	
TREASURER NAME	Mrs. Patric	cia		
	NICKNAME LAST Harle		SUFFIX	
	Halle	:55		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX F	PLEASE); APT	/ SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	15814 Champion Forest Dr.			
	PMB #312			
(Residence or Business)	Spring, TX 77379			
7 CAMPAIGN	AREA CODE PHONE NUM	MBER EXTENSION		
TREASURER	(281) 655-0254			
PHONE	(201) 000 020 1			
8 REPORT TYPE			- <i>"</i>	1
	January 15 30tl	h day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15 8th	day before election	Exceeded modified	Final Report (Attach C/OH-FR)
			reporting limit	•
9 PERIOD COVERED	Month Day Year		Month Day	Year
COVERED	01/01/2025	THROUGH	06/30/2025	5
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	X Primary	Runoff	Other
	03/03/2026	General	Special	_
11 OFFICE	OFFICE HELD (if any)	ı	12 OFFICE SOUGHT	(if known)
	State Representative District 120	6 Harris	State Representa	tive District 126
		GO TO PAGE 2		
I				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 20

13 C / OH NAME	Harless, Eric (The H	onorable)	14 Filer ID (00069334	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	holder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
ш°	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 27,500.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 50,389.80		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE I RIOD	AST DAY OF THE	\$ 503,250.64		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00		
17 AFFIDAVIT		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.				
		The Ho	norable Eric Harless			
		Signature o	f Candidate or Officehol	der		
AFFIX NO	TARY STAMP / SEAL ABO	DVE				
Sworn to and subs	cribed before me, by the s	aid	, this the	day		
of	, 20, to ce	ertify which, witness my hand and seal of office.				
Signature of office	Signature of officer administering Printed name of officer administering Title of officer administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		C	OVER SH	EET PG 3 3 of 20
18 FILER N. Harless	(Ethics Comn	nission Filers)		
	ILE SUBTOTALS F SCHEDULE		SUBTO	FAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	27,500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	50,389.80
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	8,624.33

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 1/1 Rpt: 4/20
2	FILER NAME Harless, Eric	c (The Honorable)		3	Filer ID (Ethics Commission Filers) 00069334
4	Date 06/07/2025 5 Full name of contributor out-of-state PAC (ID#:) STILLEY, FRANK 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$10,000.00	
		HOUSTON, TX 77082			
8	Principal occu	upation / Job title (See Instructions) T	9 Employer (See Instructions AMSTILL ROOFING	s)	
	Date 06/23/2025	Full name of contributor			Amount of Contribution (\$) \$10,000.00
	Principal occu	AUSTIN, TX 78768 upation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$) \$5,000.00
	Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date Full name of contributor out-of-state PAC (ID#:_06/23/2025 Weekley, Richard Contributor address; City; State; Zip Code Houston, TX 77027				Amount of Contribution (\$) \$2,500.00
	Principal occu Owner	upation / Job title (See Instructions)	Employer (See Instructions Weekley Homes	s)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	
1 Total pages Schedule F1: Sch: 1/14 Rpt: 5/20	2 FILER NAME Harless, Eric (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069334
4 Date	5 Payee name
01/20/2025	Amazon
6 Amount (\$) \$41.33	7 Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98109
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense TV Stand for Austin Office
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/27/2025	Barcellona, Toni
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1731 Spyglass Dr unit 65
BURDOCE	Austin, TX 78746
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Bonus Expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/27/2025	Bonham, Josh
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1321 Gaviota Lane
	Leander, TX 78641
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Bonus Expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/14 Rpt: 6/20	Harless, Eric (The Honorable) 00069334
4	Date	5 Payee name
	04/22/2025	CVS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.28	1950 Bagdad Rd
		Cedar Park, TX 78613
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	-	Check if Austin, TX, officeholder living expense First Aid Supplies Austin office
		riist Alu Supplies Austili Ollice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	05/27/2025	Cook, James
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1827 Enchanted Rock Dr
		Cedar Park, TX 78613
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Bonus Expense
		Stan Bonds Expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Data	Davies same
	Date 04/02/2025	Payee name Donut Monster
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.64	1825 Crystal Falls Pkwy
		Leander, TX 78641
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donuts for Constituent Visit Capitol Office
		Donats for Constituent visit Capitor Office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By - Godfields/ Officeholds/ (Political Committee)

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Cont The Instruction Guide explains how to complete the	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/14 Rpt: 7/20	Harless, Eric (The Honorable)	00069334
4	Date	5 Payee name	
	03/31/2025	Erben & Yarbrough	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$625.00	807 Brazos Street Ste 402	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Legal Services	Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	,	Check if Austin, TX, officeholder living expense
			C Compliance Services
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experionality to benefit C/O	П	
	Date	Payee name	
	01/10/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$125.40	12860 Research Blvd	
		Austin, TX 78750	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
		Su	pplies for Austin Office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	- p		
	Date	Payee name	
	05/05/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$143.06	12860 Research Blvd	
		Austin, TX 78750	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Office Overhead/Nertial Expense	Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	·	Check if Austin, TX, officeholder living expense
		Su	pplies for Austin office
	Complete ONLY if alias -t	Condidate/Officeholder name	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 4/14 Rpt: 8/20	Harless, Eric (The Honorable) 00069334
4 Date	5 Payee name
05/27/2025	HEB
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$155.02	12860 Research Blvd
,	
	Austin, TX 78750
0 DUDDOSE	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Supplies for Austin office
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Data	Para a same
Date	Payee name
01/01/2025	Hanover Republic Square
Amount (\$)	Payee address; City; State; Zip Code
\$5,493.99	303 W. 5th St
	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
LAI LINDITURE	X Check if Austin, TX, officeholder living expense
	Austin Apt Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5	
Date	Payee name
02/01/2025	Hanover Republic Square
Amount (\$)	Payee address; City; State; Zip Code
\$5,940.76	303 W. 5th St
	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	X Check if Austin, TX, officeholder living expense
	Austin Apt Rent
Complete Chill V if all a	Condidate/Officeholder name Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
, ,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Salaries/Wages/Contract Labor

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/14 Rpt: 9/20 Harless, Eric (The Honorable) 00069334 4 Date Payee name 03/01/2025 Hanover Republic Square 6 Amount (\$) Payee address; City; State; Zip Code \$5,676.56 303 W. 5th St Austin, TX 78701 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** X Check if Austin, TX, officeholder living expense Austin Apt Rent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/01/2025 Hanover Republic Square Amount (\$) Payee address; City; State; Zip Code \$5,731.06 303 W. 5th St Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** TX Check if Austin, TX, officeholder living expense Austin Apt Rent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/01/2025 Hanover Republic Square Amount (\$) Payee address: City; State; Zip Code \$5,738.64 303 W. 5th St Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** TX Check if Austin, TX, officeholder living expense Austin Apt Rent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 6/14 Rpt: 10/20	Harless, Eric (The Honorable) 00069334	
4	Date	5 Payee name	_
	04/01/2025	Hanover Republic Square	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5,804.12	303 W. 5th St	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense	
		Austin Apt Rent	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	05/27/2025	Hickman, Ron	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$500.00	1764 FM 667	
		Purdon, TX 76679	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor	
		Staff Bonus Expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	
	05/08/2025	Houston Northwest Chamber of Commerces	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	4201 cypress Creek Pkwy, Unit 195	
		Houston, TX 77068	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Registration fee for local org. event	
		registration lee for local org. event	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_
I			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/14 Rpt: 11/20	Harless, Eric (The Honorable) 00069334
4	Date	5 Payee name
	04/15/2025	Internal Revenue Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,476.00	1120
		Ogden, UT 84201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Taxes on Interest earned
		raxes on interest carried
_	Commission ONII V if disposi	Condidate/Officeholder name Office appets
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	03/21/2025	Karen Abramski, PC
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	21415 Aurora Park Dr
		Richmond, TX 77406
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Tax Return Filing
	Operation ONE Wife disease	Open Highest (Office health and a second sec
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	02/11/2025	Kroger
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.57	15802 Champion Forest Dr
		Spring, TX 77379
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Supplies for District Office
	0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/14 Rpt: 12/20	Harless, Eric (The Honorable) 00069334
4	Date	5 Payee name
	01/10/2025	Lone Star Quick Prints
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.38	6271 Cypress Creek Pkwy
		Houston, TX 77069
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Plaque for District Office door
		Thaque for Bistrict Cities door
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	02/14/2025	Northwest Forest Republican Women
	Amount (\$)	
	\$125.00	
	\$125.00	15455 Canterbury Forest Apt 314
		Tomball, TX 77377
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ad in Directory
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/10/2025	Northwest Forest Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.00	15455 Canterbury Forest Apt 314
	Ψ01.00	10 los Galiloisaly i Greet i profit
		Tomball, TX 77377
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		registration fee for local org. event
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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: Sch: 9/14 Rpt: 13/20	2 FILER NAME Harless, Eric (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069334	
4	Date		
7	03/04/2025	Northwest Forest Republican Women	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$200.00	15455 Canterbury Forest Apt 314	
		Tomball, TX 77377	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H	
	Date	Payee name	
	05/12/2025	Northwest Forest Republican Women	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$69.00	15455 Canterbury Forest Apt 314	
		Tomball, TX 77377	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Registration fee for local org. event	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialitate to belieff of of	··	
	Date	Payee name	
	01/08/2025	Office Depot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.08	4534 FM 1960 W	
		Houston, TX 77069	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Supplies for District office	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	н	
1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·		/ages	/Contract Labor		OTHER (enter	a category not listed ab	oove)
				The Instruction G	uide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 10/14 Rpt: 14/20		Harless, Eric	(The Honoral	ole)					00069334		
4	Date	5	Payee name									
	06/09/2025		Paypal									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$17.94		2211 North	First St								
			San Jose, C	A 95131								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF			Fundraising Exp		, ,		Check if travel of	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder livin	ig expense	
								Contribution p	oro	cessing fee	!	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	O	ffice sou	ght			Office h	ield	
	experialiture to beliefit C/Oi	'										
	Date		Payee name									
	02/03/2025		Pearl Finche	er Musuem of F	ine Arts							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$6,000.00		6815 Cypres	sswood Dr								
			Spring, TX 7	7379								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations Ma		,		Check if travel of	outsi	de of Texas. Cor	mplete Schedule T.	
	LAI LINDITORE		Candidate/C	Officeholder/Pol	itical Commi	ttee		ш		officeholder livin		
								Donation to C	ina	rity in Distri	CT	
	Operation ONLY if allowed	L_								O#: I-	-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	cenoider name	O	ffice sou	gnt			Office h	ieia	
	·	_										
	Date		Payee name									
	01/24/2025		Spectrum C	able 								
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$127.36		1000 E. 41s	t Str								
			Austin, TX 7	8751								
	PURPOSE	(a)		e Categories listed at t		edule)	(b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Ex	pense						nplete Schedule T.	
	-									officeholder livin		
								Internet & Ca	אוכ	πασιπ Αμι		
_	Complete ONLY if direct	Ц	Candidate/Offic	eholder name	0:	ffice sou	aht			Office h	ıeld	
	expenditure to benefit C/OI		Janunaic/OIII	onoluci naine	O	300	Aiir			Office I	ioiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 11/14 Rpt: 15/20	Harless, Eric (The Honorable) 00069334
4	Date	5 Payee name
	02/24/2025	Spectrum Cable
6	Amount (\$) \$127.29	7 Payee address; City; State; Zip Code 1000 E. 41st Str
		Austin, TX 78751
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	X Check if Austin, TX, officeholder living expense
		Internet and Cable Austin Apt
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/27/2025	Spectrum Cable
	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$127.29	1000 E. 41st Str
		Austin, TX 78751
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Internet and Cable Austin Apt
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/27/2025	Spectrum Cable
	Amount (\$)	Payee address; City; State; Zip Code
	\$127.29	1000 E. 41st Str
		Austin, TX 78751
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	X Check if Austin, TX, officeholder living expense
		Internet & Cable Austin Apt
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/14 Rpt: 16/20	Harless, Eric (The Honorable) 00069334
4	Date	5 Payee name
	05/27/2025	Spectrum Cable
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$127.29	1000 E. 41st Str
		Austin, TX 78751
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		internet & Sabie Adduit Apt
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/26/2025	Spectrum Cable
	Amount (\$)	Payee address; City; State; Zip Code
	\$127.29	1000 E. 41st Str
	¥==:.=•	
		Austin, TX 78751
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		X Check if Austin, TX, officeholder living expense Internet & Cable Austin Apt
		monet a sustain p
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/06/2025	TDCJ Huntsville Unit
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,224.31	815 12th Street
		Huntsville, TX 77349
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	-	Check if Austin, TX, officeholder living expense Committe member & Staff Committee gifts
		Committe member a stan committee gills
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
1		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/14 Rpt: 17/20	Harless, Eric (The Honorable) 00069334
4	Date	5 Payee name
	02/14/2025	Texas House Republican Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 13305
		Austin, TX 78711
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Wellbership Bues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/21/2025	United Flag & Banner
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.03	7135 Louetta Road #U
		Spring, TX 77379
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Commercial Flag for Flagpole at district office
		Commodular lagror at alcalist office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/12/2025	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.16	2801 E White Stone Blvd
		Cedar Park, TX 78613
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Supplies for Austin office
		Supplies for Austin office
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - al Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	oense	Polling Expe Printing Exp Salaries/Wa	ense ense	ntract Labor		Travel in District Travel Out of Di		
	Credit Card Payment			The Instruction Guide	e explains l	how to com	plete	this form.				
1	Total pages Schedule F1:	2	FILER NAME	E					3	Filer ID	(Ethics Commission Filer	s)
	Sch: 14/14 Rpt: 18/20		Harless, Er	ric (The Honorable)					00069334		
4	Date	5	Payee name	<u> </u>								
	02/11/2025		Whataburg									
Ļ		-			Ctata	Zin Cod						
ľ	Amount (\$)	'	Payee addre	-	State;	Zip Cod	е					
	\$252.66		7430 Louet	tta Ru								
			Spring, TX	77379								
8	PURPOSE	(a)	Category (S	See Categories listed at the to	on of this sche	edule) (b) De	escription				
	OF		Food/Bever	rage Expense				_	outsi	de of Texas. Com	plete Schedule T.	
l	EXPENDITURE							1		officeholder living		
							Bı	eakfast for	HC	PCT3 Con	nmunity Safety Forum	1
9	Complete ONLY if direct		Candidate/Off	ficeholder name	C	Office soug	ht			Office h	eld	
	expenditure to benefit C/OI	Н										
l												
l												
I												

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ages Schedule K: /2 Rpt: 19/20				
2	FILER NAME		3	Filer ID	(Ethics Commission F	ilers)
	Harless, Eric	: (The Honorable)	00069	334		
4	Date	5 Name of person from whom amount is received	8 Amount (\$)			
	01/31/2025	Origin Bank				,413.10
	01/01/2020				ΨΞ,	,410.10
		6 Address of person from whom amount is received; City; State; Zip Code				
		Ruston, LA 71273				
		_	k if polition	cal contr	ibution returned to filer	
		Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	02/28/2025	Origin Bank			\$1,	,367.21
		Address of person from whom amount is received; City; State; Zip Code				
		Ruston, LA 71273				
		Purpose for which amount is received Check	k if politic	cal contr	ibution returned to filer	
		Interest				
	5.				A (A)	
	Date	Name of person from whom amount is received Origin Bank		Amount (\$)	E10.01	
	03/31/2025		\$1,	,518.21		
		Duston I A 71070				
		Ruston, LA 71273				
		_	k if polition	cal contr	ibution returned to filer	
		Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	04/30/2025	Origin Bank			\$1,	,474.09
		Address of person from whom amount is received; City; State; Zip Code				
		Ruston, LA 71273				
		Purpose for which amount is received Check	k if polition	cal contr	ibution returned to filer	
		Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	05/31/2025	Origin Bank				,464.15
	03/31/2023		Ψ1,	,404.13		
		Address of person from whom amount is received; City; State; Zip Code				
		Duston I A 71272				
		Ruston, LA 71273				
		_	k if polition	cal contr	ibution returned to filer	
		Interest				

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 20/20 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Harless, Eric (The Honorable) 00069334 5 Name of person from whom amount is received 8 Amount (\$) Date 06/30/2025 Origin Bank \$1,387.57 6 Address of person from whom amount is received; City; State; Zip Code Ruston, LA 71273 Purpose for which amount is received Check if political contribution returned to filer Interest