

# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH  
COVER SHEET PG 1

|                                                                   |                                                                                                                                                                                                                                                                                                           |                                                             |                                                                                                                                                                                                  |                                                                                          |  |  |  |  |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--|--|--|--|
| The SC C/OH Instruction Guide explains how to complete this form. |                                                                                                                                                                                                                                                                                                           | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00086116 |                                                                                                                                                                                                  | <b>2</b> Total pages filed:<br>3                                                         |  |  |  |  |
| <b>3</b> CANDIDATE NAME                                           | MS / MRS / MR FIRST MI<br>Mr. Robert Raymond                                                                                                                                                                                                                                                              |                                                             | <b>OFFICE USE ONLY</b><br><br>Date Received<br>ELECTRONICALLY FILED<br>07/06/2025<br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt # Amount<br><br>Date Processed<br><br>Date Imaged |                                                                                          |  |  |  |  |
|                                                                   | NICKNAME LAST SUFFIX<br>Eberle Jr.                                                                                                                                                                                                                                                                        |                                                             |                                                                                                                                                                                                  |                                                                                          |  |  |  |  |
| <b>4</b> CANDIDATE ADDRESS                                        | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>9119 Highway 6<br>Suite 230, Box 85<br>Missouri City, TX 77459                                                                                                                                                                                  |                                                             |                                                                                                                                                                                                  |                                                                                          |  |  |  |  |
| <input type="checkbox"/> Change of Address                        |                                                                                                                                                                                                                                                                                                           |                                                             |                                                                                                                                                                                                  |                                                                                          |  |  |  |  |
| <b>5</b> CAMPAIGN TREASURER NAME                                  | MS / MRS / MR FIRST MI<br>Mr. William J.                                                                                                                                                                                                                                                                  |                                                             |                                                                                                                                                                                                  |                                                                                          |  |  |  |  |
|                                                                   | NICKNAME LAST SUFFIX<br>Bill Michie Jr.                                                                                                                                                                                                                                                                   |                                                             |                                                                                                                                                                                                  |                                                                                          |  |  |  |  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS                               | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>9111 S. Fitzgerald Way<br><br>Missouri City, TX 77459<br><br>(Residence or Business)                                                                                                                                           |                                                             |                                                                                                                                                                                                  |                                                                                          |  |  |  |  |
| <b>7</b> CAMPAIGN TREASURER PHONE                                 | AREA CODE PHONE NUMBER EXTENSION<br>(832) 367-9173                                                                                                                                                                                                                                                        |                                                             |                                                                                                                                                                                                  |                                                                                          |  |  |  |  |
| <b>8</b> REPORT TYPE                                              | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before convention / election <input type="checkbox"/> Runoff<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before convention / election <input type="checkbox"/> Final report (Attach SC C/OH-FR) |                                                             |                                                                                                                                                                                                  |                                                                                          |  |  |  |  |
| <b>9</b> PERIOD COVERED                                           | Month Day Year<br>01/01/2025 THROUGH Month Day Year<br>06/30/2025                                                                                                                                                                                                                                         |                                                             |                                                                                                                                                                                                  |                                                                                          |  |  |  |  |
| <b>10</b> CONVENTION / ELECTION DATE                              | Month Day Year<br>03/05/2024                                                                                                                                                                                                                                                                              |                                                             | <b>11</b> OFFICE SOUGHT                                                                                                                                                                          | <input type="checkbox"/> STATE CHAIR<br><input checked="" type="checkbox"/> COUNTY CHAIR |  |  |  |  |
| <b>12</b> POLITICAL PARTY                                         | Republican COUNTY (If Applicable)<br>Fort Bend                                                                                                                                                                                                                                                            |                                                             |                                                                                                                                                                                                  |                                                                                          |  |  |  |  |

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**STATE / COUNTY CHAIR  
CAMPAIGN FINANCE REPORT:  
SUPPORT & TOTALS**

**FORM SC C/OH  
COVER SHEET PG 2**

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|                                                           |                                                           |
|-----------------------------------------------------------|-----------------------------------------------------------|
| <b>13 CANDIDATE NAME</b> Eberle Jr., Robert Raymond (Mr.) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00086116 |
|-----------------------------------------------------------|-----------------------------------------------------------|

|                                                                                                                                               |                                                                                                                                                                                                                                                                                                    |                                      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages                                                 | This box is for notice of political expenditures by political committees to support the candidate. <i>These expenditures may have been made without the candidate's knowledge or consent.</i> Candidates are required to report this information only if they receive notice of such expenditures. |                                      |  |
| <div style="display: flex; align-items: center;"> <input type="checkbox"/> GENERAL<br/><br/> <input type="checkbox"/> SPECIFIC         </div> | COMMITTEE TYPE                                                                                                                                                                                                                                                                                     | COMMITTEE NAME                       |  |
|                                                                                                                                               |                                                                                                                                                                                                                                                                                                    | COMMITTEE ADDRESS                    |  |
|                                                                                                                                               |                                                                                                                                                                                                                                                                                                    | COMMITTEE CAMPAIGN TREASURER NAME    |  |
|                                                                                                                                               |                                                                                                                                                                                                                                                                                                    | COMMITTEE CAMPAIGN TREASURER ADDRESS |  |

|                               |                                                                                                                                       |    |      |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----|------|
| <b>16 CONTRIBUTION TOTALS</b> | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
|                               | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                        | \$ | 0.00 |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES                                                                                            | \$ | 0.00 |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>                                                                                                | \$ | 0.00 |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                                | \$ | 0.00 |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$ | 0.00 |

**17 AFFADAVIT**

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.

\_\_\_\_\_  
 Mr. Robert Raymond Eberle Jr.  
 Signature of Candidate

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
 Signature of officer administering oath

\_\_\_\_\_  
 Printed name of officer administering oath

\_\_\_\_\_  
 Title of officer administering oath

**SUBTOTALS - SC C/OH****FORM SC C/OH  
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|                                                              |                                                                                                             |                                                           |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>18 CANDIDATE NAME</b><br>Eberle Jr., Robert Raymond (Mr.) |                                                                                                             | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00086116 |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE             |                                                                                                             | SUBTOTAL AMOUNT                                           |
| 1.                                                           | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                                                        |
| 2.                                                           | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                                        |
| 3.                                                           | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$                                                        |
| 4.                                                           | <input type="checkbox"/> SCHEDULE E: LOANS                                                                  | \$                                                        |
| 5.                                                           | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$                                                        |
| 6.                                                           | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$                                                        |
| 7.                                                           | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$                                                        |
| 8.                                                           | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                                                        |
| 9.                                                           | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$                                                        |
| 10.                                                          | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                                                        |
| 11.                                                          | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                                                        |
| 12.                                                          | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                                                        |