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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
Harvie, Robert, J, ,

(b) Address (number and street) ☐ Check if address changed
15 Nottingham Court

2. Candidate's FEC Identification Number
H6PA01181

(c) City, State, and ZIP Code
Fallsington PA 19054

3. Is This Statement ☐ New (N) **OR** ☒ Amended (A)

4. Party Affiliation	5. Office Sought	6. State & District of Candidate
DEMOCRATIC PARTY	House	PA 01

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
BOB HARVIE FOR CONGRESS

(b) Address (number and street)
P.O. BOX 67

(c) City, State, and ZIP Code
LANGHORNE PA 19047

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
DEM RISING 2026

(b) Address (number and street)
600 PENNSYLVANIA AVE SE #15180

(c) City, State, and ZIP Code
WASHINGTON DC 20003

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate	Date
Harvie, Robert, J, ,	08/18/2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

FEC **Form 2S** (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE**: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

BOB HARVIE VICTORY FUND

(b) Address (number and street)

P.O. BOX 67

(c) City, State, and ZIP Code

LANGHORNE PA 19047

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE**: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE**: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE**: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code