# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Et	hics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MR.	ROBERT	- (	J. P.		USEONLY
	NICKNAME	GOODS PER	D	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	32946	WILLOW	BEND		JUL	Co. Elections 1 4 2025
Change of Address	WALL	er Tx 7	1484		RE	CEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (713)	1444 - 208	_	TENSION	Date Hand-delivered	d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	ROBERT		J.P.	Receipt #  Date Processed	Amount \$
	NICKNAME	LOODSPE	£1)	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	32946			CITY:	STATE;	ZIP CODE
(Residence or Business)	WALL	er ix i	7842			
8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 444 - 208		ENSION		
9 REPORT TYPE	January 15	30th day before e	election	Runoff	15th day at treasurer a (Officeholde	
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Yea	
	00	/10/2025	THROUGH	06/	/30/2	025
11 ELECTION	Month Day	Year	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)	_	13 OFF	FICE SOUGHT (if known	y commi,	SSIONER Z
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN M	ADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS		Wh		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	$7\pi$		
		COMMITTEE CAMPAIGN TR	EASURER ADDRES	SS		
		GO TO	PAGE 2			
1		55 10				

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

Forms provided by Texas Ethics Commission

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

5 C/OH NAME	OBERT J.P. GOODSPEED	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 540.40
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 41.61
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS     OF REPORTING PERIOD	TDAY \$ 498.79
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	swear, or affirm, under penalty of perjury, that the accompanying report is true equired to be reported by me under Title 15, Election Code.  Signature of Care	and correct and includes all information
	Please complete either option below	<b>:</b>
(1) Affidavit		91 191
NOTARY STAMP/SE	AL	
Sworn to and subscribe		, day of,
20, to certif	y which, witness my hand and seal of office.	
Signature of officer adminis		Title of officer administering oath
(2) Unsworn Declara	OR	
, ,	LAT J.P. GOODSPEED, and my date of birth is 10 WILLOW BENG LN., WALLER TX 7748	8 <u>USA</u>
Executed in WALLS	County, State of TEMS, on the O day of month	(zip code) (country)  20 25. (year)  date/Dffceholder (Declarant)
	Ethics Commission www.ethics.state.tx.us	Revised 1/1/2025

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME  POBERT J.P. GOODS PERD  20 Filer ID (Ethics Con	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 540.40
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 103.44
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 41.61
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s 21.99
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

in the requested information is not applicable, DO NOT include this page in the report.							
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:				
2 FILER NAME	ROBERT J.P. GOODS	REC	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)				
04/28/25	ROBERT J.P. GODSPE 6 Contributor address; City; 32946 WILLOWBEWS WW NAI	State; Zip Code	103.44				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions) COUMTY				
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)				
080425	POSHIT JP. GOOSPEE Contributor address; City; 32946 WILLOW BELD LA, M	State; Zip Code	10 =				
	>294 WILLOW BEND LA, M	SALLACIA (148					
Principal occup	oation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date		C (ID#:)	Amount of contribution (\$)				
06/04/25	94 PIN OAK W. HEMPSTR	2442 XT 84	2000				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)				
%/वर्ग रङ	Contributor address; City;	State; Zip Code	100				
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruct	ions)				
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	IEEDED reporting requirements.				

### **LOANS**

## SCHEDULE E

if the requested information is not applicable, DO NOT include this page in the report.								
The	1 Total pages Schedule E:							
2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
4 TOTAL OF UN	IITEMIZED LOANS		\$ 103.44					
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)					
0428/25	BOBERT J.P. GOOT	SPEED	103.44					
6 Is lender a financial Institution?	8 Lender address; City; 32946 WILLOW BENE	State; Zip Code	10 Interest rate					
Y (*)		84	11 Maturity date					
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)						
INSPE	CTOL	WALLER COUNTY						
14 Description of Coll.  none	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)					
16 GUARANTOR INFORMATION	17 Name of guarantor	,	19 Amount Guaranteed (\$)					
not applicable	18 Guarantor address; City; 32944 WILLOW BEM WALLER TX 77	State; Zip Code	103.44					
20 Principal Occupat	20 Principal Occupation (See Instructions)  21 Employer (See Instructions)							
Date of loan	Name of lender	PAC (ID#: )	Loan Amount (\$)					
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate					
Y N			Maturity date					
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)						
Description of Colla	ateral	Chook if paragnal fun	ds were deposited into political					
none		account (See Instruct						
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)					
	Guarantor address; City;	State; Zip Code						
not applicable								
Principal Occupati	on (See Instructions)	Employer (See Instructions)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.								

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

**Event Expense** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction G	Expense Printing Salarie	Expense g Expense s/Wages/Contract Labor c complete this form.	Travel In District Travel Out Of Distric Other (enter a categ	
1 Total pages Schedule F1:	2 FILER N	AME ROBE	PRINT	CODSPERD	3 Filer ID (Ethic	s Commission Filers)
4 Date 63/19/2025	5 Payee na	VISTA	PRINT	•		
6 Amount (\$) . 41,61	7 Payee ad	ddress; ULINE		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		(See Categories listed a			5	
	(c)	Check if travel outside of Te	exas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder na	ame	Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	y (See Categories listed a	t the top of this schedule)	Description		
		Check if travel outside of Te	exas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder na	ame	Office sought		Office held
Date	Payeen	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed a	it the top of this schedule)	Description		
		Check if travel outside of To	exas. Complete Schedule T	Check if Austin	n, TX, officeholder livir	g expense
Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder	name	Office sought		Office held
	Δ.	TTACH ADDITION	AL COPIES OF T	HIS SCHEDULE AS NEE	EDED	
	^					Revised 1/1/2025

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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 Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Office Ov Polling Ex ense Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense	
1 Total pages Schedule G:	2 FILER NA	ROBER	T J.P.	Goodsfit	3 Filer ID (Ethics	Commission Filers)	
4 Date 67/	5 Payee nam	DADDY.C	om				
Amount (\$)  Reimbursement from political contributions intended	7 Payee add	ress; -INE_		City;	State;	Zip Code	
8' PURPOSE OF EXPENDITURE		(See Categories listed at the top	o of this schedule)	(b) Description	STR		
		Check if travel outside of Texas. Con			tin, TX, officeholder living ex	pense	
9 Complete ONLY if direct expenditure to benefit C/OH	0	ate / Officeholder name	400131	Office sought	DMM15510N	#Z	
Date	Payee nan	ne					
Amount (\$)	Payee add	Iress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the to	p of this schedule)	Description			
		Check if travel outside of Texas. Co	mplete Schedule T.	Check if Aust	tin, TX, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought	(	Office held	
Date	Payee nan	ne					
Amount (\$)	Payee add	lress;		City;	State;	Zip Code	
political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the to	p of this schedule)	Description			
		Check if travel outside of Texas. Co	mplete Schedule T.	Check if Aus	tin, TX, officeholder living ex		
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name	•	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						