

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	12					
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>O. Robert</i>	MI <i>J.P.</i>	OFFICE USE ONLY						
	NICKNAME	LAST <i>GOODSPEED</i>	SUFFIX	Date Received Waller Co. Elections JAN 15 2026 RECEIVED						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE					
<i>32946 WILLOW BEND LN. WALLER TX 77484</i>										
<input type="checkbox"/> Change of Address										
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION							
<i>(713) 444-2089</i>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>ROBERT J.P. GOODSPERD</i>	MI	Receipt #						
NICKNAME LAST SUFFIX										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE									
<i>32946 WILLOW BEND LN WALLER TX 77484</i>										
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION							
<i>(713) 444-2089</i>										
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)									
<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month	Day	Year	Month	Day					
<i>07/01/2025</i>			THROUGH <i>01/15/2026</i>							
11 ELECTION	ELECTION DATE		ELECTION TYPE							
Month <i>03</i> Day <i>03</i> Year <i>2026</i>		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description								
<input type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)						
<i>WALLER CO PCT 2 commisioner</i>										
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.									
<table border="1"> <tr> <td rowspan="4">COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>						COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME									
	COMMITTEE ADDRESS									
	COMMITTEE CAMPAIGN TREASURER NAME									
	COMMITTEE CAMPAIGN TREASURER ADDRESS									
GO TO PAGE 2										

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

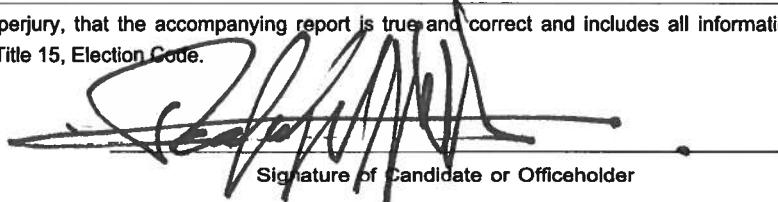
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	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)	\$ 5,125.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,649.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,401.94
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,010.00
OUTSTANDING LOAN TOTALS		

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

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ 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

OR

(2) Unsworn Declaration

My name is ROBERT J.P. GOOPSPED, and my date of birth is 11/06/1963
My address is 32946 WILLOW BEND LN WALLER TX 77484 USA

(street)

(city)

(state)

(zip code)

(country)

Executed in WALLER County, State of TEXAS, on the 13 day of JANUARY, 20 26.


Signature of Candidate or Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,125.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 230.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,010.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,649.56
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,00.00
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.

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 4
2 FILER NAME ROBERT J.P. GOODSPERD			3 Filer ID (Ethics Commission Filers)
4 Date 09/22/25	5 Full name of contributor CLAYTON, JOHN GOODSPERD	<input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; 24906 FLINT LAKE DR, TOMBALL TX 77375	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) 01/4/GAS		9 Employer (See Instructions) ENG. TRANSFOR	
Date 10/03/25	Full name of contributor KAY LUTES	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; CONROE TX 77384 450 WOODLAND, SQUARE BLVD APT 3305	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 10/01/25	Full name of contributor VICTORIA GOODSPERD	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; 8 W. JACKSON ST, KNIGHTSTOWN IN 46148	Amount of contribution (\$) (00.00)
Principal occupation / Job title (See Instructions) MANAGEMENT		Employer (See Instructions) NESTLE	
Date 09/29/25	Full name of contributor RUSSELL DOENCH	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; 4242 BURFORD LN, FRESNO TX 77545	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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.

<p>The Instruction Guide explains how to complete this form.</p> <p>2 FILER NAME ROBERT GOODSPEED</p>		<p>1 Total pages Schedule A1:</p> <p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 11/30/25</p>	<p>5 Full name of contributor JONATHAN GOODSPEED</p> <p>6 Contributor address; 16001 CONCERT WAY, NOBLESVILLE IN 46066</p>	<p>7 Amount of contribution (\$) 650.00</p>
<p>8 Principal occupation / Job title (See Instructions) ATTORNEY</p>	<p>9 Employer (See Instructions) SELF</p>	
<p>Date 07/01/25</p>	<p>Full name of contributor KELLY HARPOLD</p> <p>Contributor address; 450 WOODLAND SOURCE BLD APT 3305 CONROE TX 77384</p>	<p>Amount of contribution (\$) 150.00</p>
<p>Principal occupation / Job title (See Instructions) K RALTON</p>	<p>Employer (See Instructions) SELF</p>	
<p>Date 06/05/25</p>	<p>Full name of contributor MARY SHOUSE</p> <p>Contributor address; 110 HICKORY RIDGE DR. HOUSTON TX 77024</p>	<p>Amount of contribution (\$) 100.00</p>
<p>Principal occupation / Job title (See Instructions) BANCHER</p>	<p>Employer (See Instructions) —</p>	
<p>Date 10/15/25</p>	<p>Full name of contributor RICKY BONDS</p> <p>Contributor address; 23421 HARGRAVERD, HOUSTON TX 77447</p>	<p>Amount of contribution (\$) 500.00</p>
<p>Principal occupation / Job title (See Instructions) SPC C.</p>	<p>Employer (See Instructions) SELF</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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:
2 FILER NAME <i>ROBERT J.P. GOODSPRED</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/16/25</i>	5 Full name of contributor <i>ZOE HARPOD</i>	6 Contributor address; City; State; Zip Code <i>2446 WAXING WAY, SANFORD FL 32773</i>
		7 Amount of contribution (\$) <i>200.00</i>
8 Principal occupation / Job title (See Instructions) <i>SALES</i>		9 Employer (See Instructions) <i>DAIKIN</i>
Date <i>11/07/25</i>	Full name of contributor <i>TRACY CHENEY</i>	Amount of contribution (\$) <i>500.00</i>
	Contributor address; City; State; Zip Code <i>32311 FM 1488 HEMPSTEAD TX 77445</i>	
Principal occupation / Job title (See Instructions) <i>RANCHER</i>		Employer (See Instructions) <i>—</i>
Date <i>12/16/25</i>	Full name of contributor <i>GERALD SHEFFIELD</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>2842 FM 1488, HOCKLEY TX 77447</i>	
Principal occupation / Job title (See Instructions) <i>RECEIVER</i>		Employer (See Instructions) <i>—</i>
Date <i>12/16/25</i>	Full name of contributor <i>MARY SHOUSE</i>	Amount of contribution (\$) <i>1,00.00</i>
	Contributor address; City; State; Zip Code <i>110 HICKORY RIDGE DR. HOUSTON TX 77024</i>	
Principal occupation / Job title (See Instructions) <i>RANCHER</i>		Employer (See Instructions) <i>—</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:
2 FILER NAME <i>ROBERT J.F. GOODSPERCH</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>01/05/26</i>	5 Full name of contributor <i>GERALD SHEFFIELD</i>	6 Contributor address; City; State; Zip Code <i>28212 FM 1438, HOCKLEY TX 77447</i>
7 Amount of contribution (\$) <i>100.00</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>04/04/25</i>	Full name of contributor <i>LARAE NELSON</i>	□ out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>94 PIN OAK LN., HEMPSTEAD TX 77445</i>)
Principal occupation / Job title (See Instructions)		Amount of contribution (\$) <i>200.00</i>
Employer (See Instructions)		
Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1
2 FILER NAME ROBERT J.F. GOODSPERG		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 230.00
5 Date 12/01/25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANDY KLEPPEL) 7 Contributor address; City: 7484 State: TX Zip Code 31155 BUNTING RD, WALKER	8 Amount of Contribution \$ 150.00 <input type="checkbox"/> In-kind contribution description USED TEE POSTS <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) TRACTOR SALES		11 Employer (FOR NON-JUDICIAL)(See Instructions) SELF
12 Contributor's principal occupation (FOR JUDICIAL) —		13 Contributor's job title (FOR JUDICIAL)(See Instructions) —
14 Contributor's employer/law firm (FOR JUDICIAL) —		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) —
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) —		
Date 12/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GERALD SHEFFIELD) Contributor address; City; State; Zip Code	Amount of Contribution \$ 80.00 <input type="checkbox"/> In-kind contribution description USED TEE POSTS <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) RETIRE		Employer (FOR NON-JUDICIAL)(See Instructions) —
Contributor's principal occupation (FOR JUDICIAL) —		Contributor's job title (FOR JUDICIAL)(See Instructions) —
Contributor's employer/law firm (FOR JUDICIAL) —		Law firm of contributor's spouse (if any) (FOR JUDICIAL) —
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) —		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>ROBERT J.P. GOODSPEED</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <u>100.00</u>
5 Date of loan <u>10/16/25</u>	7 Name of lender <u>ROBERT J.P. GOODSPEED</u>	8 Lender address; City; State; Zip Code <u>32946 WILLOW BEAN LN. WALLER TX 77484</u>
6 Is lender a financial institution? <u>Y</u> <u>N</u>	9 Loan Amount (\$) <u>1,00.00</u>	10 Interest rate <u>—</u>
12 Principal occupation / Job title (See Instructions) <u>CONSTRUCTION INSPECTOR</u>		13 Employer (See Instructions) <u>WALLER COUNTY</u>
14 Description of Collateral <u>none</u>		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor <u>—</u>	18 Guarantor address; City; State; Zip Code <u>—</u>
19 Amount Guaranteed (\$) <u>—</u>		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <u>05/02/25</u>	Name of lender <u>ROBERT J.P. GOODSPEED</u>	Loan Amount (\$) <u>10.00</u>
Is lender a financial institution? <u>Y</u> <u>N</u>	Lender address; City; State; Zip Code <u>32946 WILLOW BEAN LN. WALLER TX 77484</u>	Interest rate <u>—</u>
Maturity date <u>—</u>		
Principal occupation / Job title (See Instructions) <u>CONST. INSPECT.</u>		Employer (See Instructions) <u>WALLER CO.</u>
Description of Collateral <u>none</u>		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION	Name of guarantor <u>—</u>	Amount Guaranteed (\$) <u>—</u>
Guarantor address; City; State; Zip Code <u>—</u>		
<input type="checkbox"/> not applicable		
Principal Occupation (See Instructions) <u>—</u>		Employer (See Instructions) <u>—</u>

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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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: <i>2</i>	2 FILER NAME: <i>ROBERT J.P. COOPER</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/19/25</i>	5 Payee name <i>C & C SPORTS</i>	
6 Amount (\$) <i>905.29</i>	7 Payee address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code <i>HEMPSTEAD TX</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXP.</i>	(b) Description <i>SIGNS</i>
	(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 <i>11/04/25</i>	Payee name <i>ANEPOT</i>	
Amount (\$) <i>95.70</i>	Payee address; <input type="checkbox"/> Check if individual's residence address.	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>BANK FEES</i>	Description
	<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 <i>10/09/25</i>	Payee name <i>C & C SPORTS</i>	
Amount (\$) <i>1,508.83</i>	Payee address; <input type="checkbox"/> Check if individual's residence address.	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	
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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
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750.00

Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<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
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Date	Payee name
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08/04/25

ANEDOT

Amount (\$)	Payee address;	City;	State;	Zip Code
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143.70

ONLINE

Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	BANKING FEE	ONLINE DONATION SITE
	<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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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	ROBERT J.F. GOODESPREEP	
4 Date	5 Payee name	
12/18/25	WALTER COUNTY REPUBLICAN PARTY	
6 Amount (\$)	7 Payee address:	City: State: Zip Code
1,000.00	32946 WILLOW BEND LN	WALTER TX 77484
<input type="checkbox"/> Reimbursement from political contributions intended <input checked="" type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ADVERTISING EXP.	WALTER COUNTY LINCOLN DINNER
<input type="checkbox"/> (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9	Candidate / Officeholder name	Office sought
Complete ONLY if direct expenditure to benefit C/OH		
Date	Payee name	
07/10/25	VISTAPRINT	
Amount (\$)	Payee address:	City: State: Zip Code
221.04	ONLINE ACCOUNT	
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING EXP.	CARDS
<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	Payee name	
09/05/25	TEXAS WINN ARLINGTON VA	
Amount (\$)	Payee address:	City: State: Zip Code
25.00		
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	EDUCATION EXP.	
<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		