

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	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR C</div> <div>FIRST Robert</div> <div>MI J.P.</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST GOODSPEED</div> <div>SUFFIX</div> </div>		OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Waller Co. Elections JAN 15 2025 CK RECEIVED </div>								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; 32946 WILLOW BEND LN.</div> <div>APT / SUITE #;</div> <div>CITY; WALLER TX 77484</div> <div>STATE; TX</div> <div>ZIP CODE 77484</div> </div>		Date Received Date Hand-delivered or Date Postmarked								
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (713)</div> <div>PHONE NUMBER 444-2089</div> <div>EXTENSION</div> </div>		Receipt # Amount \$								
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST ROBERT</div> <div>MI J.P.</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST GOODSPEED</div> <div>SUFFIX</div> </div>		Date Processed Date Imaged								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); 32946 32946 WILLOW BEND LN</div> <div>APT / SUITE #;</div> <div>CITY; WALLER TX 77484</div> <div>STATE; TX</div> <div>ZIP CODE 77484</div> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (713)</div> <div>PHONE NUMBER 444-2089</div> <div>EXTENSION</div> </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 07 / 01 / 2025 </div> <div>THROUGH</div> <div> Month Day Year 01 / 15 / 2026 </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 03 / 03 / 26 </div> <div> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description </div> </div>										
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any)</div> <div>13 OFFICE SOUGHT (if known) WALLER CO PCT 2 COMMISSIONER</div> </div>										
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

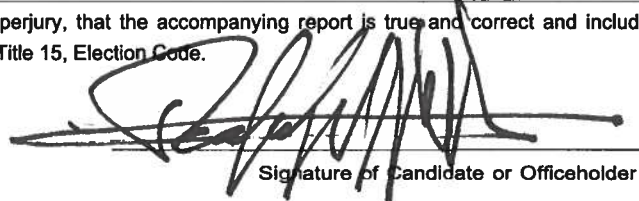
GO TO PAGE 2

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
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,010.00

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

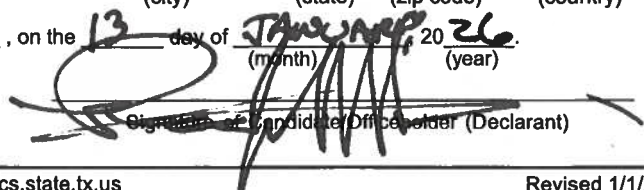
Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

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. GOOPSPEED, 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, 2026.
(month) (year)


Signature of Candidate/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	\$ 1,000.00
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME ROBERT T.P. GOODSPEED		3 Filer ID (Ethics Commission Filers)
4 Date 09/22/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAYTON, JOHN GOODSPEED	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 24906 FLINT LAKE DR, TOMBALL TX 77375		
8 Principal occupation / Job title (See Instructions) OIL/GAS		9 Employer (See Instructions) ENG. TRANSFER
Date 10/03/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAY LUTES	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 450 WOODLAND, SQUARE BLVD APT 3305 CONROE TX 77384		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 10/01/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VICTORIA GOODSPEED	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 8 W. JACKSON ST, KNIGHTSTOWN IN 46148		
Principal occupation / Job title (See Instructions) MANAGEMENT		Employer (See Instructions) NESTLE
Date 09/29/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUSSELL DOENCH	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 4242 BURFORD LN, FRESNO TX 77545		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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 ROBERT GOODSPEED		3 Filer ID (Ethics Commission Filers)
4 Date 11/30/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONATHAN GOODSPEED	7 Amount of contribution (\$) 650.00
6 Contributor address; City; State; Zip Code 16001 CONCERT WAY, NOBLESVILLE IN 46066		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 07/01/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLY HARPOLD	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 450 WOODLAND SQUARE BLD APT 3305 CONROE TX 77384		
Principal occupation / Job title (See Instructions) P. RALTON		Employer (See Instructions) SELF
Date 06/05/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY SHOUSE	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 110 HICKORY RIDGE DR. HOUSTON TX 77024		
Principal occupation / Job title (See Instructions) RANCHER		Employer (See Instructions) —
Date 10/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICKY BONDS	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 23421 HARGRAVE RD, HOUSTON TX 77447		
Principal occupation / Job title (See Instructions) SRP. C.		Employer (See Instructions) SELF
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME ROBERT J. GOODSPEED		3 Filer ID (Ethics Commission Filers)
4 Date 10/16/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZOE HARPOLO	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 2446 WAXING WAY, SANFORD FL 32773		
8 Principal occupation / Job title (See Instructions) SALES		9 Employer (See Instructions) DAIKIN
Date 11/07/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRACY CHENEY	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 32311 FM 1488, HEMPSTEAD TX 77445		
Principal occupation / Job title (See Instructions) RANCHER		Employer (See Instructions) —
Date 12/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GERALD SHEFFIELD	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 28242 FM 1488, HOCKLEY TX 77447		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) —
Date 12/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY SHOUSE	Amount of contribution (\$) 1,00.00
Contributor address; City; State; Zip Code 110 HICKORY RIDGE DR. HOUSTON TX 77024		
Principal occupation / Job title (See Instructions) RANCHER		Employer (See Instructions) —
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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 ROBERT J.P. GOODSPEED		3 Filer ID (Ethics Commission Filers)
4 Date 10/05/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GERALD SHEFFIELD	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 28212 FM 1438 HOCKLEY TX 77447		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/04/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARAE NELSON	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 94 PIN OAK LN., HEMPSTEAD TX 77445		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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.		

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. P. GOODSPEED				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$ 230.00	
5 Date	6 Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#:		8 Amount of Contribution \$	9 In-kind contribution description
12/01/25	ANDY KLEPP			150.00	USED TEE POSTS
7 Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
3155 BUNTING RD, WAUWATONIA, WI 53186					
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)				11 Employer (FOR NON-JUDICIAL)(See Instructions)	
TRACTOR SALES				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	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#:		Amount of Contribution \$	In-kind contribution description
12/15/25	GERALD SHEFFIELD			80.00	USED TEE POSTS
Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)				Employer (FOR NON-JUDICIAL)(See Instructions)	
RETIRED					
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>1,00.00</u>
5 Date of loan <u>10/16/25</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ROBERT J.P. GOODSPEED</u>	9 Loan Amount (\$) <u>1,00.00</u>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <u>32946 WILLOW BEND LN.</u> <u>WALLER TX 77484</u>	10 Interest rate <u>—</u>
		11 Maturity date <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 <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor <u>—</u>	19 Amount Guaranteed (\$) <u>—</u>
	18 Guarantor address; City; State; Zip Code <u>—</u>	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan <u>05/04/25</u>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ROBERT J.P. GOODSPEED</u>	Loan Amount (\$) <u>10.00</u>
Is lender a financial institution? Y N	Lender address; City; State; Zip Code <u>32946 WILLOW BEND LN</u> <u>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 <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor <u>—</u>	Amount Guaranteed (\$) <u>—</u>
	Guarantor address; City; State; Zip Code <u>—</u>	
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
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: 2	2 FILER NAME ROBERT J. P. WOOD	3 Filer ID (Ethics Commission Filers)
4 Date 11/19/25	5 Payee name C & C SPORTS	
6 Amount (\$) 905.29	7 Payee address; City; State; Zip Code HEMPSTEAD TX <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXP.	(b) Description SIGNS
	(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 11/04/25	Payee name ANEDOT	
Amount (\$) 95.70	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING FEES	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 10/09/25	Payee name C & C SPORTS	
Amount (\$) 1,508.83	Payee address; City; State; Zip Code HEMPSTEAD TX <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
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: 2		2 FILER NAME ROBERT J.P. GOODSPEED		3 Filer ID (Ethics Commission Filers)	
4 Date 11/17/25		5 Payee name WALLACE COUNTY ELECTIONS OFFICE			
6 Amount (\$) 750.00		7 Payee address; City; State; Zip Code 816 WILKINS ST., HEMPSTAD TX 77445 <input 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		
	(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					
Date 08/04/25		Payee name ANEDOT			
Amount (\$) 173.70		Payee address; City; State; Zip Code ONLINE <input type="checkbox"/> 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					
Date Payee name					
Amount (\$)					
Payee address; City; State; Zip Code					
<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 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 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 G: 1		2 FILER NAME ROBERT J. F. GOODSPEED		3 Filer ID (Ethics Commission Filers)	
4 Date 12/18/25		5 Payee name WALKER COUNTY REPUBLICAN PARTY			
6 Amount (\$) 1,000.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 32946 WILLOW BEND LN WALKER TX 77484 <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) ADVERTISING EXP.		(b) Description WALKER COUNTY LINCOLN DINNER		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 07/10/25		Payee name VISTAPRINT			
Amount (\$) 221.04 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code ONLINE ACCOUNT <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXP.		Description 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 09/05/25		Payee name TEXAS WINN ARLINGTON VA			
Amount (\$) 25.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EDUCATION EXP.		Description		
	<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