# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filer	s) 2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
NAME	MRS NICKNAME	TERRIE  LAST  GOODLOE	A SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 7528 COUNTY R		DLEY, TX 76044	5-4-24	
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (817)	925-8306	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt # Amount \$	
6 CAMPAIGN TREASURER	MS / MRS / MR MR	FIRST ROBERT	MI <b>L</b>	Date Processed	
NAME	NICKNAME	LAST	SUFFIX		
	GOODLOE			Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS (I	NO PO BOX PLEASE); APT / SU	JITE #; CITY;	STATE; ZIP CODE	
ADDRESS (Residence or Business)	7528 COUNTY R	D 1128	GODLEY,	TX 76044	
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE (817 ) 917-9786					
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year	Mont	h Day Year	
COVERED	04	27 / 2024	THROUGH 05	04 / 2024	
11 ELECTION				PE	
	Month Day	Year Primary	Runoff Other Description	n	
	05 / 04 /	2024 X General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if kn	own)	
	GODLEY ISD TRUSTEE - PLACE 1 GODLEY ISD TRUSTEE - PLACE 1				
14 NOTICE FROM POLITICAL	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.				
COMMITTEE(S)	COMMITTEE TYPE   COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS		
GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	E A GOODLOE	16 Filer ID (E	thics Commission Filers)	
L	E A GOODE OF			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN \$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	NS) \$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	318.43	
	4. TOTAL POLITICAL EXPENDITURES	\$	318.43	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	LAST DAY \$	0.00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A LAST DAY OF THE REPORTING PERIOD	S OF THE \$	0.00	
	swear, or affirm, under penalty of perjury, that the accompanying report if	s true and correct a	and includes all information	
	*	1-		
		19.	1 0	
	TMIL	XIOO	1100	
	Signature	f Candidate or Off	iceholder	
	Signature	Candidate of On	icerioidei	
	Please complete either option be	low:		
riease complete either option below.				
(4) A 65: -1:-			* 2 .	
(1) Affidavit				
, «n				
NOTARY STAMP/SEA	L			
Sworn to and subscribed	before me by this	the day	/ of,	
, to certify which, witness my hand and seal of office.				
Signature of officer administe	ering oath Printed name of officer administering oath	Title	of officer administering oath	
	OR			
(2) Unsworn Declarati	ion			
My name is Teri	NE GOODIOE, and my date of bi	th is NOV.	9. 1961	
My address is	28 CR 1128 Godley	. TX . 76	044 JOHNSON	
, add 555 15 7 2		(state) (zip c	ode) (country)	
Talan		A A A I I	24	
Executed in Vohnson County, State of Texas, on the day of May, 20 24.				
Sur Lood be				
			on (Declarant)	
	Signature of C	andidate/Officehold	er (Declarant)	

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Co			mmission Filers)
21 SCH NAM	SUBTOTAL AMOUNT		
1. [	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. [	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. [	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5. [	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 318.43
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 FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Advertising Expense Accounting/Banking Consulting Expense

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Contributions/Donations Made By

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		Salaries/Wages/Contract Labor explains how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Terrie A Goodloe		3 Filer ID (Ethics Commission Filers)
4 Date 05/01/2024	5 Payee name Capital One	/	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
318.43	PO Box 71083	Charlotte, NC	28272-1083
8	(a) Category (See Categories listed at the top	p of this schedule) (b) Description	
PURPOSE OF EXPENDITURE	Credit Card Payment	Credit Card paym	nent for sign expenses
	(c) Check if travel outside of Texas. Cor	mplete Schedule T. Check if Au	stin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Oł	H TERRIE A GOODLOE	GODLEY ISD TRUSTEE - PLA	ACE 1 GODLEY ISD TRUSTEE -PLACE 1
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top	of this schedule) Description	
	Check if travel outside of Texas. Con	mplete Schedule T. Check if Au	stin, 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
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top	of this schedule) Description	
	Check if travel outside of Texas. Cor	mplete Schedule T. Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS N	FEDED

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

_						
	The Instruction Guide explains how to complete this form.					
		<ul> <li>Complete only if "Report Type" on page 1 is marked</li> </ul>	"Final Report" ••			
1	C/OH N	IAME TERRIE A GOODLOE	2 Filer ID (Ethics Commission Filers)			
3	SIGNATURE					
	designa	expect any further political contributions or political expenditures in connection viting a report as a final report terminates my campaign treasurer appointment. I gn contributions or make any campaign expenditures without a campaign treasurer.	also understand that I may not accept any			
4	FILER WHO IS NOT AN OFFICEHOLDER  •• Complete A & B below <i>only</i> if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS				
	Chec	k only one:				
	X	I do not have unexpended contributions or unexpended interest or income earn	ned from political contributions.			
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.					
	B.	ASSETS				
	Checl	conly one:				
	X	I do not retain assets purchased with political contributions or interest or other i	ncome from political contributions.			
		I do retain assets purchased with political contributions or interest or other incomplete in the political contributions or interest of personal use. I also understand that I must dispose of assets purchased with personal use of Election Code, § 254.204.	r other income from political contributions to			
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••				
	X	I am aware that I remain subject to filing requirements applicable to an officeholder file. I am also aware that I will be required to file reports of unexpended contribution an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ons if, after filing the last required report as			