

# 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 Filer)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST <i>Don</i>	MI <input checked="" type="checkbox"/> P	OFFICE USE ONLY
	NICKNAME	LAST <i>Good</i>	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE: ZIP CODE <i>207 S. BUFFALO ST. PMB 80 CANTON TX 75103</i>			FILE FOR RECORD  <i>JAN 14 2026</i>
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE  <i>[REDACTED]</i>	PHONE NUMBER  <i>[REDACTED] [REDACTED] [REDACTED]</i>	EXTENSION	SUSAN STRICKLAND COUNTY CLERK VAN ZANDT COUNTY BY DCP Date Hand-delivered or Date Postmarked
6 CAMPAIN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST <i>ALAN</i>	MI <input checked="" type="checkbox"/> R	Receipt # <input type="text"/> Amount \$ <input type="text"/>
	NICKNAME	LAST <i>ATWOOD</i>	SUFFIX	Date Processed
7 CAMPAIN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE <i>12337 FM 1651 CANTON TX 75103</i>			Date Imaged
8 CAMPAIN TREASURER PHONE	AREA CODE  <i>[REDACTED]</i>	PHONE NUMBER  <i>[REDACTED] [REDACTED] [REDACTED]</i>	EXTENSION	
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"/> Final Report (Attach C/OH - FR)
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded Modified Reporting Limit	
10 PERIOD COVERED	Month <i>12</i>	Day <i>9</i>	Year <i>2025</i>	Month <i>12</i> Day <i>31</i> Year <i>2025</i>
11 ELECTION	ELECTION DATE  <i>3 / 3 / 26</i>	Month <i>3</i> Day <i>3</i> Year <i>2026</i>	ELECTION TYPE  <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>COUNTY JUDGE</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.			
Additional Pages	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME		
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

Don Good

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)

\$ 500 00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

CONTRIBUTION  
BALANCE

4. TOTAL POLITICAL EXPENDITURES

\$ 4086 96

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 6174 67

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 Don P. Good, and my date of birth is 8-6-56  
My address is 1080 207 S-Buffalo St, Caution, TX, 75103, USA

Executed in Van Zandt (street) TX (city) TX (state) 75103 (zip code) USA (country)

County, State of TX, on the 14 day of Jan, 20 26 (month) (year)

Don P. Good

Signature of Candidate/Officeholder (Declarant)

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

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
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	
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	

## 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:
2 FILER NAME <i>Don P Good</i>			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan <i>12-8-25</i>	7 Name of lender <i>Don P Good</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) <i>6171.67</i>
6 Is lender a financial institution? <input checked="" type="checkbox"/> N	8 Lender address: <i>207 S. Buffalo St Canton TX 75103 PMB 80</i>	City: _____ State: _____ Zip Code: _____	10 Interest rate
12 Principal occupation / Job title (See Instructions) <i>Retired</i>		13 Employer (See Instructions)	
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 checked="" type="checkbox"/> not applicable	17 Name of guarantor _____	18 Guarantor address; City; State; Zip Code _____	19 Amount Guaranteed (\$) _____
20 Principal Occupation (See Instructions) <i>Retired</i>	21 Employer (See Instructions)		
Date of loan <i>12-30-25</i>	Name of lender <i>Don P Good</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$) _____
Is lender a financial institution? <input checked="" type="checkbox"/> N	Lender address; <i>207 S. Buffalo St Canton TX 75103 PMB 80</i>	City; State; Zip Code _____	Interest rate _____
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	
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 _____	Guarantor address; City; State; Zip Code _____	Amount Guaranteed (\$) _____
Principal Occupation (See Instructions)		Employer (See Instructions)	

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:	2 FILER NAME <i>DON P GOOD</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-30-25</i>	5 Payee name <i>DON P GOOD</i>	
6 Amount (\$) <i>2921.67</i> Reimbursement from political contributions intended	7 Payee address; <i>PMB 80 207 S. Buffalo St Canton, TX 75103</i>	City: _____ State: _____ Zip Code: _____
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising, Fees</i>	(b) Description <i>Signs, Filing Fees</i>
	(c) Check if travel outside of Texas. Complete Schedule T. _____	
9 Candidate / Officeholder name <i>DON P. GOOD</i>		Office sought <i>Judge</i>
Date <i>12-8-25</i>	Payee name <i>DON P. GOOD</i>	
Amount (\$) <i>750.00</i> Reimbursement from political contributions intended	Payee address; <i>PMB 80 207 S. Buffalo St</i>	City: _____ State: _____ Zip Code: _____ <i>Canton TX 75103</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Filing Fees</i>
	Check if travel outside of Texas. Complete Schedule T. _____	
Candidate / Officeholder name <i>DON P GOOD</i>		Office sought <i>Judge</i>
Date	Payee name	
Amount (\$)	Payee address;	City: _____ State: _____ Zip Code: _____
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. _____	
Candidate / Officeholder name <i>DON P GOOD</i>		Office sought <i>Judge</i>
Complete ONLY if direct expenditure to benefit C/OH	Office held	

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

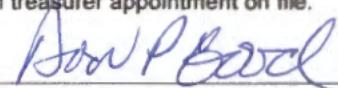
1 C/OH NAME

Don P Good

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

## A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

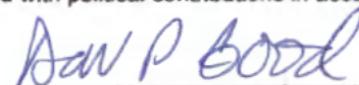
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual 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

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder