

# 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 / MR <i>O</i>	FIRST <i>Don</i>	MR <i>P</i>	<b>OFFICE USE ONLY</b> Date Received <i>Y</i> <b>FILED FOR RECORD</b> 2026 FEB - 2 AM 11:30 SUSAN STRICKLAND COUNTY CLERK, VAN ZANDT <b>DEPUTY</b> Date Hand delivered <i>Y</i> Date Postmarked Receipt # <i>1234567890</i> Amount \$ <i>100.00</i> Date Processed Date Imaged			
	NICKNAME	LAST <i>Good</i>	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <i>207 S. Buffalo St</i>	APT / SUITE #: <i>PMB 80</i>	CITY: <i>Colton, TX</i>	STATE: <i>TX</i>	ZIP CODE: <i>75103</i>		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( <i>817</i> )	PHONE NUMBER <i>[REDACTED]</i>	EXTENSION <i>[REDACTED]</i>				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>O</i>	FIRST <i>Alan</i>	MI <i>R</i>				
NICKNAME	LAST <i>Aftwood</i>	SUFFIX					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: <i>12337 FM 1651</i>			CITY: <i>Colton</i>	STATE: <i>TX</i> ZIP CODE: <i>75103</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>[REDACTED]</i>	PHONE NUMBER <i>[REDACTED]</i>	EXTENSION <i>[REDACTED]</i>				
9 REPORT TYPE	<input 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 checked="" 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 <i>1</i>	Day <i>11</i>	Year <i>26</i>	Month <i>1</i>	Day <i>31</i>	Year <i>26</i>	
11 ELECTION	ELECTION DATE Month Day Year <i>3/3/26</i>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description				
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.						
<input type="checkbox"/> Additional Pages	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

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)

\$ 1280.00

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

\$ 1280.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 801.19

CONTRIBUTION  
BALANCE

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

\$ 478.81

OUTSTANDING  
LOAN TOTALS

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

\$ 6171.67

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.

Don Good

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Don Good this the 2 day of Feb,

20 26, to certify which, witness my hand and seal of office.

Robert McMiller

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 PMB 80 207 S. Buffalo St., Canton, TX, 75103, USA.

Executed in Van Zandt (street) County, State of TX (city) (state) (zip code) (country)

(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	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1280.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ N/A
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ N/A
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ N/A
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 801.19
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ N/A
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ N/A
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ N/A
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ N/A
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ N/A

## LOANS

## SCHEDULE E

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><b>1</b> Total pages Schedule E:</p>	
<p><b>2</b> FILER NAME <i>DON P GOOD</i></p>			<p><b>3</b> Filer ID (Ethics Commission Filers)</p>	
<p><b>4</b> TOTAL OF UNITEMIZED LOANS</p>			<p>\$</p>	
<p><b>5</b> Date of loan <i>12-8-25</i></p>	<p><b>7</b> Name of lender <i>DON P GOOD</i></p>		<p><b>8</b> Lender address; City: State; Zip Code <i>207 S. Buffalo AMB 80 Canton TX 75103</i></p>	<p><b>9</b> Loan Amount (\$) <i>6171.67</i></p>
<p><b>6</b> Is lender a financial institution? <i>Y N</i></p>				<p><b>10</b> Interest rate</p>
				<p><b>11</b> Maturity date</p>
<p><b>12</b> Principal occupation / Job title (See Instructions) <i>Retired</i></p>		<p><b>13</b> Employer (See Instructions)</p>		
<p><b>14</b> Description of Collateral <input checked="" type="checkbox"/> none</p>		<p><b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)</p>		
<p><b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable</p>	<p><b>17</b> Name of guarantor</p>		<p><b>19</b> Amount Guaranteed (\$)</p>	
	<p><b>18</b> Guarantor address; City: State; Zip Code</p>			
<p><b>20</b> Principal Occupation (See Instructions)</p>		<p><b>21</b> Employer (See Instructions)</p>		
<p>Date of loan</p>	<p>Name of lender <input type="checkbox"/> out-of-state PAC (ID#:</p>		<p>Loan Amount (\$)</p>	
<p>Is lender a financial institution? <i>Y N</i></p>	<p>Lender address; City: State; Zip Code</p>		<p>Interest rate</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>		
<p>Description of Collateral <input type="checkbox"/> none</p>		<p><input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)</p>		
<p>GUARANTOR INFORMATION <input type="checkbox"/> not applicable</p>	<p>Name of guarantor</p>		<p>Amount Guaranteed (\$)</p>	
	<p>Guarantor address; City: State; Zip Code</p>			
<p>Principal Occupation (See Instructions)</p>		<p>Employer (See Instructions)</p>		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# 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. Bood

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.

Don P. Bood

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.

Don P. Bood

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