

City of Pembroke Pines
Utility Billing Department
601 City Center Way
Pembroke Pines, FL 33025
(954) 450-1060
Welcome

01/05/2026 09:57AM Lateisha
007149-0004

MISCELLANEOUS
ELECTION FEES
COMMISSION (CC19)
2026 CC19
1 @ \$1326.46 \$1,326.46

\$1,326.46

Subtotal \$1,326.46
Total \$1,326.46

Tenders
CHECK \$1,326.46
Check Number 1007

Change due \$0.00

Comments: THOMAS GOOD MARCH 10, 2026
MUNICIPAL ELECTIONS

11/20/2025 09:57AM ACCOUNT
007149-0004
007149-0004

1007
01/05/2026
01/05/2026

City of Pembroke Pines \$1,326.46

THOMAS GOOD
007149-0004

for 2026 MISCELLANEOUS

Thank you for your payment

CUSTOMER COPY
DUPLICATE RECEIPT

THOMAS GOOD CAMPAIGN ACCOUNT

PEMBROKE PINES, FL 33025

1007

63-7829/2670

JAN 5, 2026

Date

CHECK AMOUNT

Pay to the
Order of

CITY of Pembroke Pines

\$ 1,326.⁴⁶/₁₀₀

ONE Thousand - three hundred - twenty six & ⁴⁶/₁₀₀

Dollars

Photo Safe Deposit®
Deposit on back



P.O. Box 8966
FL Lauderdale, FL 33310

For

2026 election

[Handwritten Signature]

MP

Member Center

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

CITY CLERK'S OFFICE
CITY OF PEMBROKE PINES

2026 JAN -5 AM 10:15

NOTE: This form must be on file with the filing officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last):
(Please Print or Type Name)

Thomas Joseph Good

3. Address (include PO Box or Street, City, State, Zip Code):

[REDACTED]
Pembroke Pines FL
33025

4. Telephone:

[REDACTED]

5. Candidate's Voter Registration #:

101790727

(not required for qualifying purposes)

6. Email Address:

goodforpines@yahoo.com

7. Office Sought (include district, circuit, group, or seat #):

City of Pembroke Pines Commission
District 1

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. _____ Party candidate.

10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Thomas Good

12. Telephone:

[REDACTED]

13. Email Address:

goodforpines@yahoo.com

14. Mailing Address:

[REDACTED]

15. City:

Pembroke Pines

16. State:

FL

17. Zip Code:

33025

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:

Brightstar Credit Union

20. Address:

12405 Tuft St.

21. City:

Pembroke Pines

22. County:

Broward

23. State:

FL

24. Zip Code:

33028

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

1-5-2026

26. Signature of Candidate:

X [Signature]

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)

I, Thomas Good

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

28. Date:

1-5-2026

29. Signature of Campaign Treasurer or Deputy Treasurer

X [Signature]

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY
CITY CLERK'S OFFICE
CITY OF PEMBROKE PINES

2026 JAN -5 AM 10:15

I, Thomas Good,
candidate for the office of District 1 Pembroke Pines;
City Commission
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

1-5-2026

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

2026 JAN -5 AM 10:15



Candidate Statement of Compliance With City of Pembroke Pines Charter Section 3.04

I, Thomas Good, am a candidate for the office of () Mayor or () Commissioner of District 1 in the City of Pembroke Pines, Broward County, Florida (the "City"), in the General Municipal Election scheduled for 3/10/26. The City Charter, Section 3.04, reads as follows:

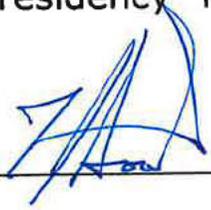
SECTION 3.04 QUALIFICATIONS, FILING FEES AND OATHS.

(a) A candidate for any elective position in the City government shall designate the office for which he/she has qualified and pay to the City Clerk a filing fee in an amount equal to three (3) percent of the annual salary of the office.

(b) A candidate for the office of Mayor shall file with the City Clerk a written notice of candidacy which shall designate that the candidate is a qualified elector of the City and a resident of the City for at least 180 days immediately and continuously prior to qualifying for office.

(c) Candidates for City Commission districts shall file with the City Clerk a written notice of candidacy, which shall designate in which election district of the City that candidate resides. A candidate for one (1) of the four (4) Commission seats in the City shall be a qualified elector of the City and a resident of the City residing within their designated election district for at least one hundred eighty (180) days immediately and continuously prior to qualifying for elective office.

I am in compliance with all requirements of Chapter 3.04, and in particular, the 180-day durational residency requirement for candidates.



Signature

1-5-2026

Date

AFFIDAVIT

2026 JAN -5 AM 10:15

STATE OF FLORIDA)
) ss:
COUNTY OF BROWARD)

BEFORE ME, this day personally appeared Thomas Good
who, after being duly sworn by me deposes and says that:

1. I am a candidate for the office of DISTRICT 1 COMMISSIONER in the City of Pembroke Pines, Broward County, Florida (the "City"), in the General Municipal Election scheduled for Tuesday, March 10, 2026.

2. The City Clerk has provided me with a copy of Chapter 3.04 of the City Charter. I am in compliance with the requirements of Chapter 3.04, and in particular, the 180-day durational residency requirement for candidates.

3. I hereby execute this Affidavit acknowledging and certifying my compliance with the Charter and the provisions contained within section 99.021, Florida Statutes, as amended, the Affidavit of which I have also executed ("Loyalty Oath / Oath of Candidate", Form DS-DE 24B), as required by the State of Florida Election Code.

FURTHER AFFIANT SAYETH NAUGHT.

Thomas Good
PRINT NAME

[Signature] Affiant

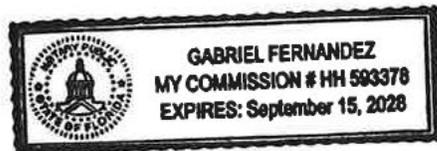
ADDRESS:
[Redacted]
Pembroke Pines, Florida

STATE OF FLORIDA)
) ss.
COUNTY OF BROWARD)

THE FOREGOING INSTRUMENT was sworn to and subscribed before me this 5th
day of January, 2026, by Thomas Good
who is known to me or who produced _____ as identification.

[Signature]
NOTARY PUBLIC

(STAMP)



**Broward County
Statement of Ethical Campaign Practices**

CITY CLERK'S OFFICE
CITY OF PEMBROKE PINES

The Broward County Ethical Campaign Practices Act shall apply to any candidate for elected public office whose constituency resides, in whole or in part, within Broward County, or when the boundaries of the public office sought are located, in whole or in part, within the County. "Candidate" means any person to whom any one or more of the following applies:

- (1) Any person who seeks to qualify for nomination or election by means of the petitioning process;
- (2) Any person who seeks to qualify for election as a write-in candidate;
- (3) Any person who receives contributions or makes expenditures, with a view to bringing about his or her nomination or election to, or retention in, public office;
- (4) Any person who appoints a treasurer and designates a primary depository; or
- (5) Any person who files qualification papers and subscribes to a candidate's oath as required by law.

A candidate's decision regarding whether to execute the statement is strictly voluntary. A candidate executing the Statement of Ethical Campaign Practices shall file the original and a copy of the executed statement, bearing the candidate's signature, with the officer before whom the candidate qualifies within five (5) days after becoming a candidate for the elected public office.

As a candidate for public office in Broward County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore:

1. I shall not make my race, color, religion, gender, national origin, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, color, religion, gender, national origin, age, marital status, familial status, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, color, religion, gender, national origin, age, marital status, familial status, physical disability, or sexual orientation.
4. I shall not attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement nor shall I tolerate or permit members of my campaign organization to engage in such activities.
6. I shall not tolerate nor permit members of my campaign organization to engage in activities designed to destroy or remove campaign materials or signs lawfully displayed on public or private property.
7. I shall not tolerate my supporters engaging in these activities which I condemn nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group which resorts to the methods and tactics that I hereby condemn.
8. I shall run a positive campaign emphasizing my qualifications for office and my positions on issues of public concerns and I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting an opponent's credibility.
10. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

Executed on this day 5 of JANUARY, 2026

WITNESSES:



Patricia Good

BY CANDIDATE:



Signature

Thomas Good

(Print Name)

STATE OF FLORIDA)

)SS

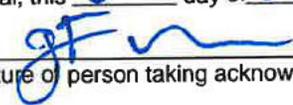
COUNTY OF Broward)

The foregoing instrument was acknowledged before me this 5th day of January,

2026, by Thomas Good, who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

WITNESS my hand and official seal, this 5th day of January 2026

(NOTARY SEAL)



(Signature of person taking acknowledgment)

Gabriel Fernandez

(Name of officer taking acknowledgment)

Typed, printed, or stamped



Jon M. Philipson
Chair
Paul D. Bain
Michael H. Hellman
Laird A. Lile
Ashley Lukis
Jeremy M. Rodgers
Linda Stewart



State of Florida
COMMISSION ON ETHICS
P.O. Drawer 15709
Tallahassee, Florida 32317-5709

Kerrie J. Stillman
Executive Director

CITY CLERK'S OFFICE
CITY OF PEMBROKE PINES
Steven J. Zuilkowski
*Deputy Executive Director/
General Counsel*
2026 JAN -5 AM 10:53

(850) 488-7864 Phone
(850) 488-3077 (FAX)
www.ethics.state.fl.us

325 John Knox Road
Building E, Suite 200
Tallahassee, Florida 32303

"A Public Office is a Public Trust"

**VERIFICATION AND RECEIPT OF SUBMISSION
TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM**

This Verification and Receipt of Submission acknowledges that the Commissions on Ethics received a submission through its electronic financial disclosure filing system.

Filer Name: Com Thomas Good Jr
Filer PID #: 274431

Date Filed: 1/4/2026
Disclosure Received: 2025 Statement of Financial Interests
Filing ID: 1054863

Receipt Print Date: 1/5/2026

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections 112.3144(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

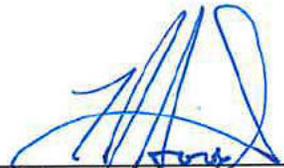
To see the filer's disclosure, visit <https://disclosure.floridaethics.gov/PublicSearch/Filings>. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.

2026 JAN -5 AM 10:13



LOGIC AND ACCURACY ACKNOWLEDGEMENT

I hereby acknowledge receipt of "Notice of Logic and Accuracy Test", pursuant to F.S. 101.5612.



Signature of Candidate

1-5-2026

Date



Signature of Qualifying Officer

CANDIDATE OATH

NONPARTISAN OFFICE

(Do not use this form if a Judicial or School Board Candidate)
Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

CITY CLERK'S OFFICE
CITY OF PEMBROKE PINES

2026 JAN -5 AM 10:13

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Thomas "Tom" Good

Check box if two last names without hyphen. (Name cannot be changed after qualifying.)

Check box if name includes nickname. (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the nonpartisan office of Pembroke Pines City Commission (Office) 1 (District #)

I am a qualified elector of Broward County, Florida (Circuit #) (Group or Seat #)

I am a qualified elector under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do NO, I Do Not

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

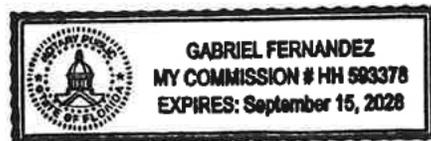
X [Signature] Signature of Candidate
[Redacted] Email Address goodforPines@yahoo.com
[Redacted] Address of Legal Residence
Pembroke Pines City FL State 33025 ZIP Code

STATE OF FLORIDA

COUNTY OF Broward

[Signature] Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 5th day of January, 2026.
Personally Known OR Produced Identification
Type of Identification Produced: _____



Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 3 of this form):

Tom-as "Tom" Gud

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity
N/A	

Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is Thomas Good. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is Tom. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: [Handwritten Signature]

STATE OF FLORIDA
COUNTY OF Broward

[Handwritten Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence
this 5th day of January, 2026.
Personally Known OR Produced Identification



Type of Identification Produced: _____