

2025 APR -1 PM11:18



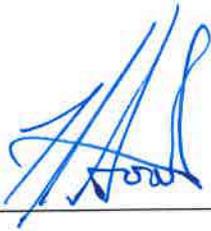
LETTER OF INTENT TO RUN

Date: 4-1-2025

Debra E. Rogers, City Clerk
City of Pembroke Pines
601 City Center Way
Pembroke Pines, FL 33025

Please accept this letter as my formal notice of intent to run for seat
District 1 _____ in the City of Pembroke Pines municipal elections
scheduled for March 10 2026 (election date).

Sincerely,

Sign:  _____

Print name: Thomas Good

This Letter of Intent to Run must be presented in person to the filing officer—City Clerk—along with the Statement of Candidate Form and Appointment of Campaign Treasurer Form.

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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

2025 APR -1 PM 11:19

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

X



Signature of Candidate

4-1-2025

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).

**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

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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 Good

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

[REDACTED]

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 Taft St

21. City:

Pembroke Pines

22. County:

Broward

23. State:

FL

24. Zip Code:

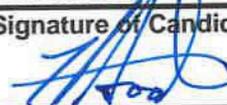
33028

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:

A-1-2025

26. Signature of Candidate:

X 

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

I, Thomas Good do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

A-1-2025

29. Signature of Campaign Treasurer or Deputy Treasurer

X 