



STATEMENT OF ECONOMIC INTERESTS COVER PAGE A PUBLIC DOCUMENT

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NAME OF FILER (LAST) (FIRST) (MIDDLE) Good, Sarah Ann

1. Office, Agency, or Court

Agency Name (Do not use acronyms) State Bar of California Division, Board, Department, District, if applicable Your Position Board of Trustees Board Member If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position:

2. Jurisdiction of Office (Check at least one box)

[X] State [] Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) [] Multi-County [] County of [] City of [] Other

3. Type of Statement (Check at least one box)

[X] Annual: The period covered is January 1, 2025, through December 31, 2025. [] Leaving Office: Date Left (Check one circle below) -or- The period covered is January 1, 2025, through the date of leaving office. [] Assuming Office: Date assumed [] Other: The period covered is through the date of leaving office. [] Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

Total number of pages including this cover page: 3

Schedules attached

[X] Schedule A-1 - Investments - schedule attached [X] Schedule C - Income, Loans, & Business Positions - schedule attached [] Schedule A-2 - Investments - schedule attached [] Schedule D - Income - Gifts - schedule attached [] Schedule B - Real Property - schedule attached [] Schedule E - Income - Gifts - Travel Payments - schedule attached [] Attachment 700-P - Prospective Employment (87200 Filers Only) - schedule attached

-or- [] None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE State Bar of California San Francisco CA 94105 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (415) 954-4400 sgood@fbm.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 04/01/2026 Signature Sarah Ann Good (month, day, year) (File the originally signed paper statement with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Good, Sarah Ann
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▶ NAME OF BUSINESS ENTITY
Toronto Dominion Bank

GENERAL DESCRIPTION OF THIS BUSINESS
Bank

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/25 _____/_____/25
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/25 _____/_____/25
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Franklin Financial Services Corp.

GENERAL DESCRIPTION OF THIS BUSINESS
Bank

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/25 _____/_____/25
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/25 _____/_____/25
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Intel Corporation

GENERAL DESCRIPTION OF THIS BUSINESS
Semiconductor company.

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/25 _____/_____/25
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
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IF APPLICABLE, LIST DATE:
 _____/_____/25 _____/_____/25
 ACQUIRED DISPOSED

Comments: _____

