

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 Filers)	2 Total pages filed: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST Alonzo	MI M.
	NICKNAME Al	LAST Poteet	SUFFIX III
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 393 Clifton TX 76634		
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (254)	PHONE NUMBER 275-2205
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST Betty	MI L.
	NICKNAME Murdoch	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2918 White Oak Ct. Clifton, TX 76634		
	8 CAMPAIGN TREASURER PHONE	AREA CODE (254)	PHONE NUMBER 253-0695
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 Day Year THROUGH Month Day Year 1 / 1 / 2026 THROUGH 1 / 22 / 26		
11 ELECTION	ELECTION DATE Month Day Year 3 / 3 / 2026		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) County Judge
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received
RECEIVED

FEB 02 2026

Bosque Co. Elections

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <u>Alonzo M. Poteet III</u>		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)	\$ -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,200.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4,029.40</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>5,776.92</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>6,000.00</u>

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 Alonzo M. Poteet III, and my date of birth is 8-14-49.

My address is 2926 FM 2136, Clifton, TX, 76634, USA.
(street) (city) (state) (zip code) (country)

Executed in Bosque County, State of Texas, on the 29 day of February, 2026.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Alonzo M. Poteet III</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1200.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>-</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>-</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>6,000.00</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>4079.40</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>-</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>-</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>-</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>-</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>-</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>-</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>-</i>

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: <i>2 (2 of 2)</i>
2 FILER NAME <i>Alonzo M. Poteet III</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>1-14-26</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alonzo M. Poteet III</i>	9 Loan Amount (\$) <i>\$6,000.00</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>2326 FM 2136 Clifton TX 76634</i>	10 Interest rate <i>Ø</i>
		11 Maturity date <i>Ø</i>
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 checked="" 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	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input 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	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 2 (of 2)
2 FILER NAME Alonzo M. Potect III		3 Filer ID (Ethics Commission Filers)
4 Date 1-19-26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virginia L. Richards	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code [REDACTED]		

8 Principal occupation / Job title (See Instructions) retired	9 Employer (See Instructions)
--	-------------------------------

Date 1-19-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Murdoch	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code [REDACTED]		

Principal occupation / Job title (See Instructions) owner	Employer (See Instructions) Bosque Supply Co.
--	--

Date 1-20-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann F. Dawson	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code [REDACTED]		

Principal occupation / Job title (See Instructions) retired	Employer (See Instructions)
--	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 (of 3)	2 FILER NAME Alonso M. Poteet III	3 Filer ID (Ethics Commission Filers)
4 Date 1-15-26	5 Payee name Southern Cross Creative	
6 Amount (\$) \$2,057.40	7 Payee address; City; State; Zip Code 122 N. Ave. D. Clifton TX 76634	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description newspaper ads
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 1-16-26	Payee name Sticker Universe		
Amount (\$) \$422.00	Payee address; City; State; Zip Code 1207 Washington Ave. Waco TX 76701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/Printing	Description signs, cards	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 1-21-26	Payee name Clifton Elementary PTO		
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1000 Key Ave. Clifton TX 76634		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description sponsor for fundraiser	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>3 (2+3)</i>	2 FILER NAME <i>Alonzo M. Poteet III</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-22-26</i>	5 Payee name <i>Greater Meridian Chamber of Commerce</i>	
6 Amount (\$) <i>\$600.00</i>	7 Payee address; City; State; Zip Code <i>114 N. Main St. Meridian TX 76665</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>sponsor for fundraiser</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>1-18-26</i>	Payee name <i>Network Solutions</i>		
Amount (\$) <i>18.36</i>	Payee address; City; State; Zip Code <i>5335 Gate Rkwy Jacksonville TX 32256</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>domain services</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date <i>1-18-26</i>	Payee name <i>Dollar General</i>		
Amount (\$) <i>46.01</i>	Payee address; City; State; Zip Code <i>926 N. Are Ct. Clifton TX 76634</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expenses</i>	Description <i>parade candy</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>3 (3+3)</i>	2 FILER NAME <i>Alonzo M. Poteet III</i>	3 Filer ID (Ethics Commission Filers)
--	---	---------------------------------------

4 Date <i>1-4-26</i>	5 Payee name <i>Amazon</i>
-------------------------	-------------------------------

6 Amount (\$) <i>65.11</i>	7 Payee address; <i>P.O. Box 81226</i>	City; <i>Seattle</i>	State; <i>WA</i>	Zip Code <i>98108</i>
-------------------------------	---	-------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expenses</i>	(b) Description <i>parade candy</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>1-4-26</i>	Payee name <i>Amazon</i>
-----------------------	-----------------------------

Amount (\$) <i>95.83</i>	Payee address; <i>P.O. Box 81226</i>	City; <i>Seattle</i>	State; <i>WA</i>	Zip Code <i>98108</i>
-----------------------------	---	-------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expenses</i>	Description <i>parade candy</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>1-4-26</i>	Payee name <i>Amazon</i>
-----------------------	-----------------------------

Amount (\$) <i>42.64</i>	Payee address; <i>P.O. Box 81226</i>	City; <i>Seattle</i>	State; <i>WA</i>	Zip Code <i>98108</i>
-----------------------------	---	-------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>parade float decor</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 2 (of 2)	2 FILER NAME Alonzo M. Poteet III	3 FILER ID (Ethics Commission Filers)
-------------------------------------	--------------------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 CREDIT CARD ISSUER	Name of financial institution Cabela's Club Master Card
----------------------	--

6 PAYMENT			
(a) Amount Charged \$ 65.11	(b) Date Expenditure Charged 11-26-25	(c) Date(s) Credit Card Issuer Paid 1-4-26	

7 PAYEE			
(a) Payee name Amazon	(b) Payee address; City, State, Zip Code P.O. Box 81226 Seattle WA 98108		

8 PURPOSE OF EXPENDITURE	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expenses (b) Description parade candy (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office Sought	Office Held

PAYMENT			
(a) Amount Charged \$ 95.83	(b) Date Expenditure Charged 11-26-25	(c) Date(s) Credit Card Issuer Paid 1-4-26	

PAYEE			
(a) Payee name Amazon	(b) Payee address; City, State, Zip Code P.O. Box 81226 Seattle WA 98108		

PURPOSE OF EXPENDITURE	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expenses (b) Description parade candy (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office Sought	Office Held

PAYMENT			
(a) Amount Charged \$ 42.64	(b) Date Expenditure Charged 11-27-25	(c) Date(s) Credit Card Issuer Paid 1-4-26	

PAYEE			
(a) Payee name Amazon	(b) Payee address; City, State, Zip Code P.O. Box 81226 Seattle WA 98108		

PURPOSE OF EXPENDITURE	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expenses (b) Description parade candy (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office Sought	Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 2 (2 of 2)	2 FILER NAME: Alonzo M. Poteet III	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 18.36

5 CREDIT CARD ISSUER	Name of financial institution USAA (United States Automobile Assn.) USA
-----------------------------	--

6 PAYMENT	(a) Amount Charged \$ 18.36	(b) Date Expenditure Charged 12-30-25	(c) Date(s) Credit Card Issuer Paid 1-18-26
------------------	--------------------------------	--	--

7 PAYEE	(a) Payee name Network Solutions	(b) Payee address; City, State, Zip Code 5335 Gate Pkwy Jacksonville FL 32256
----------------	-------------------------------------	--

8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description domain services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
--	-------------------------------	---------------	-------------

PAYMENT	(a) Amount Charged \$ 46.01	(b) Date Expenditure Charged 12-3-25	(c) Date(s) Credit Card Issuer Paid 1-18-26
----------------	--------------------------------	---	--

PAYEE	(a) Payee name Dollar General	(b) Payee address; City, State, Zip Code 926 Ave G Clifton TX 76634
--------------	----------------------------------	--

PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expenses	(b) Description parade candy
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
--	-------------------------------	---------------	-------------

PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
----------------	--------------------------	------------------------------	-------------------------------------

PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
--------------	----------------	--

PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
--	-------------------------------	---------------	-------------

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 (of 2)	2 FILER NAME Alonzo M. Poteet III	3 Filer ID (Ethics Commission Filers)
--	---	--

4 Date 1-15-26	5 Payee name Southern Cross Creative
--------------------------	--

6 Amount (\$) \$2,057.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 122 N. Ave. D <input type="checkbox"/> Check if individual's residence address.	City; Clifton	State; TX	Zip Code 76634
---	---	------------------	--------------	-------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description newspaper ads
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 1-16-26	Payee name Sticker Universe
-----------------	--------------------------------

Amount (\$) \$422.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1207 Washington Ave <input type="checkbox"/> Check if individual's residence address.	City; Waco	State; TX	Zip Code 76701
--	--	---------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/Printing	Description signs, cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 1-21-26	Payee name Clifton Elementary PTO
-----------------	--------------------------------------

Amount (\$) \$1,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1000 Key Ave <input type="checkbox"/> Check if individual's residence address.	City; Clifton	State; TX	Zip Code 76634
--	---	------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description sponsor for fundraiser
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>2 (2 of 2)</i>	2 FILER NAME <i>Alonzo M. Poteet III</i>	3 Filer ID (Ethics Commission Filers)
--	---	---------------------------------------

4 Date <i>1-22-26</i>	5 Payee name <i>Greater Meridian Chamber of Commerce</i>
--------------------------	---

6 Amount (\$) <i>\$600.00</i>	7 Payee address;			City;	State;	Zip Code
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<i>114 N. Main St.</i>			<i>Meridian</i>	<i>TX</i>	<i>76665</i>
	<input type="checkbox"/> Check if individual's residence address.					

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>sponsor for fundraiser</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address;			City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended						
	<input type="checkbox"/> Check if individual's residence address.					

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address;			City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended						
	<input type="checkbox"/> Check if individual's residence address.					

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name <u>Alonzo M. Poteet III</u>	Filer ID #
---	------------

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the 30-day pre-election report due on 2-2-26. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Signature of Filer

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 Alonzo M. Poteet III, and my date of birth is 8-14-49.

My address is 2326 Elm 2136 (street), Clifton (city), TX (state), 76634 (zip code), USA (country).

Executed in Mosque County, State of Texas, on the 2nd day of February, 2026.
(month) (year)

Alonzo M. Poteet III

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**