#### CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ MI OFFICE USE ONLY **OFFICEHOLDER** Mr. Christopher J NAME Date Received LAST NICKNAME SUFFIX Poteet 1/14/25@3:03pm 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #; CITY STATE; ZIP CODE **OFFICEHOLDER** 9218 Moss Trail, Dallas, TX 75231 MAILING **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (214)709-7868 PHONE Receipt # Amount \$ MS / MRS / MR FIRST MI 6 CAMPAIGN TREASURER Mr. Robert Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Walne STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN **TREASURER** 9667 Rockpoint Ct., Dallas, TX 75238 **ADDRESS** (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Year Month Dav COVERED 12 31 24 2 THROUGH ELECTION TYPE 11 ELECTION ELECTION DATE Runoff Month Description General Special 21 OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) **RISD Trustee Place 7** THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC

COMMITTEE CAMPAIGN TREASURER ADDRESS

# CANDIDATE / OFFICEHOLDER

## FORM C/OH

15 C/OH NAME	16	Filer ID (Ethics Commission Filers)
Christopher J Poteet	10	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOF REPORTING PERIOD	\$ 10,178.96
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,000.00
	guired to be reported by me under Title 15, Election Code.  Signature of Candida	date or Officeholder
	a Composition of the composition	date or Officeholder
(1) Affidavit	Signature of Candid	date or Officeholder
	Signature of Candid	date or Officeholder
(1) Affidavit  NOTARY STAMP/SEAL	Please complete either option below:	date or Officeholder  day of,
(1) Affidavit  NOTARY STAMP/SEAL  Sworn to and subscribed	Please complete either option below:	
(1) Affidavit  NOTARY STAMP/SEAL  Sworn to and subscribed	Please complete either option below:  before me by this the which, witness my hand and seal of office.	
(1) Affidavit  NOTARY STAMP/SEAL  Sworn to and subscribed  20, to certify	Please complete either option below:  before me by this the which, witness my hand and seal of office.	day of,
(1) Affidavit  NOTARY STAMP/SEAL  Sworn to and subscribed  20, to certify  Signature of officer administer  (2) Unsworn Declaration	Please complete either option below:  before me by this the which, witness my hand and seal of office.  Printed name of officer administering oath  OR	day of Title of officer administering oat
(1) Affidavit  NOTARY STAMP/SEAL  Sworn to and subscribed  20, to certify to signature of officer administer  (2) Unsworn Declaration  My name is	Please complete either option below:  before me by this the which, witness my hand and seal of office.  Printed name of officer administering oath  OR  OR  OR  OR  OR  OR  OR  OR  OR  O	day of Title of officer administering oat
(1) Affidavit  NOTARY STAMP/SEAL  Sworn to and subscribed  20, to certify to signature of officer administer  (2) Unsworn Declaration  My name is	Please complete either option below:  before me by this the which, witness my hand and seal of office.  Printed name of officer administering oath  OR	Title of officer administering oat  03/07/197Z  . 15Z3). USA

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FI	LER NAME 20 Filer ID (Ethics	Commission Filers)
21 SO	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 8,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	н \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$