Only

STATEMENT OF

PAGE 1 / 4

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Poteet For Congress 953 Esperanza Trail ADDRESS (number and street) (Check if address is changed) Waxahachie 75165 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS poteetiii@aol.com (Check if address is changed) Optional Second E-Mail Address slane1016@outlook.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 02 2018 C00664680 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Lane, Steven, C, Mr., Type or Print Name of Treasurer Lane, Steven, C, Mr., [Electronically Filed] 07 02 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 02/2009)		Page 2
TYPE OF COMMITTEE		
Candidate Committee: (a) This committee is a principal came	saine committee (Commiste the committee information to	
(a) This committee is a principal camp	paign committee. (Complete the candidate information below	<i>l</i> .)
information below.)	ommittee, and is NOT a principal campaign committee. (Con	mplete the candidate
Name of Candidate Poteet, Alonzo, Marc	cus, Mr., III	
Candidate Party Affiliation REP Office Sought:	X House Senate President	State TX District 21
(c) This committee supports/opposes	only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Committee:	(Matienal Otate	(Danna anaki
(d) This committee is a	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):		
(e) This committee is a separate segre	egated fund. (Identify connected organization on line 6.) Its co	onnected organization is a
Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Organization	Trade Association	Cooperative
In addition, this com	nmittee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes committee. (i.e., nonconnected com	more than one Federal candidate, and is NOT a separate smittee)	segregated fund or party
In addition, this committee is	s a Lobbyist/Registrant PAC.	
In addition, this committee is	s a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:		
(0)	s, pays fundraising expenses and disburses net proceeds for one of which is an authorized committee of a federal candidate	·
	s, pays fundraising expenses and disburses net proceeds for t which is an authorized committee of a federal candidate.	two or more political
Committees Participating in Joint Fur	ndraiser	
1. [_	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revis	sed 02/2009)	Page 3
Write or Type Committee N		
Poteet For Co	ongress	
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	lership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person in	possession of committee
Potee Full Name	t, Miriam, Lane, Mrs,	
	953 Esperanza Trail	
Mailing Address		
	Johnson City TX 7863	;6
Title or Position	CITY STATE	ZIP CODE
Deputy Treasurer	Telephone number 512	644 - 1345
. Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	name and address of
Full Name Lane,	Steven, C, Mr.,	
Mailing Address	1103 Sharpshire Drive	
	Waxahachie TX 7516	5
Title or Position	CITY STATE	ZIP CODE
Treasurer		476 9276

	n 1 (Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Name of Bank,		
Name of Bank,	Lone Star Capital Bank 403 S. Hwy 281	ZIP CODE
Name of Bank,	Lone Star Capital Bank 403 S. Hwy 281 Johnson City TX 78636	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Lone Star Capital Bank 403 S. Hwy 281 Johnson City TX 78636 CITY STATE	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Lone Star Capital Bank 403 S. Hwy 281 Johnson City TX 78636	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Lone Star Capital Bank 403 S. Hwy 281 Johnson City TX 78636 CITY STATE	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Lone Star Capital Bank 403 S. Hwy 281 Johnson City TX 78636 CITY STATE	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Lone Star Capital Bank 403 S. Hwy 281 Johnson City TX 78636 CITY STATE	ZIP CODE