

FEC
FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

GALVESTON COUNTY DEMOCRATIC PARTY

ADDRESS (number and street)

2802 ROSADELE



(Check if address
is changed)

LA MARQUE

TX

77568

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

SAM.MUNN@GALCO.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.DEMOCRATICWV.COM

COMMITTEE'S FAX NUMBER

409-928-3418

2. DATE

09

29

2006

3. FEC IDENTIFICATION NUMBER ►

C

4. 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.

Type or Print Name of Treasurer

SAM MUNN

Signature of Treasurer

Sam Munn

Date

09

29

2006

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
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

FE3AN042.PDF

26039193253

5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

- (d) ☒ This committee is a SUB (National, State or subordinate) committee of the DEM (Democratic, Republican, etc.) Party.
- (e) ☐ This committee is a separate segregated fund.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:



Corporation



Corporation w/o Capital Stock



Labor Organization



Membership Organization



Trade Association



Cooperative

Write or Type Committee Name

Goliad County Democratic Party

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name

SAMUEL J. MUNN

Mailing Address

7912 LARKSPUR DRIVE

TEXAS CITY

TX

77591

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

409-938-8423

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

SAMUEL J. MUNN

Mailing Address

7912 LARKSPUR DRIVE

TEXAS CITY

TX

77591

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

409-938-8423

Full Name of
Designated
Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

TEXAS FIRST BANK

Mailing Address

111 WEST PARKWOOD

FRIENDSWOOD

TX

77536

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
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PREPARER
(3/2005)

10/4/06
DATE PREPARED

26039193257