

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

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2024 SEP -5 AM 11:07
Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

V I C T O R I A C O U N T Y G O P F E D E R A L P A C

ADDRESS (number and street)

1 5 9 6 W E S T P A R K A V E



(Check if address
is changed)

V I C T O R I A

CITY ▲

T X

STATE ▲

7 7 9 0 5

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address
is changed)

B I L L P O Z Z I @ G M A I L . C O M

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

2. DATE

0 8 / 1 9 / 2 0 2 4

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 WILLIAM R POZZI

Signature of Treasurer

William R Pozzi

Date

0 8 / 1 9 / 2 0 2 4

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 06/2012)

1-800-424-9530

5. TYPE OF COMMITTEE

Candidate Committee:

- (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
CandidateCandidate
Party AffiliationOffice
Sought

House

Senate

President

State

District

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

Name of
Candidate**Party Committee:**

- (d) ☒ This committee is a ☐ SUB (National, State or subordinate) committee of the ☐ REP (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

2025-01-01 15:00:00

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

PARTY TREASURER

Telephone number 361-564-6002

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 361-727-7029

Full Name of
Designated
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

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.

P R O S P E R I T Y B A N K

Mailing Address

1 0 1 S M A I N S T

V I C T O R I A T X 7 7 9 0 2

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

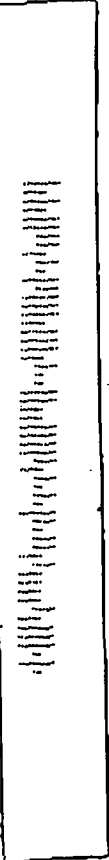
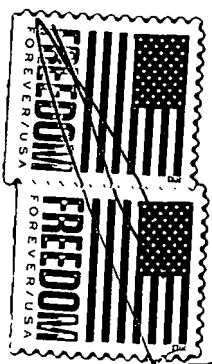
2024-09-05 00:30:00

William R. Puzzi
1596 Westpark Ave
Victoria, TX 77905

X-RAYED BY FEC SECURITY

Federal Election Commission
1050 First Street, NE
Washington, DC 20463

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NOT POSTED ON COORDINATE

The FEC added this page to the end of this filing to indicate how it was received.

(4/2023)

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