

GALVESTON COUNTY REPUBLICAN PARTY RECEIVED
P.O. Box 3522
Galveston, TX 77552
FEC MAIL CENTER

2021 FEB -4 AM 8:45

January 12, 2021

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

ATTENTION Kevin Fortkiewicz
Sr. Campaign Finance & Reviewing Analyst

Identification Number: C00764159
Reference: FEC letter date, December 17, 2021
Subject: Statement of Organization

Dear Mr. Fortkiewicz;

As requested by the Referenced letter, the Galveston County Republican Party provided its amended FEC Form -1 disclosing its relationship with the Republican Party of Texas. We trust that this provides the needed clarification.

If there are any questions, please contact the undersigned at d.r.pollock1944@gmail.com or 409-692-1598.

Sincerely,



Donald R. Pollock
Treasurer

NOTHING TO REPORT

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER

2021 FEB -4 AM 8:46
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Galveston County Republican Party

ADDRESS (number and street)

P.O. Box 3522

(Check if address is changed)

Galveston TX 77552

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

d.r.pollock1944@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

galvestoncntygop.com

2. DATE

01 / 12 / 2021

3. FEC IDENTIFICATION NUMBER ▶

C00764159

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

Pollock, Donald, Robert

Signature of Treasurer

Donald R. Pollock

Date

01 / 12 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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

FEC FORM 1
(Revised 06/2012)

2025 RELEASE UNDER E.O. 14176

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 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 _____

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.	_____	FEC ID number	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

20100608 10:11:10 AM

Write or Type Committee Name

Galveston County Republican Party

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

Republican Party of Texas

Mailing Address

P.O. Box 2206

Austin

CITY

TX

STATE

78768

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

Pollock, Donald, Robert

Mailing Address

3718 18th Street North

Texas City

CITY

TX

STATE

77590

ZIP CODE

Title or Position

Treasurer

Telephone number

409

692

1598

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

Pollock, Donald, Robert

Mailing Address

3718 18th Street North

Texas City

CITY

TX

STATE

77590

ZIP CODE

Title or Position

Treasurer

Telephone number

409

692

1598

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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 [Grid]

Mailing Address

111 Westr Perkwood Avenue [Grid]

[Grid for Mailing Address Line 2]

Friendswood [Grid] YX [Grid] 77546 [Grid]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

NONPROFIT ORGANIZATION

5(g) or (h). **Joint Fundraising Participant:**

1. _____

2. _____

3. _____

4. _____

FEC ID number **C** _____

FEC ID number **C** _____

FEC ID number **C** _____

FEC ID number **C** _____

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

Mailing Address _____

Relationship: _____ CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

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. _____

Mailing Address _____

_____ CITY ▲ STATE ▲ ZIP CODE ▲

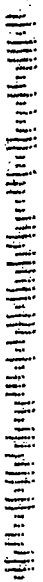
CONFIDENTIAL INFORMATION

GALVESTON COUNTY REPUBLICAN PARTY
P.O. Box 3522
Galveston, TX 77552



Federal Election Commission
1050 First Street, NE
Washington, DC 20463
ATTENTION: Keyin Forkiewicz
Sr. Campaign Finance & Reviewing Analyst

20463-



NON-PROFIT ORGANIZATION

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER *SPM* 2/11/21
 (3/2015) DATE PREPARED

ORIGINAL AND PHOTOCOPY