

**GENERAL-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM GPAC
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00034199	2 Total pages filed: 11
3 COMMITTEE NAME North Brazoria County Democratic Club		OFFICE USE ONLY <p>Date Received ELECTRONICALLY FILED 01/11/2026</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # <input type="text"/> Amount <input type="text"/></p> <p>Date Processed</p> <p>Date Imaged</p>	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 1551 Pearland, TX 77581		
5 CAMPAIGN TREASURER NAME Mr.	FIRST Cooper G.		
	NICKNAME LAST Snapp		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1107 Gulfton Drive Pearland, TX 77581		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; 1107 Gulfton Drive Pearland, TX 77581	APT / SUITE #; CITY; STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (832) 303-2667	PHONE NUMBER EXTENSION	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year 07/01/2025	Month Day Year THROUGH 12/31/2025	
11 ELECTION	ELECTION DATE Month Day Year	Primary General	ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other

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**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME North Brazoria County Democratic Club		13 FILER ID (Ethics Commission Filers) 00034199
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,625.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,198.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,566.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT		
<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p>Mr. Cooper G. Snapp Signature of Campaign Treasurer</p>		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 11

17 COMMITTEE NAME North Brazoria County Democratic Club	18 Filer ID (Ethics Commission Filers) 00034199
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 1,625.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
9. <input type="checkbox"/> SCHEDULE E: LOANS \$	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 4,198.14	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/11
2 FILER NAME North Brazoria County Democratic Club		3 Filer ID (Ethics Commission Filers) 00034199
4 Date 11/17/2025	5 Full name of contributor Change, Avolene	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Alvin, TX 77511	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/07/2025	Full name of contributor Daigle, Gene	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Alvin, TX 77511	
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Mackay Marine
Date 09/19/2025	Full name of contributor Daigle, Gene	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Alvin, TX 77511	
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Mackay Marine
Date 11/07/2025	Full name of contributor Daigle, Gene	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Alvin, TX 77511	
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Mackay Marine
Date 12/01/2025	Full name of contributor Daigle, Gene	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Alvin, TX 77511	
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Mackay Marine

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/11
2 FILER NAME North Brazoria County Democratic Club		3 Filer ID (Ethics Commission Filers) 00034199
4 Date 07/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feuless, Scott 6 Contributor address; City; State; Zip Code Pearland, TX 77584	7 Amount of Contribution (\$) \$10.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) Not Employed
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feuless, Scott Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feuless, Scott Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feuless, Scott Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feuless, Scott Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/11
2 FILER NAME North Brazoria County Democratic Club		3 Filer ID (Ethics Commission Filers) 00034199
4 Date 12/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feuless, Scott	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Pearland, TX 77584	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feuless, Scott	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Pearland, TX 77584	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Fatiyah	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Rossharon, TX 77583	
Principal occupation / Job title (See Instructions) Evaluation Specialist		Employer (See Instructions) Houston ISD
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Fatiyah	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Rossharon, TX 77583	
Principal occupation / Job title (See Instructions) Evaluation Specialist		Employer (See Instructions) Houston ISD
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lord, Joyce	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/11
2 FILER NAME North Brazoria County Democratic Club		3 Filer ID (Ethics Commission Filers) 00034199
4 Date 07/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Robert 6 Contributor address; City; State; Zip Code Pearland, TX 77584	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Facility Chemist		9 Employer (See Instructions) SET Environmental
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Robert Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Facility Chemist		Employer (See Instructions) SET Environmental
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Robert Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Facility Chemist		Employer (See Instructions) SET Environmental
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Robert Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Facility Chemist		Employer (See Instructions) SET Environmental
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGowen, Robby Contributor address; City; State; Zip Code Alvin, TX 77511	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Deputy Executive Director		Employer (See Instructions) Region 4 ESC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/11
2 FILER NAME North Brazoria County Democratic Club		3 Filer ID (Ethics Commission Filers) 00034199
4 Date 07/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muegge, Melissa	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Alvin, TX 77511	
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muegge, Melissa	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Alvin, TX 77511	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Laura	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Alvin, TX 77511	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Laura	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Alvin, TX 77511	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parra, Jose	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Pearland, TX 77584	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/11
2 FILER NAME North Brazoria County Democratic Club		3 Filer ID (Ethics Commission Filers) 00034199
4 Date 08/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karl	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Alvin, TX 77511	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snapp, Cooper	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) NASA
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snapp, Cooper	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) NASA
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snapp, Cooper	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) NASA
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Verma	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Alvin, TX 77511	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 10/11	2 FILER NAME North Brazoria County Democratic Club	3 Filer ID (Ethics Commission Filers) 00034199
4 Date 10/06/2025	5 Payee name Brazoria County Democratic Party	
6 Amount (\$) \$431.92	7 Payee address; City; State; Zip Code 11800 Magnolia Parkway Suite 210 Manvel, TX 77578	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of refrigerator for party office.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/20/2025	Payee name Brazoria County Democratic Party	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 11800 Magnolia Parkway Suite 210 Manvel, TX 77578	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of mail ballot printing and mailing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name Brazoria County Democratic Party	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 11800 Magnolia Parkway Suite 210 Manvel, TX 77578	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for table at annual gala.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 11/11	2 FILER NAME North Brazoria County Democratic Club	3 Filer ID (Ethics Commission Filers) 00034199
4 Date 11/03/2025	5 Payee name Brazoria County Democratic Party	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 11800 Magnolia Parkway Suite 210 Manvel, TX 77578	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser popcorn purchase.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/01/2025	Payee name Jones, FJ	
Amount (\$) \$366.22	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Rossharon, TX 77583	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of party T-shirts for fundraisers.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name Mooney, Jim (Mr.)	
Amount (\$) \$900.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Pearland, TX 77581	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of label pins.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held