

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00084526	<b>2</b> Total pages filed:  12		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>	
		Noel D.			
	NICKNAME	LAST	SUFFIX	Date Received	
		Cooper		<b>ELECTRONICALLY FILED</b>	
				01/16/2024	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked	
	117 North Street, Ste 2				
	Nacogdoches, TX 75961			Receipt #	Amount
				Date Processed	
				Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI		
		Mrs.	Dana C.		
	NICKNAME	LAST	SUFFIX		
		Cooper			
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
	117 North St., Ste. 2  Nacogdoches, TX 75961				
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
		(936) 564-9000			
<b>8</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
<b>9</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month
			07/01/2023		12/31/2023
<b>10</b> ELECTION	ELECTION DATE			ELECTION TYPE	
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff
			03/05/2024	<input type="checkbox"/> General	<input type="checkbox"/> Other
				<input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any)				<b>12</b> OFFICE SOUGHT (if known)

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 12

**13** C / OH NAME Cooper, Noel D. **14** Filer ID (Ethics Commission Filers)  
00084526

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>16</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	50.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	20,122.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	50.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	15,800.00

**17** AFFIDAVIT

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.

Noel D. Cooper  
\_\_\_\_\_  
Signature of Candidate or Officeholder

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 - JC/OH**

<b>18 FILER NAME</b> Cooper, Noel D.	<b>19 Filer ID</b> (Ethics Commission Filers) 00084526
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<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
<b>NAME OF SCHEDULE</b>		
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 50.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ 15,800.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 12,690.24
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 5,932.02
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 1,500.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/1 Rpt: 4/12
<b>2</b> FILER NAME Cooper, Noel D.		<b>3</b> Filer ID (Ethics Commission Filers) 00084526
<b>4</b> Date 12/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Payne Ph.D, Lee (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Nacogdoches, TX 75964	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Contributor's Principal Occupation Professor		<b>9</b> Contributor's Job Title Professor
<b>10</b> Contributor's employer/law firm Stephen F. Austin State University		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		

# LOANS (JUDICIAL)

# SCHEDULE E(J)

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 1/3 Rpt: 5/12
<b>2</b> FILER NAME Cooper, Noel D.		<b>3</b> Filer ID (Ethics Commission Filers) 00084526
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 11/14/2023	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Noel (Mr.)	<b>9</b> Loan Amount (\$) \$1,500.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Nacogdoches, TX 75961	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Lender's Principal Occupation Attorney		<b>13</b> Lender's Job Title Attorney and Counselor at Law
<b>14</b> Lender's Employer/Law Firm The Law Offices of Noel D. Cooper		<b>15</b> Law Firm of lender's spouse (if any) Dana Cooper
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>19</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor  <b>21</b> Guarantor address; City; State; Zip Code	<b>22</b> Amount Guaranteed (\$)
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		

# LOANS (JUDICIAL)

# SCHEDULE E(J)

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule E(J): Sch: 2/3 Rpt: 6/12
2 FILER NAME Cooper, Noel D.		3 Filer ID (Ethics Commission Filers) 00084526
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 11/30/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Noel	9 Loan Amount (\$) \$300.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code  Nacogdoches, TX 75961	10 Interest Rate
		11 Maturity Date
12 Lender's Principal Occupation Attorney		13 Lender's Job Title Attorney and Counselor at Law
14 Lender's Employer/Law Firm The Law Offices of Noel D. Cooper		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

# LOANS (JUDICIAL)

# SCHEDULE E(J)

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 3/3 Rpt: 7/12
<b>2</b> FILER NAME Cooper, Noel D.		<b>3</b> Filer ID (Ethics Commission Filers) 00084526
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 12/14/2023	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Noel (Mr.)	<b>9</b> Loan Amount (\$) \$14,000.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Nacogdoches, TX 75961	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Lender's Principal Occupation Attorney		<b>13</b> Lender's Job Title Attorney and Counselor at Law
<b>14</b> Lender's Employer/Law Firm Law Offices of Noel D. Cooper		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>19</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor	
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>22</b> Amount Guaranteed (\$)		
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 8/12	<b>2</b> FILER NAME Cooper, Noel D.	<b>3</b> Filer ID (Ethics Commission Filers) 00084526	
<b>4</b> Date 12/19/2023	<b>5</b> Payee name Point A Media, Inc		
<b>6</b> Amount (\$) \$12,690.24	<b>7</b> Payee address; City; State; Zip Code 2908 Westward Dr.  Nacogdoches, TX 75964		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs; headshot and editing; and consulting, planning, campaign logo, and sign designs	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(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 -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 1/3 Rpt: 9/12	<b>2</b> FILER NAME Cooper, Noel D.	<b>3</b> Filer ID (Ethics Commission Filers) 00084526
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 12/26/2023	<b>6</b> Payee name Amazon.com
-----------------------------	-----------------------------------

<b>7</b> Amount (\$) \$32.54	<b>8</b> Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Zip ties
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/21/2023	Payee name Daley Professional Web Solutions
--------------------	--

Amount (\$) \$714.00	Payee address; City; State; Zip Code PO Box 402  Montgomery, NY 12549
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website design and hosting
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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 -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 2/3 Rpt: 10/12	<b>2</b> FILER NAME Cooper, Noel D.	<b>3</b> Filer ID (Ethics Commission Filers) 00084526
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 12/27/2023	<b>6</b> Payee name Lowe's
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<b>7</b> Amount (\$) \$60.49	<b>8</b> Payee address; City; State; Zip Code 220 North Stallings Road  Nacogdoches, TX 75965
---------------------------------	--

<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cable ties for signs
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<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/27/2023	Payee name Point A Media, Inc.
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Amount (\$) \$4,421.91	Payee address; City; State; Zip Code 2908 Westward Dr.  Nacogdoches, TX 75964
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website edits, photo editing, press release, rack card design, social media branding
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(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 -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 3/3 Rpt: 11/12	<b>2</b> FILER NAME Cooper, Noel D.	<b>3</b> Filer ID (Ethics Commission Filers) 00084526
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 12/28/2023	<b>6</b> Payee name The Fredonia Hotel
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<b>7</b> Amount (\$) \$500.00	<b>8</b> Payee address; City; State; Zip Code 200 North Fredonia St.  Nacogdoches, TX 75961
----------------------------------	--

<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign kickoff
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/26/2023	Payee name Tractor Supply Company
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Amount (\$) \$203.08	Payee address; City; State; Zip Code 4301A North St.  Nacogdoches, TX 75965
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-posts
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 12/12	<b>2</b> FILER NAME Cooper, Noel D.	<b>3</b> Filer ID (Ethics Commission Filers) 00084526
<b>4</b> Date 12/14/2023	<b>5</b> Payee name NCRP Primary Fund	
<b>6</b> Amount (\$) \$1,500.00  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code PO Box 630866  Nacogdoches, TX 75963	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Primary filing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held