

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00088324	<b>2 Total pages filed:</b> 27				
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR Ms.	FIRST Marlena R.	MI	<b>OFFICE USE ONLY</b>			
	NICKNAME	LAST Cooper	SUFFIX		Date Received <b>ELECTRONICALLY FILED</b> 07/15/2024		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 501 Noel Dr.  Longview, TX 75602			Date Hand-delivered or Date Postmarked			
	Receipt #		Amount	Date Processed			
				Date Imaged			
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Mr.	FIRST Ben	MI				
	NICKNAME	LAST Dickson	SUFFIX				
<b>6 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 414 E. Loop 281 #7  Longview, TX 75605						
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION				
	(903)	434-9995					
<b>8 REPORT TYPE</b>	<input 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 checked="" 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 PERIOD COVERED</b>	Month	Day	Year	THROUGH	Month	Day	Year
	01	01	2024		06	30	2024
<b>10 ELECTION</b>	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
	11	05	2024	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
<b>11 OFFICE</b>	OFFICE HELD (if any)			<b>12 OFFICE SOUGHT (if known)</b>			
				State Representative District 7			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 27

<b>13 C / OH NAME</b> Cooper, Marlena R. (Ms.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00088324
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.									
<table border="1" style="width:100%"> <tr> <td style="width:25%;"><b>COMMITTEE TYPE</b></td> <td><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td></td> <td><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> </table>	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>		
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>								
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>								
	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>								
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>									

<b>16 CONTRIBUTION TOTALS</b>	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)	\$	20,422.76
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	3,573.20
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	9,142.07
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**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.

Ms. Marlena R. 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      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

3 of 27

<b>18 FILER NAME</b> Cooper, Marlena R. (Ms.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00088324
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,593.86
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6,828.90
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,350.06
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 2,223.14
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 A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/14 Rpt: 4/27
<b>2</b> FILER NAME Cooper, Marlena R. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088324
<b>4</b> Date 03/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen, Molly <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wichita, KS 67205	<b>7</b> Amount of Contribution (\$)  \$5.58
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson County Democratic Women <hr/> Contributor address; City; State; Zip Code  Palestine, TX 75801	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Judy <hr/> Contributor address; City; State; Zip Code  Longview, TX 75601	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bezner, Rachelle <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bezner, Rachelle <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/14 Rpt: 5/27
<b>2</b> FILER NAME Cooper, Marlena R. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088324
<b>4</b> Date 03/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bird, Shelly <hr/> <b>6</b> Contributor address; City; State; Zip Code  Alexandria, VA 22302	<b>7</b> Amount of Contribution (\$)  \$10.84
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bishop, Karen <hr/> Contributor address; City; State; Zip Code  Gilmer, TX 75644	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bogle Sherman, Kristi <hr/> Contributor address; City; State; Zip Code  Longview, TX 75601	Amount of Contribution (\$)  \$263.47
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bolton, Debbie <hr/> Contributor address; City; State; Zip Code  Palestine, TX 75801	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bradley, Elton <hr/> Contributor address; City; State; Zip Code  Gretna, LA 70056	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/14 Rpt: 6/27
<b>2</b> FILER NAME Cooper, Marlena R. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088324
<b>4</b> Date 06/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burns, Phillip M <hr/> <b>6</b> Contributor address; City; State; Zip Code  Longview, TX 75607	<b>7</b> Amount of Contribution (\$)  \$26.63
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Butler, Charles <hr/> Contributor address; City; State; Zip Code  Athens, TX 75752	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carr, Chavon <hr/> Contributor address; City; State; Zip Code  Houston, TX 77089	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, Alphonso <hr/> Contributor address; City; State; Zip Code  Humble, TX 75630	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, Ashley <hr/> Contributor address; City; State; Zip Code  Humble, TX 77396	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/14 Rpt: 7/27
<b>2</b> FILER NAME Cooper, Marlena R. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088324
<b>4</b> Date 06/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Jefferson, TX 75657	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Retired
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, Marlena <hr/> Contributor address; City; State; Zip Code  Longview, TX 75602	Amount of Contribution (\$)  \$1.37
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, Paulette <hr/> Contributor address; City; State; Zip Code  Jefferson, TX 75657	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, Paulette <hr/> Contributor address; City; State; Zip Code  Jefferson, TX 75857	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, Paulette <hr/> Contributor address; City; State; Zip Code  Jefferson, TX 75857	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/14 Rpt: 8/27
<b>2</b> FILER NAME Cooper, Marlena R. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088324
<b>4</b> Date 05/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, Paulette <hr/> <b>6</b> Contributor address; City; State; Zip Code  Jefferson, TX 75657	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$100.00</span>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, Paulette <hr/> Contributor address; City; State; Zip Code  Jefferson, TX 75857	Amount of Contribution (\$) <span style="float:right">\$25.00</span>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, Theresa <hr/> Contributor address; City; State; Zip Code  Ames, IA 50014	Amount of Contribution (\$) <span style="float:right">\$210.84</span>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cousin, Janet <hr/> Contributor address; City; State; Zip Code  Davenport, FL 33837	Amount of Contribution (\$) <span style="float:right">\$526.63</span>
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) SAP Success Factors
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crane, Stephen <hr/> Contributor address; City; State; Zip Code  Longview, TX 75604	Amount of Contribution (\$) <span style="float:right">\$52.95</span>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/14 Rpt: 9/27
<b>2</b> FILER NAME Cooper, Marlena R. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088324
<b>4</b> Date 05/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davalos Cuatro Cinco, Haley <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77026	<b>7</b> Amount of Contribution (\$)  \$2,631.89
<b>8</b> Principal occupation / Job title (See Instructions) Accountant		<b>9</b> Employer (See Instructions) Cuatro Cinco
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Joe <hr/> Contributor address; City; State; Zip Code  Mesquite, TX 75181	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Deckard, Danielle <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  \$5.58
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dickson Insurance Agency LLC <hr/> Contributor address; City; State; Zip Code  Longview, TX 75605	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Durante, Al <hr/> Contributor address; City; State; Zip Code  Longview, TX 75601	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/14 Rpt: 10/27
<b>2</b> FILER NAME Cooper, Marlena R. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088324
<b>4</b> Date 06/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Erskin, Toni <hr/> <b>6</b> Contributor address; City; State; Zip Code  Longview, TX 75601	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Glynn, Ophelia <hr/> Contributor address; City; State; Zip Code  Locust Grove, GA 30248	Amount of Contribution (\$)  \$158.21
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Golightly, Maxine <hr/> Contributor address; City; State; Zip Code  Hallsville, TX 75650	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrel, Carol <hr/> Contributor address; City; State; Zip Code  Jefferson, TX 75657	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrell, Judith <hr/> Contributor address; City; State; Zip Code  Marshall, TX 75672	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/14 Rpt: 11/27
<b>2</b> FILER NAME Cooper, Marlena R. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088324
<b>4</b> Date 06/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrell, Natasha <hr/> <b>6</b> Contributor address; City; State; Zip Code  Longview, TX 75604	<b>7</b> Amount of Contribution (\$)  \$52.95
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Kenneth <hr/> Contributor address; City; State; Zip Code  Ovilla, TX 75154	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Miyesha <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77407	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Labossiere, Cecilia <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75218	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lynn, Suzanne <hr/> Contributor address; City; State; Zip Code  Longview, TX 75605	Amount of Contribution (\$)  \$263.47
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/14 Rpt: 12/27
<b>2</b> FILER NAME Cooper, Marlena R. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088324
<b>4</b> Date 06/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lynn, Suzanne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Longview, TX 75605	<b>7</b> Amount of Contribution (\$)  \$105.58
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lynn, Suzanne <hr/> Contributor address; City; State; Zip Code  Longview, TX 75605	Amount of Contribution (\$)  \$526.63
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mack, Xavier <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75226	Amount of Contribution (\$)  \$21.37
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mahlstadt, Allison <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mahlstadt, Patricia <hr/> Contributor address; City; State; Zip Code  Houston, TX 77082	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/14 Rpt: 13/27
<b>2</b> FILER NAME Cooper, Marlena R. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088324
<b>4</b> Date 06/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mata, Margaret <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77009	<b>7</b> Amount of Contribution (\$)  \$105.58
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Matthis, April <hr/> Contributor address; City; State; Zip Code  New York, NY 10029	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mitchell, Jennifer <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77469	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montgomery, Bernice J. <hr/> Contributor address; City; State; Zip Code  Jeferson, TX 75857	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nash, Betty <hr/> Contributor address; City; State; Zip Code  Marshall, TX 75672	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/14 Rpt: 14/27
<b>2</b> FILER NAME Cooper, Marlena R. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088324
<b>4</b> Date 05/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ogboenyiya, April <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75218	<b>7</b> Amount of Contribution (\$)  \$368.74
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Page, Patrick <hr/> Contributor address; City; State; Zip Code  Longview, TX 75602	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel, Neha <hr/> Contributor address; City; State; Zip Code  Brooklyn, NY 11201	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pierce, Desiree <hr/> Contributor address; City; State; Zip Code  Longview, TX 75602	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryle, Tom <hr/> Contributor address; City; State; Zip Code  Kilgore, TX 75662	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/14 Rpt: 15/27
<b>2</b> FILER NAME Cooper, Marlena R. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088324
<b>4</b> Date 06/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sherrod, Amy ..... <b>6</b> Contributor address; City; State; Zip Code  Cypress, TX 77429	<b>7</b> Amount of Contribution (\$)  \$105.58
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Short, Carlyn ..... Contributor address; City; State; Zip Code  Gladewater, TX 75647	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Short, Carolyn ..... Contributor address; City; State; Zip Code  Gladewater , TX 75467	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Margie ..... Contributor address; City; State; Zip Code  Marietta, GA 30067	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Olivia ..... Contributor address; City; State; Zip Code  Fort Worth, TX 76120	Amount of Contribution (\$)  \$58.21
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/14 Rpt: 16/27
<b>2</b> FILER NAME Cooper, Marlena R. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088324
<b>4</b> Date 06/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tevebaugh, Mary Lou	<b>7</b> Amount of Contribution (\$) \$526.63
<b>6</b> Contributor address; City; State; Zip Code  Longview, TX 75605		
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Self
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tevebaugh, Mary Lou	Amount of Contribution (\$) \$1,052.95
Contributor address; City; State; Zip Code  Longview, TX 75606		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torma, Tracy	Amount of Contribution (\$) \$210.84
Contributor address; City; State; Zip Code  Palestine, TX 75801		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Viser, Marcus	Amount of Contribution (\$) \$368.74
Contributor address; City; State; Zip Code  Pearland, TX 77584		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Toysha	Amount of Contribution (\$) \$1,052.95
Contributor address; City; State; Zip Code  Longview, TX 75601		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/14 Rpt: 17/27
<b>2</b> FILER NAME Cooper, Marlena R. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088324
<b>4</b> Date 06/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Washington, Edward <hr/> <b>6</b> Contributor address; City; State; Zip Code  Marshall, TX 75670	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yarborough, Tara <hr/> Contributor address; City; State; Zip Code  Flint, TX 75762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) chambers, pauline <hr/> Contributor address; City; State; Zip Code  mansfield, TX 76063	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) deBaroncelli, Michelle <hr/> Contributor address; City; State; Zip Code  Culver City, CA 90230	Amount of Contribution (\$) \$42.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/3 Rpt: 18/27	
2 FILER NAME Cooper, Marlena R. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088324	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 06/27/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrdsong, Shannon	8 Amount of contribution (\$) \$800.00	9 In-kind contribution description event venue
	7 Contributor address; City; State; Zip Code  Longview, TX 75602	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) accountant		11 Employer (FOR NON-JUDICIAL) (See instructions) self	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, John and Paulette	Amount of contribution (\$) \$1,278.90	In-kind contribution description Marketing Materials
	Contributor address; City; State; Zip Code  Jefferson, TX 75657	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		Employer (FOR NON-JUDICIAL) (See instructions) Retired	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Theresa	Amount of contribution (\$) \$500.00	In-kind contribution description Snacks for volunteers
	Contributor address; City; State; Zip Code  Ames, IA 50014	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 2/3 Rpt: 19/27	
2 FILER NAME Cooper, Marlena R. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088324	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/05/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn, Suzanne	8 Amount of contribution (\$) \$100.00	9 In-kind contribution description food for party
	7 Contributor address; City; State; Zip Code  Longview, TX 75605	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn, Suzanne	Amount of contribution (\$) \$250.00	In-kind contribution description floral arrangement
	Contributor address; City; State; Zip Code  Longview, TX 75605	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Nyasha	Amount of contribution (\$) \$2,500.00	In-kind contribution description Social Media Design and marketing
	Contributor address; City; State; Zip Code  Gardena, CA 90247	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Producer		Employer (FOR NON-JUDICIAL) (See instructions) Self	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 3/3 Rpt: 20/27	
2 FILER NAME Cooper, Marlena R. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088324	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/05/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tatum, Calvin	8 Amount of contribution (\$) \$500.00	9 In-kind contribution description Visual Audio and Sound Equipment
	7 Contributor address; City; State; Zip Code  Longview, TX 75605		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Sound Engineer		11 Employer (FOR NON-JUDICIAL) (See instructions) Self	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tatum, Calvin	Amount of contribution (\$) \$650.00	In-kind contribution description Visual Audio and Sound Equipment
	Contributor address; City; State; Zip Code  Longview, TX 75605		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Sound Engineer		Employer (FOR NON-JUDICIAL) (See instructions) Self	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tevebaugh, Mary Lou	Amount of contribution (\$) \$250.00	In-kind contribution description Breakfast for Campaign Team
	Contributor address; City; State; Zip Code  Longview, TX 75605		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Attorney		Employer (FOR NON-JUDICIAL) (See instructions) Self	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# 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: 1/2 Rpt: 21/27	<b>2</b>	FILER NAME Cooper, Marlena R. (Ms.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00088324
<b>4</b>	Date 04/28/2024	<b>5</b>	Payee name ActBlue		
<b>6</b>	Amount (\$) \$0.99	<b>7</b>	Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<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 Credit Card Fee		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 03/01/2024		Candidate/Officeholder name Cavazos, Michael		
	Amount (\$) \$568.31		Office sought Office held		
	Date 03/01/2024		Payee name Cavazos, Michael		
	Amount (\$) \$568.31		Payee address; City; State; Zip Code 9 John Robert Court  Longview, TX 75604		
	<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 Photography		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 06/30/2024		Candidate/Officeholder name Donateway		
	Amount (\$) \$413.87		Office sought Office held		
	Date 06/30/2024		Payee name Donateway		
	Amount (\$) \$413.87		Payee address; City; State; Zip Code PO Box 301267  Austin, TX 78703		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<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 Credit Card Fees		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

# 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: 2/2 Rpt: 22/27	<b>2</b> FILER NAME Cooper, Marlena R. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088324
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<b>4</b> Date 06/30/2024	<b>5</b> Payee name Office Depot
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<b>6</b> Amount (\$) \$196.00	<b>7</b> Payee address; City; State; Zip Code 422 W Loop 281 Suite 300 Longview, TX 75605
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing 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 Flyers
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/16/2024	Payee name Office Depot
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Amount (\$) \$170.89	Payee address; City; State; Zip Code 422 W Loop 281 Suite 300 Longview, TX 75605
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing 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 Flyers
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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: 1/5 Rpt: 23/27	<b>2</b> FILER NAME Cooper, Marlena R. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088324
<b>4</b> Date 06/23/2024	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$)  \$31.68  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 410 Terry Ave. N  Seattle, WA 98109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Office Supplies
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 04/07/2024	Payee name Family Dollar	
Amount (\$)  \$24.06  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 935 E. Young  Longview, TX 75602	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 04/01/2024	Payee name Kroger	
Amount (\$)  \$500.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 701 W Marshall Ave  Longview, TX 75601	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas Cards
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

# 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: 2/5 Rpt: 24/27	<b>2</b> FILER NAME Cooper, Marlena R. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088324			
<b>4</b> Date 05/01/2024	<b>5</b> Payee name Kroger				
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 701 W Marshall Ave  Longview, TX 75601				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gas Cards			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate/Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 06/01/2024	Payee name Kroger				
Amount (\$) \$500.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 701 W Marshall Ave  Longview, TX 75601				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas Cards			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate/Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 06/27/2024	Payee name Nanny Goats				
Amount (\$) \$16.24  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1401 Judson Road  Longview , TX 75601				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate/Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		



# 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: 3/5 Rpt: 25/27	<b>2</b> FILER NAME Cooper, Marlena R. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088324
<b>4</b> Date 06/27/2024	<b>5</b> Payee name Sams Club	
<b>6</b> Amount (\$) \$237.39  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 3310 Fourth St  Longview, TX 75605	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event 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  Food
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 03/12/2024	Payee name Silver Grizzly Espresso	
Amount (\$) \$17.70  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 100 W. Tyler St.  Longview, TX 75602	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Meeting
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 05/10/2024	Payee name Super 1 Grocery	
Amount (\$) \$147.90  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1217 Marshall Ave  Longview, TX 75602	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Teacher Appreciation Gifts
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	

# 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: 4/5 Rpt: 26/27	<b>2</b> FILER NAME Cooper, Marlena R. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088324
<b>4</b> Date 05/15/2024	<b>5</b> Payee name Sushi Shima	
<b>6</b> Amount (\$) \$38.69  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 3084 N. Eastman Rd.  Longview, TX 75605	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage 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  Meeting
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 04/16/2024	Payee name Taste of Caddo	
Amount (\$) \$24.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 201 W Austin St  Jefferson, TX 75657	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Meeting
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 05/03/2024	Payee name The Ginocchio	
Amount (\$) \$75.34  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 707 N. Washington Ave  Marshall, TX 75670	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Meeting
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

# 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: 5/5 Rpt: 27/27	<b>2</b> FILER NAME Cooper, Marlena R. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088324
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<b>4</b> Date 04/13/2024	<b>5</b> Payee name Walmart
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<b>6</b> Amount (\$)  \$30.88  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 400 Estes Pkwy  Longview, TX 75603
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage 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 Volunteer Food
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/27/2024	Payee name Walmart
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Amount (\$)  \$79.26  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 400 Estes Pkwy  Longview, TX 75603
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer Food
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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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