FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 28 00088324 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Marlena R. NAME Date Received **ELECTRONICALLY FILED** 10/28/2024 NICKNAME LAST **SUFFIX** Cooper CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 501 Noel Dr. MAILING Amount Receipt # **ADDRESS** Change of Address Longview, TX 75602 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Toysha L. NAME NICKNAME LAST **SUFFIX** Walker **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 202 E. Whaley Street **ADDRESS** Apt. 411 (Residence or Business) Longview, TX 75601 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION**

TREASURER

PHONE

REPORT TYPE

PERIOD

10 ELECTION

11 OFFICE

COVERED

(903) 631-7297

January 15

Day

Day

11/05/2024

OFFICE HELD (if any)

ELECTION DATE

09/27/2024

Year

Year

July 15

Month

Month

30th day before election

8th day before election

THROUGH

Primary

X General

Runoff

Exceeded modified reporting limit

Month

ELECTION TYPE

Runoff

Special

Day

10/26/2024

12 OFFICE SOUGHT (if known)

State Representative District 7

Year

Other

15th day after campaign treasurer appointment (officeholder only)
Final Report (Attach C/OH-FR)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 28

13 C / OH NAME	Cooper, Marlena R. (Ms.)	14 Filer ID (00088324	(Ethics Comm	nission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	eholder's knov	vledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		L ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
	5)	\$	32,593.32		
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$	0.00	
	4. TOTAL POLITIC		\$	8,758.56	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	6,754.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		Ms. M	larlena R. Cooper		
		Signature of	Candidate or Officehol	der	_
AFFIX NO	TARY STAMP / SEAL AB	DVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		_ day
of	, 20, to ce	ertify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administerin	g oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 28
_	ER NAN		19 Filer ID	(Ethi	cs Commission Filers)
Co	oper, N	arlena R. (Ms.)	00088324		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	12,593.32
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	20,000.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	8,758.56
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	OF C/OH	\$	
11.	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12.	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/12 Rpt: 4/28	
2	FILER NAME Cooper, Mar	ena R. (Ms.)		3	Filer ID (Ethics Commission 00088324	n Filers)
4	Date 10/18/2024	 Full name of contributor out-of-state PAC (ID#:_Allen, Smith Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$100.00
_		Jefferson, TX 75657		Ĺ		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/24/2024	Full name of contributor out-of-state PAC (ID#:_Allen, Smith Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$175.00
		Jefferson, TX 75657				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/24/2024	Full name of contributor out-of-state PAC (ID#:_Allen, Smith Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$175.00
		Jefferson, TX 75657				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#:_Alva Louise, Rand Contributor address; City; State; Zip Code Marshall, TX 75672)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#:_Amy, Sherrod Contributor address; City; State; Zip Code Longview, TX 77429			Amount of Contribution (\$)	\$263.47
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/12 Rpt: 5/28	
2	FILER NAME Cooper, Mar	lena R. (Ms.)			3	Filer ID (Ethics Commission 00088324	n Filers)
4	Date 10/19/2024	5 Full name of contributorBrenda, Jones6 Contributor address; City; Sta	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$52.95
_	<u> </u>	Longview, TX 75605		0.5.1.00.1.1.1			
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	s)		
	Date 10/19/2024	Full name of contributor Bryan, Vallery Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$25.00
	Deinsinal	Longview, TX 78759		Faralagae (Octobration	<u></u>		
	Account Coc	pation / Job title (See Instructions) ordinator		Employer (See Instructions BarkleyOKRP	5)		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00	
		Marshall, TX 75672					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/13/2024	Full name of contributor Cherrelle, Williams Contributor address; City; Sta				Amount of Contribution (\$)	\$5.58
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>1</u> S)		
	Date 10/19/2024	Full name of contributor D. Karen, Wilkerson Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	<u>.</u> S)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 3/12 Rpt: 6/28	
2	FILER NAME Cooper, Mar	ena R. (Ms.)			3	Filer ID (Ethics Commission 00088324	n Filers)
4	Date 10/19/2024	D. Karen, Wilkerson 6 Contributor address; City; State;			7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Longview, TX 75711 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Not Employe			Not Employed	,		
	Date 09/27/2024	Full name of contributor Deleanor, Goynes (Dr.) Contributor address; City; State;				Amount of Contribution (\$)	\$50.00
		Jefferson, TX 75657					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/23/2024	Full name of contributor Erica, Fazande Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$526.63
		Longview, TX 77021					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/11/2024	Full name of contributor Fred, Bonner Contributor address; City; State; Cypress, TX 77433	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$158.21
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/19/2024	Full name of contributor Hillary, Mitchell Contributor address; City; State; Longview, TX 75693	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Nurse practitioner)		
			L				

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/12 Rpt: 7/28	
2	FILER NAME Cooper, Mar	lena R. (Ms.)			3	Filer ID (Ethics Commission 00088324	n Filers)
4	Date 10/25/2024	5 Full name of contributor Hillary, Mitchell6 Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$526.63
8	Principal occu	Longview, TX 75693 pation / Job title (See Instructions)		9 Employer (See Instructions			
_				2 Employer (See instructions	,		
	Date 10/23/2024	Full name of contributor Jada, Crawford Contributor address; City; Sta	out-of-state PAC (ID#:_ atte; Zip Code)		Amount of Contribution (\$)	\$105.58
	Principal occu	Longview, TX 77584 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/23/2024	Full name of contributor Jamina, Newsome Contributor address; City; Sta	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$105.58
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/19/2024	Full name of contributor Jim, Chapman Contributor address; City; Sta Longview, TX 78657	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 09/27/2024	Full name of contributor Jo, Jones Contributor address; City; Sta)		Amount of Contribution (\$)	\$160.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains hov	to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/12 Rpt: 8/28	
2	FILER NAME Cooper, Mar	lena R. (Ms.)			3	Filer ID (Ethics Commission 00088324	n Filers)
4	Date 10/04/2024	5 Full name of contributorJohn and Paula, Cooper6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$125.00
8	Principal occu	Jefferson, TX 75657	2)	9 Employer (See Instructions			
•	-			5 Employer (See Instructions	·)		
	Date 10/26/2024	Full name of contributor Josh, Anderson Contributor address; City; S Longview, TX 75601	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 10/19/2024	Full name of contributor Judy, Baker Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$250.00
	•	Longview, TX 75601 Ipation / Job title (See Instructionsed	\$)	Employer (See Instructions Not Employed	5)		
10/19/2024 Katherine, Knight		out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$26.63	
	Principal occu	HEMPHILL, TX 75948 pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 10/19/2024	Full name of contributor Kerri, Esposito Contributor address; City; S Longview, TX 75605	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions M. Roberts Media	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/12 Rpt: 9/28	
2	FILER NAME Cooper, Mar	lena R. (Ms.)		3	Filer ID (Ethics Commission 00088324	n Filers)
4	Date 10/23/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$52.95
_	Daine in all access	Longview, TX 77494	O Faralana (Caralantantia			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID#:_ Kevin and Yvonne, Gray Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Deire die alle acces	Longview, TX 75602	Fundamentary	_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#: L.C., Chatham Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Marshall, TX 75670				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#:_ Lauren, Simmons Contributor address; City; State; Zip Code Longview, TX 77054			Amount of Contribution (\$)	\$26.63
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#:_Lawrence, Taylor Contributor address; City; State; Zip Code Houston, TX 77021)		Amount of Contribution (\$)	\$263.47
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		•				

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 7/12 Rpt: 10/28	
2	FILER NAME Cooper, Mar	lena R. (Ms.)		3	Filer ID (Ethics Commission 00088324	on Filers)
4	Date 09/27/2024	 Full name of contributor	D#:)	7	Amount of Contribution (\$)	\$105.58
8	Principal occu	Mount Pleasant, TX 75455 pation / Job title (See Instructions)	9 Employer (See Instructions	 s)		
_	Date 10/18/2024	Full name of contributor out-of-state PAC (IE			Amount of Contribution (\$)	\$125.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/26/2024	Full name of contributor out-of-state PAC (ID#:) 4 Lori, McGilchrist Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$16.11
	Principal occu	Longview, OR 97212-1344 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 10/17/2024	Full name of contributor out-of-state PAC (III Major, Harper-Terry Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$263.47
	Principal occu	Pearland, TX 77584 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (IE Malcolm, Kelly Contributor address; City; State; Zip Code Arlington, TX 76011			Amount of Contribution (\$)	\$1,052.95
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

	MONET	ARY POLITICAL CON	ITRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to co	omplete this fo	orm.	1	Total pages Schedule A1: Sch: 8/12 Rpt: 11/28	
2	FILER NAME Cooper, Mar	lena R. (Ms.)			3	Filer ID (Ethics Commission 00088324	n Filers)
4	Date 10/11/2024	 Full name of contributor ou ou Margie, Smith Contributor address; City; State; Zip 	t-of-state PAC (ID#: o Code		7	Amount of Contribution (\$)	\$50.00
0	Dringing occu	Jefferson, TX 75657		Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Date 10/22/2024	Full name of contributor ou Margie, Smith Contributor address; City; State; Zip Jefferson, TX 75657	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/19/2024	Full name of contributor ou Mark, Homer Contributor address; City; State; Zip	t-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$1,052.95
	Principal occu	Paris, TX 75460 pation / Job title (See Instructions)		Employer (See Instructions			
	Timolpai occa	patient, con the (eee metractions)		Employer (eee meadediene	,		
Date Full name of contributor out-of-state PAC (ID#:_ 10/18/2024 Mary L, TEVEBAUGH Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$275.00	
	Principal occu Self	Longview, TX 75605 pation / Job title (See Instructions)		Employer (See Instructions Attorney)		
	Date 09/27/2024	Full name of contributor ou Maurie Jr., Humphrey (Mr.) Contributor address; City; State; Zip Longview, TX 75604	t-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$10.84
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how	w to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/12 Rpt: 12/28	
2	FILER NAME Cooper, Mar	lena R. (Ms.)			3	Filer ID (Ethics Commissi 00088324	on Filers)
4	Date 10/19/2024	5 Full name of contributor Max, Sandlin6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$1,052.95
		Sioux Falls, SD 57108					
8	Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instruc	ctions)		
	Date 10/19/2024	Full name of contributor Michael, Tolbert Contributor address; City; S)	Amount of Contribution (\$)	\$25.00
	Deinsinal assu	Longview, TX 75703	2)	Frankrian (Can Instru			
	Self	pation / Job title (See Instruction	S)	Employer (See Instruc Real estate sales p			
	Date Full name of contributor out-of-state PAC (ID#:) 10/22/2024 Mike, Mahlstedt Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,052.95		
		Longview, TX 77019					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instruc	ctions)		
	Date 10/24/2024	Full name of contributor Nadia, McKinney Contributor address; City; S Longview, TX 77003				Amount of Contribution (\$)	\$158.21
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instruc	ctions)		
	Date 10/21/2024	Full name of contributor Narcie, Crosby Contributor address; City; S Longview, TX 75671	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	\$52.95
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instruc	ctions)		

	MONET	ARY POLITICAL	CONTRIBUTIO) N	S		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this f	forn	n.	1	Total pages Schedule A1: Sch: 10/12 Rpt: 13/28	
2	FILER NAME Cooper, Mar	lena R. (Ms.)				3	Filer ID (Ethics Commission 00088324	n Filers)
4	Date 10/05/2024	5 Full name of contributor Nicole, Stasek6 Contributor address; City; S	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$5.58
_		Longview, TX 75605		10	5 1 (0 1 1 ii			
8	Principal occu	pation / Job title (See Instruction	s)	9	Employer (See Instructions	5)		
	Date 10/24/2024	Full name of contributor Odus E., Evbagharu Contributor address; City; S)		Amount of Contribution (\$)	\$131.89
	Principal occu	Longview, TX 77449 pation / Job title (See Instruction	e)		Employer (See Instructions	·/		
	r inicipal occu	pation 7 300 title (See instruction	3)		Employer (See manuchons	,		
	Date 10/19/2024	Full name of contributor Oller, Smith Contributor address; City; S					Amount of Contribution (\$)	\$100.00
		Longview, TX 75707						
	Principal occu Not Employe	pation / Job title (See Instruction ed	s)		Employer (See Instructions Not Employed	5)		
	Date 10/20/2024	Full name of contributor Patty, Mahlstedt Contributor address; City; S Longview, TX 77092	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$105.58
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	5)		
	Date 10/23/2024	Full name of contributor Steve, Crane Contributor address; City; S Longview, TX 75604	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$105.58
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	SCHEDULE A1	
	The Instruc	ction Guide explains how t	o complete this form	m.	1	Total pages Schedule A1: Sch: 11/12 Rpt: 14/28	
2	FILER NAME Cooper, Mar	FILER NAME Cooper, Marlena R. (Ms.)			3	Filer ID (Ethics Commission 00088324	on Filers)
4			7	Amount of Contribution (\$)	\$100.00		
8	Principal occur	Longview, TX 75605 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Not Employe			Not Employed	',		
	Date Full name of contributor out-of-state PAC (ID#:) 10/12/2024 Thomas, Jefferson Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00		
	Fort Worth, TX 76112						
	Principal occupation / Job title (See Instructions) Employer (See Instructions				s)		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$52.95	
		Longview, TX 77091					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/05/2024 Timothy and Paula, Phy Contributor address; City; State; Zip Code Jefferson, TX 75657				Amount of Contribution (\$)	\$100.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/20/2024 Toysha, Walker Contributor address; City; State; Zip Code Longview, TX 75602			Amount of Contribution (\$)	\$1,000.00		
	Principal occupation / Job title (See Instructions) Consultant Employer (See Instructions Self			5)			

ARY POLITICAL CONTRIBUTIONS	SCHEDUL	E A1	
ction Guide explains how to complete this form	n. 1	Total pages Schedule A1: Sch: 12/12 Rpt: 15/28	
rlena R. (Ms.)	3	Filer ID (Ethics Commission 00088324	ı Filers)
 Full name of contributor		Amount of Contribution (\$)	\$263.47
Longview, TX 77578	Employer (See Instructions)		
spation 7 300 title (See instructions)	Employer (See Instructions)		
Full name of contributor out-of-state PAC (ID#: Vikki, Goodwin Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$500.00
Austin, TX 78739 upation / Job title (See Instructions)			
	ction Guide explains how to complete this form rlena R. (Ms.) 5 Full name of contributor	rlena R. (Ms.) 5 Full name of contributor out-of-state PAC (ID#:	ction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 12/12 Rpt: 15/28 3 Filer ID (Ethics Commission 00088324 5 Full name of contributor out-of-state PAC (ID#:

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 16/28 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Cooper, Marlena R. (Ms.) 00088324 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/26/2024 Mykle, Tomlinson \$20,000.001 7 Contributor address; City; State; Zip Code Austin, TX 78723 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) Consultant Y Strategy 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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)

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Folling Expense
Salaries/Wangs/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
_	Tatal manage Calculula E4.	O ELLED MANE	C Files ID (Files Commission Files)
1	Total pages Schedule F1: Sch: 1/12 Rpt: 17/28	Cooper, Marlena R. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088324
4	Date	5 Payee name	
	10/04/2024	Bailey, Logan	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	219 Central School Rd	
		Hallsville, TX 75602	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense	outside of Texas. Complete Schedule T.
			, TX, officeholder living expense
		decorations	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/OI		Office Held
\vdash	Date	Payee name	
	09/27/2024	Dean, Denise	
	Amount (\$)	Payee address; City; State; Zip Code	
	` ,	10160 Co Rd 2124D	
	\$1,053.00	10100 C0 Ru 2124D	
		Longview, TX 75603	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		, TX, officeholder living expense
		catering servi	ice
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_	Date	Payee name	
	10/18/2024	Dickson, Ben	
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 414 East Loop 281, Ste. 7	
	\$300.00	414 Easi Loop 281, Sie. <i>1</i>	
		Longview, TX 75605	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	I finding Expense	outside of Texas. Complete Schedule T.
			, TX, officeholder living expense
		Campaign Si	yııs
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OI		Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide expla	nins how to complete this form.	
1	Total pages Schedule F1:	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/12 Rpt: 18/28	Cooper, Marlena R. (Ms.)		00088324
4	Date	Payee name		•
	10/20/2024	DonateWay		
6	Amount (\$)	Payee address; City; S	tate; Zip Code	
	\$98.87	P.O. Box 301267		
		Austin, TX 78703		
8	PURPOSE	Category (See Categories listed at the top of thi	s schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if trave	el outside of Texas. Complete Schedule T.
	-		Software Fe	tin, TX, officeholder living expense
			Soliware re	
9	Complete ONLY if direct	andidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/O	analado, emechedo name	ooc coug.n	000
_	Date	Payee name		
	10/22/2024	FastSigns		
	Amount (\$)		tate; Zip Code	
	\$123.30	128 Beechwood Dr		
	,			
		Longview, TX 75605		
_	PURPOSE		s schedule) (b) Description	
	OF	Category (See Categories listed at the top of thi Printing Expense		el outside of Texas. Complete Schedule T.
	EXPENDITURE	Timing Expense	 	tin, TX, officeholder living expense
			Campaign S	Sign Wires
	Complete ONLY if direct expenditure to benefit C/OH	andidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	10/09/2024	FedEx		
	Amount (\$)		tate; Zip Code	
	\$12.25	70 Fed Ex Pkwy		
		Collierville, TN 38017		
	PURPOSE OF	Category (See Categories listed at the top of the		ol outside of Taylor Complete Cabadula T
	EXPENDITURE	Advertising Expense		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
			Marketing n	
	Complete ONLY if direct	andidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OF			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/12 Rpt: 19/28	Cooper, Marlena R. (Ms.) 00088324
4	Date	5 Payee name
	10/25/2024	Godaddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.17	100 S Mill Ave
		Tempe, AZ 85281
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	09/30/2024	JIMENEZ, Paula
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	2408 CR 3118
		Winona, TX 75792
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Marketing/Social Media Ad
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	09/30/2024	JIMENEZ, Paula
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	2408 CR 3118
	<u></u> _	Winona, TX 75792
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Marketing/Social Media Ad
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	ompl	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 4/12 Rpt: 20/28	Cooper, Marlena R. (Ms.)		00088324
4	Date	5 Payee name		
	10/07/2024	JIMENEZ, Paula		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$100.00	2408 CR 3118		
		Winona, TX 75792		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Marketing/Social Media Ad
				Marketing/300iai Media Ad
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
ľ	expenditure to benefit C/OI		agric	Cilide Held
_	Date	Dayee name		
	10/07/2024	Payee name JIMENEZ, Paula		
	Amount (\$)	Payee address; City; State; Zip Ci	ado	
	\$25.00	2408 CR 3118	Jue	
	Ψ23.00	2400 CK 3110		
		Winona TV 75702		
	DUDDOOF	Winona, TX 75792	Las	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Marketing/Social Media Ad
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	10/09/2024	JIMENEZ, Paula		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$50.00	2408 CR 3118		
		Winona, TX 75792		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Marketing/Social Media Ad
				Mandang/oodia Media / M
H	Complete ONLY if direct	Candidate/Officeholder name Office sou	l Jaht	Office held
	expenditure to benefit C/OI		9.10	5555.5
	rms provided by Tayas F	thics Commission was athics state to		Version V// 1 0 /9da51f

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 5/12 Rpt: 21/28	Cooper, Marlena R. (Ms.)
4	Date	5 Payee name
	10/18/2024	JIMENEZ, Paula
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	2408 CR 3118
		Winona, TX 75792
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Marketing/Social Media Ad
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/15/2024	JJO Radio Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$206.10	103 Jason CT
		Bullard, TX 75757
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Radio Ads
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/15/2024	КМНТ
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,280.00	2323 Jefferson Ave.
		Marshall, TX 75670
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Radio Ads
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/12 Rpt: 22/28	Cooper, Marlena R. (Ms.) 00088324
4	Date	5 Payee name
	10/11/2024	Lewis, Misty
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 3623 McCann Rd
		Longview, TX 75605
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Catering
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/15/2024	Lewis, Misty
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 3623 McCann Rd
		Longview, TX 75605
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Catering Service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/21/2024	M. Roberts Media
	Amount (\$) \$600.00	Payee address; City; State; Zip Code 320 E. Methvin St.
		Longview, TX 75601
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 7/12 Rpt: 23/28	Cooper, Marlena R. (Ms.) 00088324
4	Date	5 Payee name
	10/07/2024	Michael Cavazos Photography
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$216.50	9 John Robert Ct
		Longview, TX 75604
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Photography
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	10/20/2024	Michael Cavazos Photography
	Amount (\$) \$270.63	Payee address; City; State; Zip Code 9 John Robert Ct
	\$270.03	9 John Robert Ct
		Longview, TX 75604
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		photos
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
-	Date	Payes name
	09/30/2024	Payee name Mitchell, Marva
	Amount (\$)	Payee address; City; State; Zip Code PO Box 8426
	\$200.00	PO B0x 8426
		Marshall, TX 75671
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gas reimbursement for Campaign Staff
		- Cas romas control campagn cam
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/12 Rpt: 24/28	Cooper, Marlena R. (Ms.) 00088324
4	Date	5 Payee name
	10/07/2024	Murphy USA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$61.08	4004 Estes Pkwy
		Longview, TX 75603
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Gas for Campaign Staff
		Ods for Campaign Stail
<u>_</u>	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/02/2024	Ngp VAN Inc Moto
	Amount (\$)	Payee address; City; State; Zip Code
	\$106.60	655 15th St. NW, Suite 650
		Washington, DC 20005
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Software
		Campaign Coluvate
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	_	
	Date	Payee name
	10/21/2024	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.44	422 W Loop 281 SUITE 300
		Longview, TX 75605
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Stickers & Printing
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponantino to benefit 6/01	•

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Cre	edit Card Payment	The Instruction Guide explains how to co	mple	ete this form.		
1 Tota	al pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sc	h: 9/12 Rpt: 25/28	Cooper, Marlena R. (Ms.)			00088324	
4 Date	e	5 Payee name				
10/	11/2024	Sign Solutions & Graphics				
6 Amo	ount (\$)	7 Payee address; City; State; Zip Co	de			
	\$710.12	2901 E End Blvd N				
		Marshall, TX 75670				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
EV	OF (PENDITURE	Printing Expense		Check if travel outside	de of Texas. Com	plete Schedule T.
E^	RPENDITORE			Check if Austin, TX,		expense
				Campaign Signs	i	
			<u> </u>			
	nplete <u>ONLY</u> if direct enditure to benefit C/O	Candidate/Officeholder name Office sou	ight		Office he	eld
Date		Payee name				
10/	24/2024	Smith, Margie				
Amo	ount (\$)	Payee address; City; State; Zip Co	ode			
	\$125.00	880 Hall Rd				
		Jefferson, TX 75657				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
EX	OF (PENDITURE	Event Expense		Check if travel outside		
				Check if Austin, TX, Event Meal	onicendider living	expense
				Event wear		
Con	nplete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	l aht		Office he	eld .
	enditure to benefit C/O		9		000 1	
Date	Α	Payer name				
	30/2024	Payee name Smith, Nyasha				
		•	,do			
Amo	ount (\$) \$100.00	Payee address; City; State; Zip Co 425 West Regent St, 18	ue			
	Ψ100.00	423 West Negent St, 10				
		Inclavior of CA 00001				
		Inglewood, CA 90301				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside	do of Toyon Com	ploto Cohodulo T
EX	(PENDITURE	Advertising Expense		Check if Austin, TX,		
				Media	•	•
	mplete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office he	eld
	enditure to benefit C/O					

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics C	ommission Filers)
	Sch: 10/12 Rpt: 26/28	Cooper, Marlena R. (Ms.) 00088324	
4	Date	5 Payee name	
	10/18/2024	Smith, Nyasha	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$75.00	425 West Regent St, 18	
		Inglewood, CA 90301	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	ıle T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Media	
_	Commists ONII V if direct	Constitute / Office helder notes Office accepts	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	
	· 		
	Date	Payee name	
	10/17/2024	Tatum, Calvin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$75.00	1233 Eden Dr	
		Longview, TX 75605	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedu Check if Austin, TX, officeholder living expense	ıle T.
		Videographer	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	ЭН	
	Date	Payee name	
	10/21/2024	Threads	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$338.07		
	,		
		Port Arthur, TX 77642	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule	ıle T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		t-shirts	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	ווכ	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 11/12 Rpt: 27/28	Cooper, Marlena R. (Ms.)		00088324
4	Date	5 Payee name		
l	10/21/2024	Tractor Supply Co.		
6	Amount (\$) \$43.90	7 Payee address; City; State; Zip Cod 190 E End Blvd S Marshall, TX 75670	le	
8	PURPOSE		h)	Description
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Sign Posts
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ht	Office held
	Date	Payee name		
l	10/03/2024	Walmart Sam's Club		
	Amount (\$) \$99.22	Payee address; City; State; Zip Cod 3310 Fourth St Unit 3 Longview, TX 75605	le	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	Date 10/15/2024	Payee name Walmart Sam's Club		
	Amount (\$) \$351.87	Payee address; City; State; Zip Cod 3310 Fourth St	le	
		Longview, TX 75605		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 12/12 Rpt: 28/28	Cooper, Marlena R. (Ms.) 00088324				
4	Date	5 Payee name				
	10/21/2024	Walmart Sam's Club				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$84.00	3310 Fourth St				
		Longview, TX 75605				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Campaign Event				
		Gampaigh Event				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
3	expenditure to benefit C/O					
_	Data	<u> </u>				
	Date	Payee name Walmont Comia Club				
	10/25/2024	Walmart Sam's Club				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$356.54	3310 Fourth St				
		Longview, TX 75605				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Event Expense				
		Compaign Fyont				
		Campaign Event				
_	Complete ONLY if direct	Condidate/Office holds				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Date	Payee name				
	10/08/2024	Y STRATEGY				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$828.90	3110 Manor Rd				
		Austin, TX 78723				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Consulting Expense				
	LAFENDITORE	Check if Austin, TX, officeholder living expense				
		Campaign Consultant				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
- p						