

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3687

FORM JC/OH
COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed. 9				
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; display: inline-block; text-align: center;"> FILED JAN 13 9 42 AM '98 CLERK COUNTY CLERK TRAVIS COUNTY, TEXAS </div>			
	Judge Margaret		A.				
NICKNAME	LAST		SUFFIX				
Cooper							
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE		
	P. O. Box 1748		Austin	TX	78767		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Receipt #			
	Connie			HD / PM			
NICKNAME	LAST		SUFFIX	Date Processed			
Odé				Date Imaged			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE)		APT / SUITE #	CITY	STATE	ZIP CODE	
	P. O. Box 10277			Austin	TX	78766	
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(512)	258-4971					
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach JC/OH - FR)			
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	07	01	/97		12	31	/97
10 ELECTION n/a	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)			
	District Judge, 353rd						
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **						
	Name						
	None known						
	Address / PO Box	Apt / Suite #	City	State	Zip Code		

GO TO PAGE 2

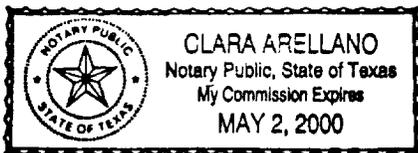
JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME Cooper, Margaret A.		15 ACCOUNT # (Ethics Commission filers)
16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	-- This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME None known
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ n/a
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ n/a
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ n/a
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,345.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 52,961.53
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ n/a

18 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.



Margaret A. Cooper
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Margaret A. Cooper this the 12 day of January, 1998, to certify which, witness my hand and seal of office.

Clara Arellano
Signature of officer administering oath

Clara Arellano
Print name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL
EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

Cooper, Margaret A.

3 ACCOUNT # (Ethics Commission filers)**4** Date

8-5-97

5 Payee name

Travis County Democratic Party

6 Payee address: City: State: Zip Code

P. O. Box 684263 Austin TX 78768

7 Amount
(\$)

\$1,000.00

8 Purpose of expenditure

Contribution

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

8-11-97

Payee name

GTE Mobilnet

Payee address: City: State: Zip Code

P. O. Box 33049 St. Petersburg FL 33733

Amount
(\$)

\$0.88

Purpose of expenditure

Cellular telephone service

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

8-15-97

Payee name

Austin AFL-CIO

Payee address: City: State: Zip Code

P. O. Box 684644 Austin TX 78768-4644

Amount
(\$)

\$165.00

Purpose of expenditure

Labor Day Program Advertisement

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

9-2-97

Payee name

Ozarka Natural Spring Water

Payee address: City: State: Zip Code

2000 Westridge Drive Irving TX 75038

Amount
(\$)

\$19.07

Purpose of expenditure

Water service for court offices

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS (JUDICIAL)**SCHEDULE E (J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J):	
2 FILER NAME N/A		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC		9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address: City: State: Zip Code		10 Interest rate
			11 Maturity date
12 Lender's Principal Occupation		13 Lender's Job Title	
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)	
16 If lender is child, law firm of parent(s) (if any)			
17 Description of Collateral <input type="checkbox"/> none			
18 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	19 Name of guarantor		21 Amount Guaranteed (\$)
	20 Guarantor address: City: State: Zip Code		
22 Guarantor's Principal Occupation		23 Guarantor's Job Title	
24 Guarantor's Employer/Law Firm		25 Law Firm of guarantor's spouse (if any)	
26 If guarantor is child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL
EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 6
2 FILER NAME Cooper, Margaret A.		3 ACCOUNT # (Ethics Commission filers)
4 Date 9-2-97	5 Payee name KLRU 6 Payee address: City, State, Zip Code P. O. Box 7158 Austin TX 78713	7 Amount (\$) \$120.00
8 Purpose of expenditure Contribution		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 9-6-97	Payee name Austin Black Lawyers' Association Payee address: City, State, Zip Code P. O. Box 13181 Austin TX 78711	Amount (\$) \$50.00
Purpose of expenditure Event tickets		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 9-6-97	Payee name Margaret A. Cooper Payee address: City, State, Zip Code P. O. Box 1748 Austin TX 78767	Amount (\$) \$30.00
Purpose of expenditure Reimbursement		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 9-10-97	Payee name GTE Mobilnet Payee address: City, State, Zip Code P. O. Box 33049 St. Petersburg FL 33733	Amount (\$) \$0.52
Purpose of expenditure Cellular telephone service		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**POLITICAL
EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 6
2 FILER NAME Cooper, Margaret A.		3 ACCOUNT # (Ethics Commission filers)
4 Date 9-10-97	5 Payee name AYLA Foundation 6 Payee address; City; State; Zip Code 700 Lavaca, Ste. 602 Austin TX 78701-3102	7 Amount (\$) \$200.00
8 Purpose of expenditure Program advertisement		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 9-29-97	Payee name Capitol Area Democratic Women Payee address; City; State; Zip Code P. O. Box 50038 Austin TX 78763	Amount (\$) \$100.00
Purpose of expenditure Annual membership dues		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 9-29-97	Payee name Robert Calvert Austin Inns of Court Payee address; City; State; Zip Code c/o 1301 West 25th St., Ste. 525 Austin TX 78705	Amount (\$) \$250.00
Purpose of expenditure Annual membership dues		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 9-29-97	Payee name South Austin Democrats Payee address; City; State; Zip Code P. O. Box 152592 Austin TX 78715-2592	Amount (\$) \$50.00
Purpose of expenditure Event sponsorship		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		



**POLITICAL
EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 6
2 FILER NAME Cooper, Margaret A.		3 ACCOUNT # (Ethics Commission filers)
4 Date 9-29-97	5 Payee name David Chapel Missionary Baptist Church 6 Payee address: City: State: Zip Code 2211 East MLK Blvd. Austin TX 78702-1343	7 Amount (\$) \$25.00
8 Purpose of expenditure Program advertisement		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 10-1-97	Payee name Ozarka Natural Spring Water Payee address: City: State: Zip Code 2000 Westridge Dr. Irving TX 75038	Amount (\$) \$19.07
Purpose of expenditure Water service at courthouse		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 11-1-97	Payee name Ozarka Natural Spring Water Payee address: City: State: Zip Code P. O. Box 650640 Dallas TX 75265	Amount (\$) \$19.07
Purpose of expenditure Water service at court offices		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 11-1-97	Payee name Travis County Democratic Women's Committee Payee address: City: State: Zip Code c/o Jill Ryan, Treasurer 11849 Rim Rock Terr. Austin TX 78737	Amount (\$) \$5.00
Purpose of expenditure Annual dues		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

**POLITICAL
EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

6

2 FILER NAME

Cooper, Margaret A.

3 ACCOUNT # (Ethics Commission filers)**4** Date

11-8-97

5 Payee name

Travis County Women Lawyers Association

7Amount
(\$)

\$25.00

6 Payee address; City; State; Zip Code

P. O. Box 13404 Austin TX 78711

8 Purpose of expenditure

Annual membership dues

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

11-8-97

Payee name

Friends of Lora Livingston

Amount
(\$)

\$100.00

Payee address; City; State; Zip Code

P. O. Box 2063 Austin TX 78768

Purpose of expenditure

Political contribution

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

11-25-97

Payee name

GTE Mobilnet

Amount
(\$)

\$1.43

Payee address; City; State; Zip Code

P. O. Box 33049 St. Petersburg FL 33733

Purpose of expenditure

Cellular telephone service

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

12-1-97

Payee name

Ozarka Natural Spring Water

Amount
(\$)

\$19.07

Payee address; City; State; Zip Code

2000 Westridge Dr. Irving TX 75038

Purpose of expenditure

Water service for court offices

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

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**POLITICAL
EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
6**2** FILER NAME

Cooper, Margaret A.

3 ACCOUNT # (Ethics Commission filers)**4** Date

12-9-97

5 Payee name

Capitol Area Democratic Women

6 Payee address; City; State; Zip Code

P. O. Box 50038 Austin TX 78763

7 Amount
(\$)

\$45.00

8 Purpose of expenditure

Event tickets

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

12-17-97

Payee name

Austin Women's Political Caucus

Payee address; City; State; Zip Code

P. O. Box 12341 Austin TX 78767

Amount
(\$)

\$50.00

Purpose of expenditure

Annual dues

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

12-30-97

Payee name

GTE Mobilnet

Payee address; City; State; Zip Code

P. O. Box 33049 St. Petersburg FL 33733

Amount
(\$)

\$0.17

Purpose of expenditure

Cellular telephone service

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

12-30-97

Payee name

Margaret A. Cooper

Payee address; City; State; Zip Code

P. O. Box 1748 Austin TX 78767

Amount
(\$)

\$50.99

Purpose of expenditure

Reimbursement

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1
2 FILER NAME Cooper, Margaret A.		3 ACCOUNT # (Ethics Commission filers)
4 Date 9-3-97	5 Payee name Sweetish Hill Bakery 6 Payee address: City: State: Zip Code 1120 West 6th St. Austin TX 78703 7 Purpose of expenditure Staff birthday cake	8 Amount (\$) \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 9-4-97 & 9-5-97	Payee name Four Seasons Hotel Payee address: City: State: Zip Code 98 San Jacinto Austin TX 78701 Purpose of expenditure Parking for HMO Litigation Seminar	Amount (\$) \$10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12-12-97	Payee name Central Market Bakery Payee address: City: State: Zip Code 4001 N. Lamar Austin TX 78756 Purpose of expenditure Staff birthday cake	Amount (\$) \$15.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12-9-97	Payee name Hyde Park Bar and Grill Payee address: City: State: Zip Code 4206 Duval Austin TX 78751 Purpose of expenditure Staff Christmas lunch	Amount (\$) \$82.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12-19-97	Payee name College of the State Bar of Texas Payee address: City: State: Zip Code 1414 Colorado Austin TX 78701 Purpose of expenditure Annual dues	Amount (\$) \$35.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount (\$)
8 Purpose of payment		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought / held

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