

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4334

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 10													
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">TITLE</td> <td style="width:30%; border-bottom: 1px solid black;">FIRST</td> <td style="width:30%; border-bottom: 1px solid black;">MI</td> </tr> <tr> <td>Judge</td> <td>Margaret</td> <td>A.</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST</td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> <tr> <td></td> <td>Cooper</td> <td></td> </tr> </table>	TITLE	FIRST	MI	Judge	Margaret	A.	NICKNAME	LAST	SUFFIX		Cooper		OFFICE USE ONLY Date Received <div style="text-align: center; font-size: 2em; font-weight: bold; transform: rotate(90deg);"> JUL 13 3 50 PM '99 </div>		
TITLE	FIRST	MI														
Judge	Margaret	A.														
NICKNAME	LAST	SUFFIX														
	Cooper															
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">ADDRESS / PO BOX</td> <td style="width:15%; border-bottom: 1px solid black;">APT / SUITE #</td> <td style="width:15%; border-bottom: 1px solid black;">CITY</td> <td style="width:10%; border-bottom: 1px solid black;">STATE</td> <td style="width:30%; border-bottom: 1px solid black;">ZIP CODE</td> </tr> <tr> <td>P. O. Box 1748</td> <td></td> <td>Austin</td> <td>TX</td> <td>78767</td> </tr> </table>	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE	P. O. Box 1748		Austin	TX	78767	Receipt # HD / PM Amount Date Processed Date Imaged				
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P. O. Box 1748		Austin	TX	78767												
5 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">TITLE</td> <td style="width:30%; border-bottom: 1px solid black;">FIRST</td> <td style="width:30%; border-bottom: 1px solid black;">MI</td> </tr> <tr> <td></td> <td>Connie</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST</td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> <tr> <td></td> <td>Ode</td> <td></td> </tr> </table>	TITLE	FIRST	MI		Connie		NICKNAME	LAST	SUFFIX		Ode		Receipt # HD / PM Amount Date Processed Date Imaged		
TITLE	FIRST	MI														
	Connie															
NICKNAME	LAST	SUFFIX														
	Ode															
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; border-bottom: 1px solid black;">STREET ADDRESS (NO PO BOX PLEASE)</td> <td style="width:10%; border-bottom: 1px solid black;">APT / SUITE #</td> <td style="width:15%; border-bottom: 1px solid black;">CITY</td> <td style="width:10%; border-bottom: 1px solid black;">STATE</td> <td style="width:25%; border-bottom: 1px solid black;">ZIP CODE</td> </tr> <tr> <td>7319 Reed Dr.</td> <td></td> <td>Volente</td> <td>TX</td> <td>78641</td> </tr> </table>	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE	7319 Reed Dr.		Volente	TX	78641					
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7 CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">AREA CODE</td> <td style="width:40%; border-bottom: 1px solid black;">PHONE NUMBER</td> <td style="width:40%; border-bottom: 1px solid black;">EXTENSION</td> </tr> <tr> <td>(512)</td> <td>258-4971</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(512)	258-4971										
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8 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach JC/OH - FR)</td> </tr> </table>		<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 \$500 limit	<input type="checkbox"/> Final report (Attach JC/OH - FR)						
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9 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> <td style="width:30%;"></td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td>01</td> <td>01</td> <td>99</td> <td style="text-align: center;">THROUGH</td> <td>06</td> <td>30</td> <td>99</td> </tr> </table>		Month	Day	Year		Month	Day	Year	01	01	99	THROUGH	06	30	99
Month	Day	Year		Month	Day	Year										
01	01	99	THROUGH	06	30	99										
10 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td>03</td> <td>07</td> <td>00</td> </tr> </table>	Month	Day	Year	03	07	00	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special								
Month	Day	Year														
03	07	00														
11 OFFICE	OFFICE HELD (if any) District Judge, 353rd District Crt.	12 OFFICE SOUGHT (if known) District Judge, 353rd District Court														
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 Judge Margaret A. Cooper **15 ACCOUNT #** (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S) -- 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 **

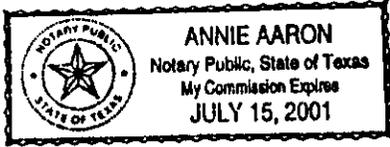
<input type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME none
<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ none
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ none
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,036.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 49,453.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ none

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 8th day of July 19 99, to certify which, witness my hand and seal of office.

Annie Aaron ANNIE AARON Notary Public
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F 7
2 FILER NAME Judge Margaret A. Cooper		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/6/99	5 Payee name Mary Dietz 6 Payee address: City, State, Zip Code 1900 Steamboat Springs Cove. Austin, TX 78746	7 Amount (\$) \$25.00
8 Purpose of expenditure retirement luncheon for Judges Lowry/Hart		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 1/30/99	Payee name Hispanic Chamber of Commerce Payee address: City, State, Zip Code 823 Congress Ave., Suite 1330 Austin, TX 78701	Amount (\$) \$25.00
Purpose of expenditure annual dues		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 1/30/99	Payee name Travis County Democratic Party Payee address: City, State, Zip Code P. O. Box 684263 Austin, TX 78768	Amount (\$) \$120.00
Purpose of expenditure sustaining member dues		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 1/30/99	Payee name Lora Livingston Campaign Payee address: City, State, Zip Code P. O. Box 2063 Austin, TX 78768	Amount (\$) \$100.00
Purpose of expenditure political contribution		-- 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.
7

2 FILER NAME

Judge Margaret A. Cooper

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/31/99

5 Payee name

Austin History Center Assoc.

7 Amount (\$)

\$50.00

6 Payee address. City. State. Zip Code

P. O. Box 2287 Austin, TX 78768

8 Purpose of expenditure

annual dues

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

Office sought / held

Date

1/31/99

Payee name

Sweetish Hill

Amount (\$)

\$18.57

Payee address. City. State. Zip Code

1120 West Sixth St. Austin, TX 78703

Purpose of expenditure

staff birthday cake

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

Office sought / held

Date

2/11/99

Payee name

Travis County Bar Assoc.

Amount (\$)

\$36.00

Payee address. City. State. Zip Code

700 Lavaca, Ste. 602 Austin, TX 78701

Purpose of expenditure

tickets for AYLA/TCBA luncheon meeting

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

Office sought / held

Date

2/23/98

Payee name

Central Austin Democrats

Amount (\$)

\$100.00

Payee address: City: State: Zip Code

P. O. Box 13522 Austin, TX 78711

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 7
2 FILER NAME Judge Margaret A. Cooper		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/22/99	5 Payee name Central Market 6 Payee address. City. State. Zip Code 4001 N. Lamar Austin, TX 78756	7 Amount (\$) \$13.00
8 Purpose of expenditure staff birthday cake		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 3/25/99	Payee name U. S. Postmaster Payee address. City. State. Zip Code 7700 Northcross Dr. Austin, TX 78757-9998	Amount (\$) \$64.00
Purpose of expenditure P. O. Box rental fee		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 4/12/99	Payee name TCWLA Scholarship Trust Payee address. City. State. Zip Code c/o Amie Rodnick, Trustee 507 W. 7th Street Austin, TX 78701	Amount (\$) \$250.00
Purpose of expenditure scholarship endowment contribution		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 4/12/99	Payee name ABLA/Nat'l Forum for Black Public Administrators..... Payee address. City. State. Zip Code P. O. Box 13181 Austin, TX 78711-3181	Amount (\$) \$250.00
Purpose of expenditure event sponsorship		-- 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. 7
2 FILER NAME Judge Margaret A. Cooper		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/12/99	5 Payee name Travis County Democratic Party 6 Payee address: City, State, Zip Code P. O. Box 684263 Austin, TX 78768-4263	7 Amount (\$) \$100.00
8 Purpose of expenditure event sponsorship		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 4/12/99	Payee name Texas Democratic Party Payee address: City, State, Zip Code 919 Congress Ave., #600 Austin, TX 78701	Amount (\$) \$120.00
Purpose of expenditure sustaining member dues		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 4/12/99	Payee name National Assoc. of Women Judges Payee address: City, State, Zip Code 300 Newport Ave. Williamsburg, VA 23187-8798	Amount (\$) \$75.00
Purpose of expenditure annual dues		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 4/12/99	Payee name Central Market Payee address: City, State, Zip Code 4001 N. Lamar Austin, TX 78756	Amount (\$) \$29.99
Purpose of expenditure staff birthday cake		-- 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. 7
2 FILER NAME Judge Margaret A. Cooper		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/14/99	5 Payee name Cinco de Mayo Celebration 6 Payee address: City, State, Zip Code c/o M. Gomez P. O. Box 1748 Austin, TX 78767	7 Amount (\$) \$25.00
8 Purpose of expenditure event sponsorship		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 4/15/99	Payee name Volunteer Legal Services Payee address: City, State, Zip Code c/o TCBA 700 Lavaca, Ste. 620 Austin, TX 78767	Amount (\$) \$80.00
Purpose of expenditure event sponsorship & ticket /		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 4/21/99	Payee name Tarrytown Pharmacy Payee address: City, State, Zip Code 2425 Exposition, Ste. D Austin, TX 78703	Amount (\$) \$15.91
Purpose of expenditure staff card & gift		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 5/12/99	Payee name Texas Bar Foundation Payee address: City, State, Zip Code P. O. Box 12487 Austin, TX 78711-2487	Amount (\$) \$200.00
Purpose of expenditure annual dues		-- 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 7
2 FILER NAME Judge Margaret A. Cooper		3 ACCOUNT # (Ethics Commission filers)
4 Date 5-12-99	5 Payee name Texas Board of Legal Specilization 6 Payee address: City, State, Zip Code P.O. Box 149187 Austin, TX. 78714-9187	7 Amount (\$) \$ 75.00
8 Purpose of expenditure annual dues		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 5-25-99	Payee name TCWLA Payee address: City, State, Zip Code P.O. Box 13404 Austin, TX 78701	Amount (\$) \$ 40.00
Purpose of expenditure tickets -- awards event		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 5-17-99	Payee name TCBA Payee address: City, State, Zip Code 700 Lavaca, Suite 620 Austin, TX 78701	Amount (\$) \$ 16.00
Purpose of expenditure TCBA meeting tickets		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 5-18-99	Payee name Sweetish Hill Payee address: City, State, Zip Code 1120 West 6th Street Austin, TX 78701	Amount (\$) \$ 36.00
Purpose of expenditure staff cake		-- 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. 7
2 FILER NAME Judge Margaret A. Cooper		3 ACCOUNT # (Ethics Commission filers)
4 Date 5-24-99	5 Payee name Sam Biscoe Special Projects 6 Payee address. City, State, Zip Code P.O. Box 1748 Austin, TX 78767	7 Amount (\$) \$ 25.00
8 Purpose of expenditure event sponsor		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 6-2-99	Payee name AATFCU Payee address. City, State, Zip Code P.O. Box 14867 Austin, TX 78761-9932	Amount (\$) \$ 50.00
Purpose of expenditure open interest-bearing account for Campaign funds		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 6-7-99	Payee name Elfant for Constable Campaign Payee address. City, State, Zip Code 1205 Fairwood Dr. Austin, TX 78722	Amount (\$) \$ 50.00
Purpose of expenditure event sponsorship		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name Payee address. City, State, Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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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 Judge Margaret A. Cooper		3 ACCOUNT # (Ethics Commission filers)
4 Date 6-8-99	5 Payee name Castle Hill Cafe 6 Payee address: City: State: Zip Code 1105 West 5th Street Austin, TX 78703	8 Amount (\$) \$ 30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure lunch with campaign staff	
Date 6-30-99	Payee name Mezzaluna Payee address: City: State: Zip Code 310 Colorado Street Austin, TX 78701	Amount (\$) \$ 28.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure lunch with campaign manager	
Date	Payee name Payee address: City: State: Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure	
Date	Payee name Payee address: City: State: Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure	
Date	Payee name Payee address: City: State: Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure	

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