

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

4967

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

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00020024	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	TITLE Judge	FIRST Margaret	MI A.
	NICKNAME	LAST Cooper	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: P. O. Box 1748	APT / SUITE #:	CITY: Austin STATE: TX ZIP CODE: 78767
<input type="checkbox"/> Change of Address			
5 CAMPAIGN TREASURER NAME	TITLE	FIRST Velva	MI L.
	NICKNAME	LAST Price	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 1601 Ridgemanont Drive		APT / SUITE #: CITY: Austin STATE: TX ZIP CODE: 78723
7 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 451-0942	EXTENSION
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 C/OH - FR)		
9 PERIOD COVERED	Month Day Year 07 / 01 / 2001		THROUGH Month Day Year 12 / 31 / 2001
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE Not up for election in 2002 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Judge, 353rd District Court	12 OFFICE SOUGHT (if known)	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** 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	
<input type="checkbox"/> additional pages			

OFFICE USE ONLY
 Date Received: JAN 14 AM 10:00
 COUNTY CLERK
 COUNTY OF TEXAS
 Date Hand-delivered or Date Postmarked
 Receipt # Amount
 Date Processed
 Date Imaged

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 files)
00020024

16 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of 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

COMMITTEE NAME

None known

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$ -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ -

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -

4. TOTAL POLITICAL EXPENDITURES

\$724.85

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$52,138.91

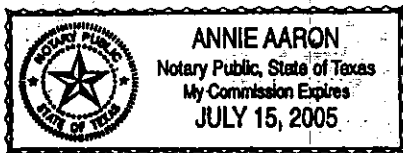
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -

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 14th day of January, 2002, to certify which, witness my hand and seal of office.

Annie Aaron
Signature of officer administering oath

Annie Aaron
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:
3**2** FILER NAME

Judge Margaret A. Cooper

3 ACCOUNT # (Ethics Commission filers)
00020024**4** Date

8-11-01

5 Payee name

Austin AFL-CIO Council

7 Amount
(\$)

\$145.00

6 Payee address; City; State; Zip Code

P. O. Box 684644 Austin, TX 78768

8 Purpose of payment (See instructions regarding type of information required.)

Program ad

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

8-17-01

Payee name

AYLA Foundation

Amount
(\$)

\$56.25

Payee address; City; State; Zip Code

700 Lavaca, Ste. 620 Austin, TX 78701

Purpose of payment (See instructions regarding type of information required.)

Event program ad

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

10-16-01

Payee name

Robert W. Calvert Austin Inns of Court

Amount
(\$)

\$45.00

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

Meeting fee

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

11-01-01

Payee name

TCWLA Scholarship Trust

Amount
(\$)

\$50.00

Payee address; City; State; Zip Code

1510 Edgewood Ave. Austin, TX 78722

Purpose of payment (See instructions regarding type of information required.)

Endowment contribution

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office 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: 3
2 FILER NAME Judge Margaret A. Cooper		3 ACCOUNT # (Ethics Commission filers) 00020024
4 Date 11-01-01	5 Payee name Tejano Democrats 6 Payee address; City; State; Zip Code P. O. Box 684734 Austin, TX 78768-4734	7 Amount (\$) \$20.00
8 Purpose of payment (See instructions regarding type of information required.) Annual dues		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10-31-01	Payee name Planned Parenthood Payee address; City; State; Zip Code 1209 Rosewood Ave. Austin, TX 78701	Amount (\$) \$50.00
Purpose of payment (See instructions regarding type of information required.) Contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11-27-01	Payee name Travis County Democratic Party Payee address; City; State; Zip Code P. O. Box 684263 Austin, TX 78768	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Event sponsorship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12-3-01	Payee name Cingular Wireless Payee address; City; State; Zip Code P. O. Box 4460 Houston, TX 77097	Amount (\$) \$3.60
Purpose of payment (See instructions regarding type of information required.) Office phone charges		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office 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: 3
2 FILER NAME Judge Margaret A. Cooper		3 ACCOUNT # (Ethics Commission filers) 00020024
4 Date 12-31-01	5 Payee name Travis County Bar Association 6 Payee address; City, State; Zip Code 700 Lavaca, Suite 620 Austin, TX 78701	7 Amount (\$) \$15.00
8 Purpose of payment (See instructions regarding type of information required.) Section dues		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12-31-01	Payee name TCWLA Payee address; City; State; Zip Code P. O. Box 684683 Austin, TX 78768-4683	Amount (\$) \$40.00
Purpose of payment (See instructions regarding type of information required.) Annual dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12-31-01	Payee name Texas Bar Foundation Payee address; City; State; Zip Code P. O. Box 12487 Austin, TX 78711	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) Annual dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office 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 this Schedule G: 1
2 FILER NAME Judge Margaret A. Cooper	3 ACCOUNT # (Ethics Commission filers) 00020024

4 Date 12-13-01	5 Payee name Hyde Park Bar & Grill 6 Payee address; City; State; Zip Code 4206 Duval Street Austin, TX 78751	8 Amount (\$) \$75.60
7 Purpose of expenditure Staff Christmas lunch		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule M:
1

2 FILER NAME

Judge Margaret A. Cooper

3 ACCOUNT # (Ethics Commission filers)

00020024

4 Description of Asset

Computer Equipment

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED