

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5295

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.
9

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Judge Margaret A.
NICKNAME LAST SUFFIX
Cooper

OFFICE USE ONLY

Date Received
Date Hand Delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
P. O. Box 1748 Austin TX 78767

Change of Address

Receipt # Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Velva L.
NICKNAME LAST SUFFIX
Price

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE
1601 Ridgemont Drive Austin TX 78723

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 451-0942

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach CoOH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
07 / 01 / 02 THROUGH 12 / 31 / 02

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Not up for election in 2003
 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)
Judge, 353rd District Court

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

additional pages

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
<input type="checkbox"/> GENERAL	None known
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

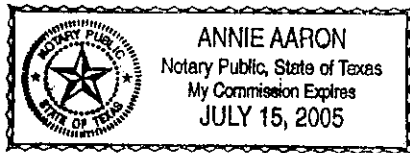
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -
4. TOTAL POLITICAL EXPENDITURES	\$ 2,440.63
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 48,250.26
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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 9th day of January, 2003, 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
5

2 FILER NAME
Judge Margaret A. Cooper

3 ACCOUNT # (Ethics Commission filer's)
00020024

4 Date
7-2-02

5 Payee name
Austin AFL-CIO

7 Amount (\$)

6 Payee address; City; State; Zip Code
P. O. Box 684644
Austin, TX 78768

\$115.00

8 Purpose of payment (See instructions regarding type of information required.)
Program ad for Labor Day event

9 ** Complete if direct expenditure to benefit C/O/H **
Candidate / Officeholder name Office sought Office held

Date

Payee name

7-2-02

Cingular Wireless
Payee address; City; State; Zip Code
P. O. Box 4460
Houston, TX 77097

Amount (\$)

\$1.80

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

** Complete if direct expenditure to benefit C/O/H **
Candidate / Officeholder name Office sought Office held

Date

Payee name

8-1-02

Cingular Wireless
Payee address; City; State; Zip Code
P. O. Box 4460
Houston, TX 77097

Amount (\$)

\$1.80

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

** Complete if direct expenditure to benefit C/O/H **
Candidate / Officeholder name Office sought Office held

Date

Payee name

9-3-02

Travis County Democratic Party
Payee address; City; State; Zip Code
P. O. Box 684263
Austin, TX 78768

Amount (\$)

\$1,000.00

Purpose of payment (See instructions regarding type of information required.)
Pro-rata share of overhead & expenses

** Complete if direct expenditure to benefit C/O/H **
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:

5

3 ACCOUNT # (Ethics Commission file #)

00020024

2 FILER NAME

Judge Margaret A. Cooper

4 Date

9-4-02

5 Payee name

Cingular Wireless

6 Payee address; City; State; Zip Code

P. O. Box 650574
Dallas, TX 75265

7 Amount (\$)

\$1.80

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

Cellular service charge

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

Date

9-4-02

Payee name

Disability Assistance of Central Texas, Inc.

Payee address; City; State; Zip Code

9027 Northgate Blvd., Ste. 108
Austin, TX 78758

Amount (\$)

\$35.00

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

Event ticket

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

Date

9-9-02

Payee name

Freytag's Florist

Payee address; City; State; Zip Code

P. O. Box 26125
Austin, TX 78755

Amount (\$)

\$49.80

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

Flowers for Judge Darlene Byrne

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

Date

9-23-02

Payee name

Central Austin Democrats

Payee address; City; State; Zip Code

1914 Patton Lane
Austin, TX 78723

Amount (\$)

\$100.00

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

GOTV effort

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

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POLITICAL EXPENDITURES

SCHEDULE F

The *INSTRUCTION GUIDE* explains how to complete this form.

1 Total pages Schedule F:
5

2 FILER NAME
Judge Margaret A. Cooper

3 ACCOUNT # (Ethics Commission filer)
00020024

4 Date
9-23-02

5 Payee name
AYLA Foundation
6 Payee address; City; State; Zip Code

7 Amount (\$)

700 Lavaca St., Ste. 602
Austin, TX 78701

\$100.00

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

Ad for VLS event program

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

Date
10-5-02

Payee name
Carpenter & Langford
Payee address; City; State; Zip Code

Amount (\$)

4407 Bee Cave Rd., Bldg. 6, Ste. 621
Austin, TX 78746

\$202.75

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

Preparation of political organization tax return

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

Date
10-7-02

Payee name
Judge Scott Jenkins
Payee address; City; State; Zip Code

Amount (\$)

P. O. Box 1748
Austin, TX 78767

\$44.40

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

Share of event for Judge Scott McCown retirement at LaFonda San Miguel

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

Date
10-7-02

Payee name
American Stroke Association
Payee address; City; State; Zip Code

Amount (\$)

c/o Portia Bosse
4620 Wm. Cannon, #24
Austin, TX 78749

\$50.00

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

Event sponsor

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

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POLITICAL EXPENDITURES

SCHEDULE F

The *INSTRUCTION GUIDE* explains how to complete this form.

1 Total pages Schedule F:
5

2 FILER NAME
Judge Margaret A. Cooper

3 ACCOUNT # (Ethics Commission file #)
00020024

4 Date 11-11-02	5 Payee name DePew Appliance	7 Amount (\$) \$258.72
6 Payee address; City; State; Zip Code 5933 Burnet Road Austin, TX 78757		

8 Purpose of payment (See instructions regarding type of information required.)
Purchase small refrigerator for court staff/jury use.

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

Date 11-18-02	Payee name Travis County Democratic Women's Cmte.	Amount (\$) \$5.00
Payee address; City; State; Zip Code 11849 Rim Rock Tr. Austin, TX 78737		

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 11-18-02	Payee name Austin History Center Association	Amount (\$) \$35.00
Payee address; City; State; Zip Code P. O. Box 2287 Austin, TX 78768		

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 11-27-02	Payee name Texas Bar Foundation	Amount (\$) \$200.00
Payee address; City; State; Zip Code P. O. Box 12487 Austin, TX 78711		

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: _____

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:
5

2 FILER NAME

Judge Margaret A. Cooper

3 ACCOUNT # (Ethics Commission files):
00020024

4 Date

5 Payee name

11-27-02

Travis County Bar Association

7 Amount (\$)

6 Payee address; City; State; Zip Code

700 Lavaca, Ste. 602
Austin, TX 78701

\$15.00

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

Administrative Law Section annual dues

9 -- Complete if direct expenditure to benefit C/O/H --
Candidate / Officeholder name Office sought Office held

Date

Payee name

12-2-02

Margaret A. Cooper

Amount (\$)

Payee address; City; State; Zip Code

P. O. Box 10277
Austin, TX 78766

\$119.08

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

Reimbursement for cost of printing invitation to Judges' event for retiring Court Administrator

-- Complete if direct expenditure to benefit C/O/H --
Candidate / Officeholder name Office sought Office held

Date

Payee name

12-12-02

Hyde Park Restaurant

Amount (\$)

Payee address; City; State; Zip Code

4206 Duval St.
Austin, TX 78751

\$105.48

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

Staff Christmas lunch

-- Complete if direct expenditure to benefit C/O/H --
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/O/H --
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

10-19-02

5 Payee name

Northwest Hills Pharmacy

6 Payee address; City; State; Zip Code

3910 Far West Blvd.
Austin, TX 78731

8 Amount (\$)

\$119.08

7 Purpose of expenditure

Printing invitations for Court Administrator retirement event

Reimbursement from political contributions intended

Date

12-12-02

Payee name

Hyde Park Restaurant

Payee address; City; State; Zip Code

4206 Duval
Austin, TX 78751

Amount (\$)

\$105.48

Purpose of expenditure

Staff Christmas lunch

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

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