

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5406

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:
11

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Judge Margaret A.
NICKNAME LAST SUFFIX
Cooper

OFFICE USE ONLY

Date Received: 2003 JUL - 7 PM 2:34
FILED FOR RECORD
CLERK
TRAVIS COUNTY TEXAS

Date Processed: _____
Date Imaged: _____

4 CANDIDATE / OFFICEHOLDER ADDRESS

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

Change of Address

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 Ridgmont Dr. 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 (officerholder only)
 July 15 0th day before election Exceeded \$500 limit Final report (All in JC/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
1 / 1 / 03 THROUGH 6 / 30 / 03

10 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE 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

Margaret A. Cooper

15 ACCOUNT # (Ethics Commission Use)

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

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)

\$ 2,500.00

EXPENDITURE TOTALS

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

\$ -

4. TOTAL POLITICAL EXPENDITURES

\$ -

CONTRIBUTION BALANCE

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

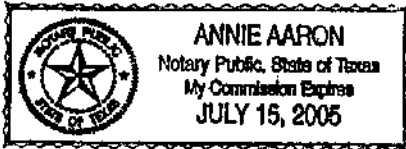
\$ 47,726.00

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 7th day of July, 2004, 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A(J):
1

2 FILER NAME

Judge Margaret A. Cooper

3 ACCOUNT # (Ethics Commission files)
00020024

4 Date
6-23-03

5 Full name of contributor out-of-state PAC (ID#)
Brian W. Bishop

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
6103 Northern Dancer Dr.
Austin, TX 78746-2121

\$2,500.00

9 Contributor's principal occupation
Attorney

10 Contributor's job title
Attorney

11 Contributor's employer/law firm
Gray & Becker

12 Law firm of contributor's spouse (if any)
n/a

13 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor 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:
7

2 FILER NAME

Margaret A. Cooper

3 ACCOUNT # (Ethics Commission filers)
00020024

4 Date

1-6-03

5 Payee name

Texas Democratic Party

6 Payee address; City; State; Zip Code

701 Rio Grande St.
Austin, TX 78701

7 Amount (\$)

\$120.00

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

Sustaining membership dues

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

Candidate / Officeholder name Office sought Office held

Date

1-6-03

Payee name

Cingular Wireless

Payee address; City; State; Zip Code

P. O. Box 650574
Dallas, TX 75265

Amount (\$)

\$4.46

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

Cellular phone charges

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

Candidate / Officeholder name Office sought Office held

Date

1-6-03

Payee name

Alliance for Judicial Funding

Payee address; City; State; Zip Code

6034 West Courtyard Dr., Ste. 100-B
Austin, TX 78730-5670

Amount (\$)

\$100.00

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

Membership

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

Candidate / Officeholder name Office sought Office held

Date

1-14-03

Payee name

Dispute Resolution Center

Payee address; City; State; Zip Code

5407 N. IH 35, Ste., 410
Austin, TX 78723

Amount (\$)

\$50.00

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

Anniversary event sponsor

-- 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:

7

2 FILER NAME

Margaret A. Cooper

3 ACCOUNT # (Ethics Commission file)

00020024

4 Date
1-14-03

5 Payee name
Travis County Women Lawyers' Association

6 Payee address; City; State; Zip Code

P. O. Box 684683
Austin, TX 78768-4683

7 Amount (\$)

\$40.00

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
1-14-03

Payee name
Greater Austin Hispanic Chamber of Commerce

Payee address; City; State; Zip Code

3000 S. IH 35, Ste. 305
Austin, TX 78704-6536

Amount (\$)

\$75.00

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
1-22-03

Payee name
Emily's Catering

Payee address; City; State; Zip Code

4701-A Red Bluff Rd.
Austin, TX 78702

Amount (\$)

\$500.00

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

Deposit for Court Administrator Retirement Event

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date
1-21-03

Payee name
National Association of Women Judges

Payee address; City; State; Zip Code

c/o Nat'l Center for State Courts
P. O. Box 8798
Williamsburg, VA 23187-8798

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

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

Margaret A. Cooper

3 ACCOUNT # (Ethics Commission filers)
00020024

4 Date

1-25-03

5 Payee name

Emily's Catering

6 Payee address; City; State; Zip Code

4701-A Red Bluff Rd.
Austin, TX 78702

7 Amount (\$)

\$483.54

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

Remainder of fee for Court Administrator Retirement Event

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

2-1-03

Payee name

Cingular Wireless

Payee address; City; State; Zip Code

P. O. Box 650574
Dallas, TX 75265

Amount (\$)

\$1.80

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

Cellular service

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

2-26-03

Payee name

Travis County Women Lawyers Foundation

Payee address; City; State; Zip Code

P. O. Box 1386
Austin, TX 78767-1386

Amount (\$)

\$250.00

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

2003 annual dues

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

3-1-03

Payee name

Austin Women's Political Caucus

Payee address; City; State; Zip Code

P. O. Box 12383
Austin, TX 78711

Amount (\$)

\$65.00

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

2003 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:

7

2 FILER NAME

Margaret A. Cooper

3 ACCOUNT # (Ethics Commission No.)

00020024

4 Date

3-4-03

5 Payee name

Cingular Wireless

6 Payee address; City; State; Zip Code

P. O. Box 650574

Dallas, TX 75265

7 Amount (\$)

\$2.13

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

Cellular phone service

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

3-7-03

Payee name

Texas Board of Legal Specialization

Payee address; City; State; Zip Code

P. O. Box 12487

Austin, TX 78711

Amount (\$)

\$100.00

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

Recertification dues

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

3-12-03

Payee name

U.S. Postmaster

Payee address; City; State; Zip Code

Northcross Station

7700 Northcross Dr.

Austin, TX 78766-9998

Amount (\$)

\$68.00

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

Annual P.O.Box rental

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

3-31-03

Payee name

Cingular Wireless

Payee address; City; State; Zip Code

P. O. Box 650574

Dallas, TX 75265

Amount (\$)

\$1.80

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

Cellular phone service

** 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:

7

2 FILER NAME

Margaret A. Cooper

3 ACCOUNT # (Ethics Commission filer's)

00020024

4 Date

3-31-03

5 Payee name

Capitol Area Democratic Women

6 Payee address; City; State; Zip Code

P. O. Box 12962
Austin, TX 78711

7 Amount (\$)

\$100.00

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

Event sponsor

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

4-10-03

Payee name

Cinco de Mayo Committee

Payee address; City; State; Zip Code

c/o Margaret Gomez
P. O. Box 1748
Austin, TX 78767

Amount (\$)

\$25.00

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

Date

4-16-03

Payee name

Travis County Bar Assoc. Admin Law Section

Payee address; City; State; Zip Code

816 Congress Avenue, Suite 700
Austin, TX 78701

Amount (\$)

\$10.00

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

Lunch seminar

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

4-22-03

Payee name

Travis County Women Lawyers Foundation

Payee address; City; State; Zip Code

P. O. Box 1386
Austin, TX 78767

Amount (\$)

\$70.00

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

Awards luncheon tickets

** 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:

7

2 FILER NAME

Margaret A. Cooper

3 ACCOUNT # (Ethics Commission filers)

00020024

4 Date

4-22-03

5 Payee name

Travis County Bar Association

7

Amount (\$)

6 Payee address; City; State; Zip Code

816 Congress Avenue, Suite 700
Austin, TX 78701

\$60.00

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

Tickets to Law Day luncheon

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

5-1-03

Payee name

Cingular Wireless

Payee address; City; State; Zip Code

P. O. Box 650574
Dallas, TX 75265

Amount (\$)

\$1.52

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

Cellular service

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

5-7-03

Payee name

Clerk, Supreme Court of Texas

Payee address; City; State; Zip Code

P. O. Box 149301
Austin, TX 78714-9301

Amount (\$)

\$85.00

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

Section dues, contribution to
Equal Access to Justice Fund

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

5-8-03

Payee name

Sam Biscoe Special Projects

Payee address; City; State; Zip Code

P. O. Box 1748
Austin, TX 78767

Amount (\$)

\$25.00

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

Juneteenth event sponsor

-- 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:

7

2 FILER NAME

Margaret A. Cooper

3 ACCOUNT # (Ethics Commission files)

00020024

4 Date
5-19-03

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 payment (See instructions regarding type of information required.)

Event sponsor

9 -- 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

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

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

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

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

1 Total pages this Schedule is:
1

2 FILER NAME
Margaret A. Cooper

3 ACCOUNT # (Ethics Commission files)
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