



# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM **JC/OH**  
COVER SHEET PG 2

**14 C/OH NAME**  
Hon. Margaret A. Cooper

**15 ACCOUNT #** (Ethics Commission files)  
00020024

**16 NOTICE FROM 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. ..

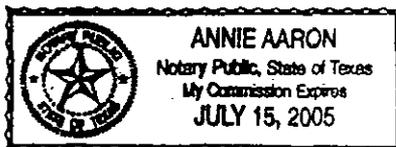
|                                   |                |                                      |
|-----------------------------------|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL  | COMMITTEE TYPE | COMMITTEE NAME                       |
| <input type="checkbox"/> 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 | \$ 0.00      |
| 2.                             | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 6250.00   |
| 3.                             | TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$ 0.00      |
| <b>EXPENDITURE TOTALS</b>      |  |              |
| 4.                             | TOTAL POLITICAL EXPENDITURES   | \$ 3448.16   |
| <b>OUTSTANDING LOAN TOTALS</b> |  |              |
| 5.                             | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 107904.53 |
| <b>CONTRIBUTION BALANCE</b>    |  |              |
| 6.                             | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                | \$ 0.00      |

**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 7-13-04  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Margaret A. Cooper, this the 13th day of July, 2004, 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

|  |   |  |   |
|--|---|--|---|
| The INSTRUCTION GUIDE explains how to complete this form.    |   | 1 Total pages report:<br>3/12                      |   |
| 2 FILER NAME<br>Hon. Margaret A. Cooper                      |   | 3 ACCOUNT # (Ethics Commission filers)<br>00020024 |   |
| 4 Date<br>03/04/2004   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Lucius D. Bunton<br>6 Contributor address; City; State; Zip Code<br>6005 Mountain Villa Drive<br>Austin TX 78731 | 7 Amount of contribution (\$)<br>200.00            | 8 In-kind contribution description(if applicable) |
| 9 Contributor's principal occupation<br>Attorney             |   | 10 Contributor's job title<br>Attorney             |   |
| 11 Contributor's employer/law firm<br>Self                   |   | 12 Law firm of contributor's spouse (if any)       |   |
| 13 If contributor is a child, law firm of parent(s) (if any) |   |  |   |
| Date<br>02/18/2004   | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Family PAC<br>Contributor address; City; State; Zip Code<br>805 West 10th Street<br>Austin TX 78701                | Amount of contribution (\$)<br>5000.00             | In-kind contribution description(if applicable)   |
| Contributor's principal occupation<br>Attorneys              |   | Contributor's job title                            |   |
| Contributor's employer/law firm<br>Family Law Advocates      |   | Law firm of contributor's spouse (if any)          |   |
| If contributor is a child, law firm of parent(s) (if any)    |   |  |   |
| Date<br>01/09/2004   | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Tonia L. Lucio<br>Contributor address; City; State; Zip Code<br>4004 Sinclair Ave<br>Austin TX 78756               | Amount of contribution (\$)<br>50.00               | In-kind contribution description(if applicable)   |
| Contributor's principal occupation<br>Attorney               |   | Contributor's job title<br>Attorney                |   |
| Contributor's employer/law firm<br>Brown McCarroll           |   | Law firm of contributor's spouse (if any)          |   |
| If contributor is a child, law firm of parent(s) (if any)    |   |  |   |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form.   |  |  |  | 1 Total pages report:<br>4/12                      |  |
| 2 FILER NAME<br>Hon. Margaret A. Cooper   |  |  |  | 3 ACCOUNT # (Ethics Commission filers)<br>00020024 |  |
| 4 Date<br>01/07/2004  | 5 Full name of contributor<br>Glynn C. Turnquand | <input type="checkbox"/> out-of-state PAC(ID# _____) | 7 Amount of contribution (\$)<br>1000.00     | 8 In-kind contribution description(if applicable)  |  |
| 6 Contributor address; City; State; Zip Code<br>816 Congress Avenue, Ste. 1600<br>Austin TX 78701 |  |  |  |  |  |
| 9 Contributor's principal occupation<br>Attorney  |  |  | 10 Contributor's job title<br>Attorney       |  |  |
| 11 Contributor's employer/law firm<br>Walters & Turnquand   |  |  | 12 Law firm of contributor's spouse (if any) |  |  |
| 13 If contributor is a child, law firm of parent(s) (if any)                                      |  |  |  |  |  |
|   |  |  |  |  |  |

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

|   |   |   |
|---|---|---|
| The INSTRUCTION GUIDE explains how to complete this form.   |   | 1 Total pages report:<br>5/12   |
| 2 FILER NAME<br>Hon. Margaret A. Cooper   |   | 3 ACCOUNT # (Ethics Commission filers)<br>00020024  |
| 4 Date<br>05/04/2004  | 5 Payee name<br>APC/Vote 2004 c/o P. Nielson<br>6 Payee address; City; State; Zip Code<br>4607 Parkwood Rd<br>Austin TX 78722       | 7 Amount (\$)<br>100.00   |
| 8 Purpose of expenditure (See instructions regarding type of information required.)<br>Voter Registration Drive |   | 9 -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought Office held |
| Date<br>05/12/2004  | Payee name<br>Austin Children's Shelter<br>Payee address; City; State; Zip Code<br>8911 Cap of Tx Hwy, Ste. 3210<br>Austin TX 78759 | Amount (\$)<br>50.00  |
| Purpose of expenditure (See instructions regarding type of information required.)<br>program sponsor            |   | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought Office held   |
| Date<br>01/05/2004  | Payee name<br>Austin Women's Political Caucus<br>Payee address; City; State; Zip Code<br>P. O. Box 12383<br>Austin TX 78711         | Amount (\$)<br>65.00  |
| Purpose of expenditure (See instructions regarding type of information required.)<br>annual dues                |   | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought Office held   |
| Date<br>02/25/2004  | Payee name<br>Austin Women's Political Caucus<br>Payee address; City; State; Zip Code<br>P. O. Box 12383<br>Austin TX 78711         | Amount (\$)<br>100.00   |
| Purpose of expenditure (See instructions regarding type of information required.)<br>event sponsor              |   | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought Office held   |

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

|  |  |   |
|--|--|---|
| The INSTRUCTION GUIDE explains how to complete this form.  |  | 1 Total pages report:<br>6/12   |
| 2 FILER NAME<br>Hon. Margaret A. Cooper  |  | 3 ACCOUNT # (Ethics Commission filers)<br>00020024  |
| 4 Date<br>04/20/2004   | 5 Payee name<br>Capital Area Democratic Women<br>6 Payee address; City; State; Zip Code<br>P. O. Box 12962<br>Austin TX 78711      | 7 Amount (\$)<br>100.00   |
| 8 Purpose of expenditure (See instructions regarding type of information required.)<br>event sponsor       |  | 9 .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held |
| Date<br>06/15/2004   | Payee name<br>Carpenter & Langford<br>Payee address; City; State; Zip Code<br>4407 Bee Caves Rd,Bldg 6,Ste. 621<br>Austin TX 78766 | Amount (\$)<br>100.00   |
| Purpose of expenditure (See instructions regarding type of information required.)<br>campaign tax services |  | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held   |
| Date<br>04/15/2004   | Payee name<br>Cinco de Mayo Committee<br>Payee address; City; State; Zip Code<br>P. O. Box 1748<br>Austin TX 78767                 | Amount (\$)<br>25.00  |
| Purpose of expenditure (See instructions regarding type of information required.)<br>event sponsor         |  | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held   |
| Date<br>04/01/2004   | Payee name<br>Cingular Wireless<br>Payee address; City; State; Zip Code<br>P. O. Box 650574<br>Dallas TX 75265                     | Amount (\$)<br>1.39   |
| Purpose of expenditure (See instructions regarding type of information required.)<br>cellular phone chages |  | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held   |

# POLITICAL EXPENDITURES

# SCHEDULE F

|   |  |   |
|---|--|---|
| The INSTRUCTION GUIDE explains how to complete this form.   |  | 1 Total pages report:<br>7/12   |
| 2 FILER NAME<br>Hon. Margaret A. Cooper   |  | 3 ACCOUNT # (Ethics Commission filers)<br>00020024  |
| 4 Date<br>04/30/2004  | 5 Payee name<br>Cingular Wireless<br>6 Payee address; City: State: Zip Code<br>P. O. Box 650574<br>Dallas TX 75265 | 7 Amount (\$)<br>2.20   |
| 8 Purpose of expenditure (See instructions regarding type of information required.)<br>cell phone charges   |  | 9 .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held |
| Date<br>05/29/2004  | Payee name<br>Cingular Wireless<br>Payee address; City: State: Zip Code<br>P. O. Box 650574<br>Dallas TX 75265     | Amount (\$)<br>1.20   |
| Purpose of expenditure (See instructions regarding type of information required.)<br>cellular phone charges |  | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held   |
| Date<br>01/05/2004  | Payee name<br>Dell Catalog Sales<br>Payee address; City: State: Zip Code<br>501 Dell Way<br>Round Rock TX 78664    | Amount (\$)<br>1553.37  |
| Purpose of expenditure (See instructions regarding type of information required.)<br>computer equipment     |  | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held   |
| Date<br>04/25/2004  | Payee name<br>Elfant for Constable<br>Payee address; City: State: Zip Code<br>1205 Fairwood<br>Austin TX 78722     | Amount (\$)<br>50.00  |
| Purpose of expenditure (See instructions regarding type of information required.)<br>event sponsor          |  | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held   |

# POLITICAL EXPENDITURES

# SCHEDULE F

|   |   |  |
|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form.   |   | <b>1</b> Total pages report:<br>8/12   |
| <b>2</b> FILER NAME<br>Hon. Margaret A. Cooper  |   | <b>3</b> ACCOUNT # (Ethics Commission filers)<br>00020024  |
| <b>4</b> Date<br>06/15/2004   | <b>5</b> Payee name<br>Emily's Catering<br><b>6</b> Payee address; City; State; Zip Code<br>4701-A Red Bluff<br>Austin TX 78702               | <b>7</b> Amount (\$)<br>12.00  |
| <b>8</b> Purpose of expenditure (See instructions regarding type of information required.)<br>pro rata share of planning session meal         |   | <b>9</b> .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held |
| Date<br>01/07/2004  | Payee name<br>Greater Austin Hispanic Chamber of Commerce<br>Payee address; City; State; Zip Code<br>3000 S IH 35,Ste. 305<br>Austin TX 78704 | Amount (\$)<br>75.00   |
| Purpose of expenditure (See instructions regarding type of information required.)<br>annual dues  |   | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held          |
| Date<br>05/12/2004  | Payee name<br>Hon. Lora Livingston<br>Payee address; City; State; Zip Code<br>P. O. Box 1748<br>Austin TX 78767                               | Amount (\$)<br>10.00   |
| Purpose of expenditure (See instructions regarding type of information required.)<br>pro rata share of service recognition for Judge Hathaway |   | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held          |
| Date<br>01/14/2004  | Payee name<br>National Association of Women Judges<br>Payee address; City; State; Zip Code<br>300 Newport Avenue<br>Williamsburg VA 23185     | Amount (\$)<br>200.00  |
| Purpose of expenditure (See instructions regarding type of information required.)<br>annual dues  |   | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held          |
|   |   |  |

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

|   |   |   |
|---|---|---|
| The INSTRUCTION GUIDE explains how to complete this form.   |   | 1 Total pages report:<br>9/12   |
| 2 FILER NAME<br>Hon. Margaret A. Cooper   |   | 3 ACCOUNT # (Ethics Commission filers)<br>00020024  |
| 4 Date<br>05/18/2004  | 5 Payee name<br>Sam Biscoe Special Projects<br>6 Payee address; City; State; Zip Code<br>314 West 11th Street, Ste 510<br>Austin TX 78701 | 7 Amount (\$)<br>25.00  |
| 8 Purpose of expenditure (See instructions regarding type of information required.)<br>event sponsor        |   | 9 .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name Office sought Office held |
| Date<br>05/07/2004  | Payee name<br>State Bar of Texas<br>Payee address; City; State; Zip Code<br>P. O. Box 149301<br>Austin TX 78714                           | Amount (\$)<br>25.00  |
| Purpose of expenditure (See instructions regarding type of information required.)<br>section dues           |   | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name Office sought Office held   |
| Date<br>03/12/2004  | Payee name<br>Texas Board of Legal Specialization<br>Payee address; City; State; Zip Code<br>P. O. Box 12487<br>Austin TX 78711           | Amount (\$)<br>100.00   |
| Purpose of expenditure (See instructions regarding type of information required.)<br>annual dues            |   | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name Office sought Office held   |
| Date<br>05/04/2004  | Payee name<br>Texas Democratic Party<br>Payee address; City; State; Zip Code<br>701 Rio Grande St.<br>Austin TX 78701                     | Amount (\$)<br>120.00   |
| Purpose of expenditure (See instructions regarding type of information required.)<br>sustaining member dues |   | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name Office sought Office held   |

# POLITICAL EXPENDITURES

# SCHEDULE F

|   |  |   |
|---|--|---|
| The INSTRUCTION GUIDE explains how to complete this form.   |  | 1 Total pages report:<br>10/12  |
| 2 FILER NAME<br>Hon. Margaret A. Cooper   |  | 3 ACCOUNT # (Ethics Commission filers)<br>00020024  |
| 4 Date<br>05/14/2004  | 5 Payee name<br>The Seton Cove<br>6 Payee address; City; State; Zip Code<br>3708 Crawford<br>Austin TX 78731                             | 7 Amount (\$)<br>50.00  |
| 8 Purpose of expenditure (See instructions regarding type of information required.)<br>event ticket |  | 9 .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held |
| Date<br>04/14/2004  | Payee name<br>Travis County Bar Association<br>Payee address; City; State; Zip Code<br>816 Congress Avenue, Ste. 700<br>Austin TX 78701  | Amount (\$)<br>70.00  |
| Purpose of expenditure (See instructions regarding type of information required.)<br>event tickets  |  | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held   |
| Date<br>05/12/2004  | Payee name<br>Travis County Democratic Women's Committee<br>Payee address; City; State; Zip Code<br>11849 Rim Rock Tr<br>Austin TX 78737 | Amount (\$)<br>5.00   |
| Purpose of expenditure (See instructions regarding type of information required.)<br>annual dues    |  | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held   |
| Date<br>05/06/2004  | Payee name<br>Travis County Women Lawyers Foundation<br>Payee address; City; State; Zip Code<br>P. O. Box 1386<br>Austin TX 78767        | Amount (\$)<br>500.00   |
| Purpose of expenditure (See instructions regarding type of information required.)<br>event sponsor  |  | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held   |

# POLITICAL EXPENDITURES

# SCHEDULE F

|   |   |  |
|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form.   |   | 1 Total pages report:<br>11/12                     |
| 2 FILER NAME<br>Hon. Margaret A. Cooper   |   | 3 ACCOUNT # (Ethics Commission filers)<br>00020024 |
| 4 Date<br>03/12/2004  | 5 Payee name<br>Travis County Women Lawyers' Association<br>6 Payee address; City; State; Zip Code<br>P. O. Box 684683<br>Austin TX 78768 | 7 Amount (\$)<br>40.00                             |
| 8 Purpose of expenditure (See instructions regarding type of information required.)<br>annual dues        | 9 .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held               |  |
| Date<br>04/14/2004  | Payee name<br>U. S. Postmaster<br>Payee address; City; State; Zip Code<br>7700 Northcross Drive<br>Austin TX 78766                        | Amount (\$)<br>68.00                               |
| Purpose of expenditure (See instructions regarding type of information required.)<br>annual P. O. Box fee | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held                 |  |
|   |   |  |

**ASSETS VALUED AT \$500 OR MORE****SCHEDULE M**

|   |  |
|---|--|
| The <b>I</b> NSTRUCTION <b>G</b> UIDE explains how to complete this form. | <b>1</b> Total pages report:<br>12/12                            |
| <b>2</b> <b>FILER NAME</b><br>Hon. Margaret A. Cooper                     | <b>3</b> <b>ACCOUNT #</b> (Ethics Commission filers)<br>00020024 |
| <b>4</b> Description of Asset<br>computer equipment                       |  |
|   |  |