

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5895

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 this report: 1/6
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	Honorable	Margaret A.	
	NICKNAME	LAST	SUFFIX
		Cooper	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	P.O. Box 1748		Austin TX 78767
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
		Velva	
	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		Austin TX 78723
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	451-0942	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
			<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
			<input type="checkbox"/> Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month / Day / Year	THROUGH	Month / Day / Year
	10/24/2004		12/31/2004
10 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month / Day / Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
	11/02/2004	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) District Judge 353	12 OFFICE SOUGHT (if known) District Judge 353	
13 NOTICE OF 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		
	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
Honorable Margaret A. Cooper

15 ACCOUNT # (Ethics Commission filers)
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. ..

COMMITTEE TYPE

COMMITTEE NAME

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

\$ 0.00

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

\$ 250.00

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

\$ 0.00

EXPENDITURE TOTALS

4. TOTAL POLITICAL EXPENDITURES

\$ 5729.74

CONTRIBUTION BALANCE

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

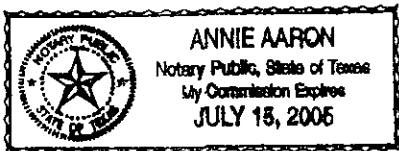
\$ 36680.25

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS 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
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Margaret A. Cooper, this the 13th day of January, 2005, 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 report:

3/6

2 FILER NAME

Honorable Margaret A. Cooper

3 ACCOUNT # (Ethics Commission filers)

00020024

4 Date

10/26/2004

5 Full name of contributor

James Meyers

out-of-state PAC (ID# _____)

6 Contributor address; City; State; Zip Code

1512 Gaston Avenue

Austin TX 78703

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

9 Contributor's principal occupation

Mediator

10 Contributor's job title

Mediator

11 Contributor's employer/law firm

Self

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:
4/6

2 FILER NAME
Honorable Margaret A. Cooper

3 ACCOUNT # (Ethics Commission filers)
00020024

4 Date	5 Payee name	7 Amount (\$)
11/03/2004	Peg Liedtke 6 Payee address; City; State; Zip Code P.O. Box 1748 Austin TX 78767	7.00

8 Purpose of expenditure (See instructions regarding type of information required.) Sponsor-Civil Courts Holiday Luceon	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
11/23/2004	Austin Bar Association Payee address; City; State; Zip Code 816 Congress Avenue, Ste. 700 Austin TX 78701	30.00

Purpose of expenditure (See instructions regarding type of information required.) Ticket	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
11/30/2004	David Butts Payee address; City; State; Zip Code 1914 Patton Lane Austin TX 78723	5500.00

Purpose of expenditure (See instructions regarding type of information required.) Professional services	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
12/08/2004	Darlene Byrne Payee address; City; State; Zip Code P.O. Box 1748 Austin TX 78767	35.00

Purpose of expenditure (See instructions regarding type of information required.) Contribution for department recognition of Judges' Davis - /Keel	.. 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 report:
5/6

2 FILER NAME

Honorable Margaret A. Cooper

3 ACCOUNT # (Ethics Commission filers)
00020024

4 Date

12/13/2004

5 Payee name

Matt's El Rancho

6 Payee address; City; State; Zip Code

2613 South Lamar

Austin TX 78704

7 Amount (\$)
107.74

8 Purpose of expenditure (See instructions regarding type of information required.)
Staff Christmas lunch

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

Date

12/13/2004

Payee name

Austin Bar Association

Payee address; City; State; Zip Code

816 Congress Avenue, Ste. 700

Austin TX 78701

Amount (\$)
15.00

Purpose of expenditure (See instructions regarding type of information required.)
Section dues

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

Date

12/13/2004

Payee name

Capital Area Democratic Women

Payee address; City; State; Zip Code

P.O. Box 12962

Austin TX 78711

Amount (\$)
35.00

Purpose of expenditure (See instructions regarding type of information required.)
Sustaining member dues

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

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule M:

6/6

2 FILER NAME

Honorable 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