

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5996

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 PAGE #
1 of 8

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Hon. Margaret
NICKNAME LAST SUFFIX
Cooper

OFFICE USE ONLY
HAND DELIVERED
RECEIVED

Date Received

JUL 07 2005
Texas Ethics Commission

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

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

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

Receipt #

Amount

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Ms. Velva
NICKNAME LAST SUFFIX
Price

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

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

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 451-0942

9 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 C/OH - FR)

10 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
01/01/2005 06/30/2005

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
District Judge District 353

13 OFFICE SOUGHT (if known)

14 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

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

15 C/OH NAME Cooper, Margaret (Hon.)

16 ACCOUNT # (Ethics Commission file's)
00020024

17 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	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	3,423.66
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CONTRIBUTION BALANCE

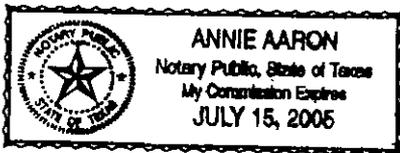
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	33,307.14
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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19 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 of Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Margaret A. Cooper, this the 7th day of July, 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 EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/4 Report: 3/8
2 FILER NAME Cooper, Margaret (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020024
4 Date 05/31/2005	5 Payee name Austin Bar Association 6 Payee address; City; State; Zip Code 816 Congress Ave. Ste 700 Austin, TX 78701	7 Amount (\$) \$1,350.00
8 Purpose of payment (See instructions regarding type of information required.) Founding Fellow dues		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 02/14/2005	Payee name Austin Womens 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.) annual dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 02/14/2005	Payee name Carpenter & Langford, P.C. Payee address; City; State; Zip Code 4407 Bee Cave Rd. Bldg 6, Ste 621 Austin, TX 78746	Amount (\$) \$40.00
Purpose of payment (See instructions regarding type of information required.) campaign tax services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 04/26/2005	Payee name Margaret A. Cooper (Hon.) Payee address; City; State; Zip Code P.O. Box 1748 Austin, TX 78766	Amount (\$) \$32.70
Purpose of payment (See instructions regarding type of information required.) Reimbursement for staff recognition Administrative Professionals Day		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F***The INSTRUCTION GUIDE explains how to complete this form.***1** PAGE #
Schedule: 2/4 Report: 4/8**2** FILER NAME Cooper, Margaret (Hon.)**3** ACCOUNT # (Ethics Commission filers)
00020024

4 Date	5 Payee name	7 Amount (\$)
06/22/2005	5 Payee name Margaret A. Cooper (Hon.) 6 Payee address: City; State; Zip Code P.O. Box 1748 Austin, TX 78767	\$53.02

8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for supplies for bailiff retirement event	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name	Amount (\$)
05/10/2005	Payee name Sam Biscoe Special Projects Payee address: City; State; Zip Code P.O. Box 1748 Austin, TX 78767	\$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:
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Date	Payee name	Amount (\$)
03/28/2005	Payee name Texas Board of Legal Specialization Payee address: City; State; Zip Code P.O. Box 12487 Austin, TX 78711	\$100.00

Purpose of payment (See instructions regarding type of information required.) recertification fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name	Amount (\$)
04/01/2005	Payee name Texas Democratic Party Payee address: City; State; Zip Code 707 Rio Grande St. Austin, TX 78701	\$120.00

Purpose of payment (See instructions regarding type of information required.) annual sustaining member dues	** 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 PAGE #
Schedule: 3/4 Report: 5/8

2 FILER NAME Cooper, Margaret (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00020024

4 Date	5 Payee name Travis County Democratic Party	7 Amount (\$)
02/14/2005	6 Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768	\$120.00

8 Purpose of payment (See instructions regarding type of information required.) Sustaining member dues	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Travis County Democratic Party	Amount (\$)
05/06/2005	Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768	\$1,000.00

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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Date	Payee name Travis County Women Lawyers Association	Amount (\$)
01/19/2005	Payee address; City; State; Zip Code P.O. Box 684683 Austin, TX 78768-4683	\$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:
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Date	Payee name Travis County Women Lawyers' Foundation	Amount (\$)
04/22/2005	Payee address; City; State; Zip Code P.O. Box 1386 Austin, TX 78767	\$250.00

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 PAGE #
Schedule: 4/4 Report: 6/8

2 FILER NAME Cooper, Margaret (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00020024

4 Date

04/01/2005

5 Payee name
U.S. Postmaster

6 Payee address; City; State; Zip Code
7700 Northcross Dr.
Austin, TX 78766

7 Amount
(
\$)

\$68.00

8 Purpose of payment (See instructions regarding type of information required.)
annual campaign P.O. Box rental fee

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:

Office sought:
Office held:

Date

06/23/2005

Payee name
Whole Foods Market

Payee address; City; State; Zip Code
525 N. Lamar Blvd.
Austin, TX 78703

Amount
(
\$)

\$74.22

Purpose of payment (See instructions regarding type of information required.)
cake and supplies for bailiff retirement event

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:

Office sought:
Office held:

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 7/8

2 FILER NAME Cooper, Margaret (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00020024

4 Date	5 Payee name Party Pig	8 Amount (\$)
06/22/2005	6 Payee address; City; State; Zip Code 11150 Research Blvd. Austin, TX 78759	\$53.02
	7 Purpose of expenditure Supplies for bailiff retirement event	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Target	Amount (\$)
04/26/2005	Payee address; City; State; Zip Code 8601 Research Blvd Austin, TX 78756	\$32.70
	Purpose of expenditure gift for staff recognition Admin. Profess. Day	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 8/8

2 FILER NAME Cooper, Margaret (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00020024

4 Description of Asset
Computer Equipment