

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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

15 ACCOUNT # (Ethics Commission filers)
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	COMMITTEE ADDRESS
<input type="checkbox"/> 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	\$	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	\$	429.02
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CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	33,241.00
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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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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 5th day of January, 2006, 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: 1/2 Report: 3/6**2** FILER NAME Cooper, Margaret (Hon.)**3** ACCOUNT # (Ethics Commission Fiers)
00020024

4 Date	5 Payee name	7 Amount (\$)
07/27/2005	Austin AFL-CIO	\$115.00
	6 Payee address; City; State; Zip Code 1016 La Posada, #255 Austin, TX 78752	

8 Purpose of payment (See instructions regarding type of information required.)
Labor Day Program Ad**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder nameOffice sought:
Office held:

Date	Payee name	Amount (\$)
11/03/2005	Austin Bar Association	\$15.00
	6 Payee address; City; State; Zip Code 816 Congress Ave. Ste 700 Austin, TX 78701	

Purpose of payment (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	Payee name	Amount (\$)
08/25/2005	AYLA Foundation	\$37.50
	6 Payee address; City; State; Zip Code 816 Congress Ave., Ste 700 Austin, TX 78701	

Purpose of payment (See instructions regarding type of information required.)
Share of Bar and Grill Program Ad**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name:Office sought:
Office held:

Date	Payee name	Amount (\$)
08/31/2005	Cooper, Margaret (Judge)	\$115.76
	6 Payee address; City; State; Zip Code P.O. Box 1748 Austin, TX 78701	

Purpose of payment (See instructions regarding type of information required.)
Reimbursement for court staff retirement lunch for bailiff**** 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: 2/2 Report: 4/6

2 FILER NAME Cooper, Margaret (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00020024

4 Date	5 Payee name	7 Amount (\$)
11/03/2005	Liedtke, Peg (Mrs.)	
	6 Payee address; City; State; Zip Code P.O. Box 1748 Austin, TX 78701	\$10.00

8 Purpose of payment (See instructions regarding type of information required.)
contribution for District Judges Office staff holiday luncheon

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

Office sought:
Office held:

Date	Payee name	Amount (\$)
10/04/2005	McCallum High School Blue Brigade	
	6 Payee address; City; State; Zip Code c/o 1801 Palmwood Cove Austin, TX 78757	\$20.00

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

** 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: 5/6

2 FILER NAME Cooper, Margaret (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00020024

4 Date 08/10/2005	5 Payee name Matt's El Rancho Restaurant	8 Amount (\$) \$115.76
	6 Payee address; City; State; Zip Code 2613 South Lamar Austin, TX 78704	
	7 Purpose of expenditure Court Staff Retirement Lunch for Bailiff	<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: 6/6

2 FILER NAME Cooper, Margaret (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00020024

4 Description of Asset
Computer Equipment