

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 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 9 <b>6299</b>
---	---	-----------------------------------

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Hon.	FIRST Margaret	MI	OFFICE USE ONLY
	NICKNAME	LAST Cooper	SUFFIX	

4 CANDIDATE / OFFICEHOLDER MAILING 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	MS / MRS / MR Ms.	FIRST Velva	MI	OFFICE USE ONLY
	NICKNAME	LAST Price	SUFFIX	

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 type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 9th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)

9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01/01/2006			06/30/2006			

10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special

11 OFFICE OFFICE HELD (if any) District Judge District 353	12 OFFICE SOUGHT (if known)
--	-----------------------------

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 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. ..

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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)	\$	0.00
----	---	----	------

### EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	226.19
----	---	----	--------

4.	TOTAL POLITICAL EXPENDITURES	\$	1,336.60
----	------------------------------	----	----------

### CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	32,292.48
----	---	----	-----------

### 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Judge Margaret A. Cooper

Signature of Candidate or Officeholder

*Margaret A. Cooper*

Sworn to and subscribed before me, by the said

*Margaret A. Cooper*

this the 5<sup>th</sup> day

of July, 2006, to certify which, witness my hand and seal of office.

*Laura Gomez*

Signature of officer administering oath

Laura Gomez

Print name of officer administering oath

Judicial Aide

Title of officer administering oath

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

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 1/6 Report: 3/9	
2 FILER NAME Cooper, Margaret (Hon.)			3 ACCOUNT # (Ethics Commission filers) 00020024		
4 Date  01/13/2006	5 Payee name Austin Womens Political Caucus  6 Payee address; City; State; Zip Code P.O. Box 12383 Austin, TX 78711			7 Amount (\$)  \$65.00	
8 Purpose of payment (See instructions regarding type of information required.) annual dues  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		
4 Date  01/02/2006	5 Payee name Cooper, Margaret (Judge)  6 Payee address; City; State; Zip Code P.O. Box 1748 Austin, TX 78701			7 Amount (\$)  \$83.75	
8 Purpose of payment: (See instructions regarding type of information required.) Reimbursement for court staff retirement lunch for bailiff  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 2/6 Report: 4/9

**2** FILER NAME Cooper, Margaret (Hon.)

**3** ACCOUNT # (Ethics Commission filers)  
00020024

<b>4</b> Date	<b>5</b> Payee name Cooper, Margaret (Judge)	<b>7</b> Amount (\$)
05/16/2006	<b>6</b> Payee address: City: State: Zip Code P.O. Box 1748 Austin, TX 78701	\$49.51

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Reimbursement for court staff retirement lunch for bailiff  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
---	---

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
-------------------------------------	--------------------------	---------------------------------------	------------------------

<b>15</b> Means of transportation	<b>16</b> Purpose of travel
-----------------------------------	-----------------------------

<b>4</b> Date	<b>5</b> Payee name Girl Scouts Lone Star Council	<b>7</b> Amount (\$)
03/31/2006	<b>6</b> Payee address: City: State: Zip Code 12012 Park Thirty Five Austin, TX 78753	\$125.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Ticket for Women of Distinction Event  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
--	---

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
-------------------------------------	--------------------------	---------------------------------------	------------------------

<b>15</b> Means of transportation	<b>16</b> Purpose of travel
-----------------------------------	-----------------------------

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

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 3/6 Report: 5/9**2** FILER NAME Cooper, Margaret (Hon.)**3** ACCOUNT # (Ethics Commission filers)  
00020024

<b>4</b> Date  05/19/2006	<b>5</b> Payee name Glen Maxey Campaign  ..... <b>6</b> Payee address; City; State; Zip Code P.O. Box 2505 Austin, TX 78768	<b>7</b> Amount (\$)  \$100.00
---------------------------------	---	---

<b>8</b> Purpose of payment (See instructions regarding type of information required.) event sponsor  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
--	---

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

<b>4</b> Date  03/27/2006	<b>5</b> Payee name Texas Board of Legal Specialization  ..... <b>6</b> Payee address; City; State; Zip Code P.O. Box 12487 Austin, TX 78711	<b>7</b> Amount (\$)  \$100.00
---------------------------------	--	---

<b>8</b> Purpose of payment (See instructions regarding type of information required.) recertification fee  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
--	---

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1 PAGE #</b> Schedule: 4/6 Report: 6/9	
<b>2 FILER NAME</b> Cooper, Margaret (Hon.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00020024	
<b>4 Date</b>  03/27/2006	<b>5 Payee name</b> Texas Democratic Party  ..... <b>6 Payee address; City; State; Zip Code</b> 707 Rio Grande St. Austin, TX 78701	<b>7 Amount:</b> (S)  \$120.00	
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) annual sustaining member dues  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:	
<b>10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)</b>			
<b>11 Departure city / location:</b>	<b>12 Departure date:</b>	<b>13 Destination city / location:</b>	<b>14 Arrival date:</b>
<b>15 Means of transportation:</b>		<b>16 Purpose of travel:</b>	
<b>4 Date</b>  01/18/2006	<b>5 Payee name</b> Travis County Democratic Party  ..... <b>6 Payee address; City; State; Zip Code</b> P.O. Box 684263 Austin, TX 78768	<b>7 Amount:</b> (S)  \$100.00	
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Event sponsor  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:	
<b>10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)</b>			
<b>11 Departure city / location:</b>	<b>12 Departure date:</b>	<b>13 Destination city / location:</b>	<b>14 Arrival date:</b>
<b>15 Means of transportation:</b>		<b>16 Purpose of travel:</b>	

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

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 5/6 Report: 7/9**2** FILER NAME Cooper, Margaret (Hon.)**3** ACCOUNT # (Ethics Commission filers)  
00020024**4** Date**5** Payee name  
Travis County Women Lawyers' Foundation**7** Amount  
(\$)

04/06/2006

**6** Payee address; City; State; Zip Code  
P.O. Box 1386  
Austin, TX 78767

\$250.00

**8** Purpose of payment  
(See instructions regarding type of information required.)  
event sponsor**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date**5** Payee name  
U.S. Postmaster**7** Amount  
(\$)

04/14/2006

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

\$72.00

**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 Candidate/Officeholder \*\*  
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #  
Schedule: 6/6 Report: 8/9**2** FILER NAME Cooper, Margaret (Hon.)**3** ACCOUNT # (Ethics Commission filers)  
00020024**4** Date  
  
06/12/2006**5** Payee name  
U.S. Postmaster**7** Amount:  
(S)  
  
\$45.15**6** Payee address: City; State; Zip Code  
7700 Northcross Dr.  
Austin, TX 78766**8** Purpose of payment  
(See instructions regarding type of information required.)  
postage and P.O. Box key Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel



# ASSETS VALUED AT \$500 OR MORE

# SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 1/1 Report: 9/9

2 FILER NAME Cooper, Margaret (Hon.)

3 ACCOUNT # (Ethics Commission files)  
00020024

4 Description of Asset  
Computer Equipment