

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6410

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

3 CANDIDATE /
OFFICEHOLDER
NAME

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

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

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

Change of Address

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Ms. 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

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)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
07/01/2006 12/30/2006

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General 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

... 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

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

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
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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	\$	513.62
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CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	31,982.75
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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

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 2nd day of January, 2007, 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: 1/5 Report: 3/9	
2 FILER NAME Cooper, Margaret (Hon.)				3 ACCOUNT # (Ethics Commission filers) 00020024	
4 Date 09/15/2006	5 Payee name Ann Richards School for Young Women Leaders			7 Amount (S) \$100.00	
6 Payee address; City; State; Zip Code P.O. Box 5159 Austin Community Fndn. Austin, TX 78763					
8 Purpose of payment (See instructions regarding type of information required.) Memorial Contribution <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 09/19/2006	5 Payee name Austin Bar Association			7 Amount (S) \$15.00	
6 Payee address; City; State; Zip Code 816 Congress Ave. Ste 700 Austin, TX 78701					
8 Purpose of payment: (See instructions regarding type of information required.) Administrative Law Section 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		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/5 Report: 4/9**2** FILER NAME Cooper, Margaret (Hon.)**3** ACCOUNT # (Ethics Commission filers)
00020024

4 Date 09/11/2006	5 Payee name Austin Bar Foundation 6 Payee address: City: State; Zip Code 816 Congress Ave. Ste 700 Austin, TX 78701	7 Amount ($\$$) \$100.00
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8 Purpose of payment
(See instructions regarding type of information required.)
Contribution to Justice Mack Kidd fund**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 11/06/2006	5 Payee name Austin Bar Foundation 6 Payee address; City; State; Zip Code 816 Congress Ave. Ste 700 Austin, TX 78701	7 Amount ($\$$) \$50.00
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8 Purpose of payment
(See instructions regarding type of information required.)
Contribution to Justice Mack Kidd fund in honor of Bea Ann Smith retirement**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: 3/5 Report: 5/9	
2 FILER NAME Cooper, Margaret (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020024	
4 Date 08/23/2006	5 Payee name AYLA Foundation 6 Payee address; City; State; Zip Code 816 Congress Ave., Ste 700 Austin, TX 78701	7 Amount (S) \$37.50	
8 Purpose of payment (See instructions regarding type of information required.) Share of Bar and Grill Program Ad <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 08/25/2006	5 Payee name Cooper, Margaret (Judge) 6 Payee address; City; State; Zip Code P.O. Box 1748 Austin, TX 78701	7 Amount (S) \$17.31	
8 Purpose of payment: (See instructions regarding type of information required.) Reimbursement for coffeepot for Court offices <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: 4/5 Report: 6/9	
2 FILER NAME Cooper, Margaret (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020024	
4 Date 10/23/2006	5 Payee name Cooper, Margaret (Judge) 6 Payee address: City: State: Zip Code P.O. Box 1748 Austin, TX 78701	7 Amount (\$) \$14.37	
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for coffee supplies for Court offices <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 11/01/2006	5 Payee name Elzia, Lorraine (Ms.) 6 Payee address: City: State: Zip Code P.O. Box 1748 Austin, TX 78701	7 Amount (\$) \$10.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsor Holiday Lunch for Civil Courts <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: 5/5 Report: 7/9	
2 FILER NAME Cooper, Margaret (Hon.)				3 ACCOUNT # (Ethics Commission filers) 00020024	
4 Date 11/06/2006	5 Payee name Kocurek, Julie (Ms.) 6 Payee address: City; State; Zip Code P.O. Box 1748 Austin, TX 78767			7 Amount (\$) \$65.00	
8 Purpose of payment (See instructions regarding type of information required.) Share for Jon Wisser retirement event <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 07/17/2006	5 Payee name State Bar of Texas 6 Payee address: City; State; Zip Code 1210 San Antonio Ste 800 Austin, TX 78701			7 Amount (\$) \$30.00	
8 Purpose of payment (See instructions regarding type of information required.) Judicial Section 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		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 8/9

2 FILER NAME Cooper, Margaret (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00020024

4 Date

12/14/2006

5 Payee name
Maudie's Too

7 Amount
(S)

\$74.44

6 Payee address; City: State: Zip Code
1212 South Lamar
Austin, TX 78704

Reimbursement from
political contributions
intended

8 Purpose of expenditure
(See instructions regarding type of information required.)
Christmas Appreciation Lunch for Court Staff

Payment for travel outside Texas (complete boxes 9-15)

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

10 Departure city / location

11 Departure date

12 Destination city / location

13 Arrival date

14 Means of transportation

15 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 filers)
00020024

4 Description of Asset
Computer Equipment