

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6521

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 Hon. FIRST Margaret MI LAST Cooper SUFFIX

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 Ms. FIRST Velva MI LAST Price SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1601 Ridgmont 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 12/31/2006 06/30/2007

10 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE 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

OFFICE USE ONLY JUL -5 AM 10:36

Receipt # Amount Date Processed Date Imaged

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME Cooper, Margaret (Hon.)	15 ACCOUNT # (Ethics Commission files) 00020024
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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	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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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
	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	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,377.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 29,810.00
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 Margaret A. Cooper
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Margaret Cooper this the 5th day of July, 2007, to certify which, witness my hand and seal of office.

Laura Gomez Laura Gomez Judicial Aide
Signature of officer administering oath Print name of officer administering oath 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 04/16/2007	5 Payee name Austin /Travis County Cinco de Mayo Committee 6 Payee address; City; State; Zip Code P.O. Box 1748 Austin, TX 78767	7 Amount (\$) \$25.00
8 Purpose of payment (See instructions regarding type of information required.) event sponsor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/19/2007	Payee name Capital Area Democratic Women Payee address; City; State; Zip Code P.O. Box 12962 Austin, TX 78711	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) annual dues (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/12/2007	Payee name Central Texas Democratic Forum Payee address; City; State; Zip Code 1105 West 12th St Austin, TX 78703	Amount (\$) \$14.00
Purpose of payment (See instructions regarding type of information required.) luncheon ticket (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 06/28/2007	Payee name Central Texas Democratic Forum Payee address; City; State; Zip Code 1105 West 12th St Austin, TX 78703	Amount (\$) \$20.00
Purpose of payment (See instructions regarding type of information required.) luncheon ticket (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** 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 05/08/2007	5 Payee name Clerk, Supreme Court of Texas 6 Payee address; City; State; Zip Code P.O. Box 149335 Austin, TX 78714	7 Amount (\$) \$125.00
8 Purpose of payment (See instructions regarding type of information required.) Administrative and Public Law Section Dues and Voluntary Access to Justice contribution (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/22/2007	Payee name Dietz, John (Mr.) Payee address; City; State; Zip Code P.O. Box 1748 1000 Guadalupe St. Austin, TX 78767	Amount (\$) \$15.00
Purpose of payment (See instructions regarding type of information required.) contribution to flowers for Judge Triana (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/12/2007	Payee name Girl Scouts Lone Star Council Payee address; City; State; Zip Code 12012 Park Thirty Five Austin, TX 78753	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) contribution to Founders Scholarship Fund (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/08/2007	Payee name Heart House Austin Payee address; City; State; Zip Code 7224 Northeast Dr. Austin, TX 78723	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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 05/10/2007	5 Payee name Sam Biscoe Special Projects 6 Payee address; City; State; Zip Code P.O. Box 1748 Austin, TX 78767	7 Amount (\$) \$25.00
8 Purpose of payment (See instructions regarding type of information required.) event sponsor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/20/2007	Payee name State Bar of Texas Payee address; City; State; Zip Code 1210 San Antonio Ste 800 Austin, TX 78701	Amount (\$) \$30.00
Purpose of payment (See instructions regarding type of information required.) Judicial Section Annual Dues (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/12/2007	Payee name Texas Board of Legal Specialization Payee address; City; State; Zip Code P.O. Box 12487 Austin, TX 78711	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) recertification fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/12/2007	Payee name Texas Democratic Party Payee address; City; State; Zip Code 707 Rio Grande St. Austin, TX 78701	Amount (\$) \$120.00
Purpose of payment (See instructions regarding type of information required.) annual sustaining member dues (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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 02/12/2007	5 Payee name Travis County Democratic Party 6 Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768	7 Amount (\$) \$1,000.00
8 Purpose of payment (See instructions regarding type of information required.) Finance Council dues (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/03/2007	Payee name Travis County Women Lawyers Association, : P.O. Box 684683 Austin Payee address; City; State; Zip Code P.O. Box 684683 Austin, TX 78768	Amount (\$) \$40.00
Purpose of payment (See instructions regarding type of information required.) annual dues (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/12/2007	Payee name Travis County Women Lawyers' Foundation Payee address; City; State; Zip Code P.O. Box 1386 Austin, TX 78767	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) event sponsor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/26/2007	Payee name U.S. Postmaster Payee address; City; State; Zip Code 7700 Northcross Dr. Austin, TX 78766	Amount (\$) \$36.00
Purpose of payment (See instructions regarding type of information required.) P.O. Box rental fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** 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

<p>4 Date 02/09/2007</p>	<p>5 Payee name Castle Hill Cafe</p> <hr/> <p>6 Payee address; City; State; Zip Code 1101 West Fifth St. Austin, TX 78701</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.) Lunch with campaign staff re retirement (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>8 Amount (\$) \$49.24</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date 02/22/2007</p>	<p>Payee name Castle Hill Cafe</p> <hr/> <p>Payee address; City; State; Zip Code 1101 West Fifth St. Austin, TX 78701</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Lunch with atty supporter re retirement (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$) \$39.40</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date 02/08/2007</p>	<p>Payee name Shoreline Grill</p> <hr/> <p>Payee address; City; State; Zip Code 98 San Jacinto Blvd Austin, TX 78701</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Lunch with Court Reporter re retirement (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$) \$38.48</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>

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

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