

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6646

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 Hon.	FIRST Margaret	MI
	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
	NICKNAME	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	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	07/01/2007		12/31/2007
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
		<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		

OFFICE USE ONLY

Date Received

2008 JAN 14 11:59 AM

FILED FOR RECORD
COUNTY CLERK
TRAVIS COUNTY
TEXAS

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

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 Users)
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	\$	1,100.37
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CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	34,040.77
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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 14th day of January, 2009, 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



POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/4 Report: 3/9
2 FILER NAME Cooper, Margaret (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020024
4 Date 10/17/2007	5 Payee name ALS Association/South Texas Chapter 6 Payee address; City; State; Zip Code 8600 Wurzbach Ste 700 San Antonio, TX 78240	7 Amount (\$) \$100.00
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 09/05/2007	Payee name Austin Bar Association Payee address; City; State; Zip Code 816 Congress Ave. Ste 700 Austin, TX 78701	Amount (\$) \$15.00
Purpose of payment (See instructions regarding type of Information required.) Administrative Law Section 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 07/09/2007	Payee name Austin Bar Foundation Payee address; City; State; Zip Code 816 Congress Ave. Ste 700 Austin, TX 78701	Amount (\$) \$200.00
Purpose of payment (See Instructions regarding type of Information required.) ALS 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 08/21/2007	Payee name Austin Bar Foundation Payee address; City; State; Zip Code 816 Congress Ave. Ste 700 Austin, TX 78701	Amount (\$) \$100.00
Purpose of payment (See Instructions regarding type of information required.) Bar and Grill event program ad share (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: 4/9
2 FILER NAME Cooper, Margaret (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020024
4 Date 08/21/2007	5 Payee name Austin Parks Foundation 6 Payee address; City; State; Zip Code 701 Brazos St. Ste 170 Austin, TX 78701	7 Amount (\$) \$100.00
8 Purpose of payment (See Instructions regarding type of information required.) Jack Jenkins Memorial Fund (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 07/09/2007	Payee name Boy Scout Troop 511 Payee address; City; State; Zip Code c/o Matt Wood/5002 Sevan Cove Austin, TX 78731	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Dove Springs Pony League sponsor 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:
Date 07/03/2007	Payee name Capital Area Democratic Women-PAC 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.) Celebration of Champions 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 11/29/2007	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: 3/4 Report: 5/9
2 FILER NAME Cooper, Margaret (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020024
4 Date 07/22/2007	5 Payee name HeB Grocery 6 Payee address; City; State; Zip Code 7025 Village Center Dr. Austin, TX 78731	7 Amount (\$) \$22.57
8 Purpose of payment (See Instructions regarding type of information required.) Coffee and Break Room Supplies for Court/Jury (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 12/03/2007	Payee name HeB Grocery Payee address; City; State; Zip Code 7025 Village Center Dr. Austin, TX 78731	Amount (\$) \$22.09
Purpose of payment (See Instructions regarding type of information required.) Coffee and Break Room Supplies for Court/Jury (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 11/13/2007	Payee name Liedtke, Margaret (Mrs.) Payee address; City; State; Zip Code P.O. Box 1748 Austin, TX 78767	Amount (\$) \$100.00
Purpose of payment (See Instructions regarding type of information required.) Sponsor/Civil Courts Holiday Luncheon (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 09/24/2007	Payee name Randall's Payee address; City; State; Zip Code 8040 Mesa Dr. Austin, TX 78731	Amount (\$) \$19.81
Purpose of payment (See instructions regarding type of information required.) coffee and break room supplies for Court/Jury (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: 6/9
2 FILER NAME Cooper, Margaret (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020024
4 Date 09/14/2007	5 Payee name South Austin Democrats 6 Payee address; City; State; Zip Code P.O. Box 152592 Austin, TX 78715	7 Amount (\$) \$50.00
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 09/04/2007	Payee name Third Administrative Judicial Region Payee address; City; State; Zip Code 101 East Court St. Room 302 Seguin, TX 78155-5742	Amount (\$) \$10.00
Purpose of payment (See Instructions regarding type of information required.) Assessment for Judicial Conference (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 07/09/2007	Payee name Travis County Women Lawyers Association Payee address; City; State; Zip Code P.O. Box 684683 Austin, TX 78768-4683	Amount (\$) \$65.00
Purpose of payment (See Instructions regarding type of information required.) seminar registration 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 10/15/2007	Payee name U.S. Postmaster Payee address; City; State; Zip Code 7700 Northcross Dr. Austin, TX 78766	Amount (\$) \$34.00
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: 7/9
2 FILER NAME Cooper, Margaret (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020024
4 Date 12/01/2007	5 Payee name HeB Grocery 6 Payee address; City; State; Zip Code 7025 Village Center Dr. Austin, TX 78731	8 Amount (\$) \$22.09
	7 Purpose of expenditure (See instructions regarding type of information required.) Coffee and Break Room Supplies for Court/Jury (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 09/24/2007	Payee name Randall's Payee address; City; State; Zip Code 8040 Mesa Dr. Austin, TX 78731	Amount (\$) \$19.81
	Purpose of expenditure (See instructions regarding type of information required.) coffee and break room supplies for Court/Jury (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<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: 9/9

2 FILER NAME Cooper, Margaret (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00020024

4 Description of Asset
Computer Equipment