

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7038

**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
	NICKNAME	LAST Cooper	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	7702 Long Point Dr. Austin, TX 78731-1220		
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 Ridgemont 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"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month	Day	Year
	07/01/2008		12/31/2008
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	.. 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		

**OFFICE USE ONLY**

Date Received

2009 JAN 15 PM 2:00

CLERK

RECORD

Date Hand-delivered or Date Postmarked

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 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

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

\$

11,265.53

### CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19,250.15

### OUTSTANDING LOAN TOTALS

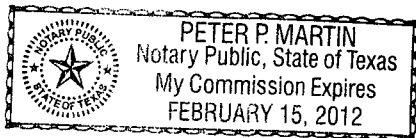
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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 A. Cooper, this the 13th day of January 2009, to certify which, witness my hand and seal of office.

*P. Martin*  
Signature of officer administering oath

Peter Martin  
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: 1/4 Report: 4/9

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

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

<b>4</b> Date	<b>5</b> Payee name Austin Bar Association	<b>7</b> Amount (\$)
08/13/2008	<b>6</b> Payee address; City; State; Zip Code 816 Congress Ave Ste 700 Austin, TX 78701	\$15.00

<b>8</b> 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"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Austin Women's Political Caucus	Amount (\$)
12/01/2008	Payee address; City; State; Zip Code P.O. Box 12383 Austin, TX 78711	\$65.00

Purpose of payment (See instructions regarding type of information required.) annual membership 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:
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Date	Payee name AYLA Foundation	Amount (\$)
12/02/2008	Payee address; City; State; Zip Code 816 Congress Ave. Ste 700 Austin, TX 78701	\$135.00

Purpose of payment (See instructions regarding type of information required.) Holiday Baskets 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:
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Date	Payee name Cooper, Margaret (Hon.)	Amount (\$)
11/03/2008	Payee address; City; State; Zip Code 7702 Long Point Dr. Austin, TX 78731-1220	\$23.15

Purpose of payment (See instructions regarding type of information required.) reimbursement for coffee supplies for court and jurors  (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:
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**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #  
Schedule: 2/4 Report: 5/9**2** FILER NAME Cooper, Margaret (Hon.)**3** ACCOUNT # (Ethics Commission filers)  
00020024

4 Date	5 Payee name	7 Amount (\$)
12/06/2008	Cooper, Margaret (Hon.) ----- <b>6</b> Payee address; City; State; Zip Code 7702 Long Point Dr. Austin, TX 78731-1220	\$60.82

**8** Purpose of payment (See instructions regarding type of information required.)  
reimbursement for Court staff holiday lunch**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:  
Office held:

Date	Payee name	Amount (\$)
09/03/2008	Family Eldercare ----- Payee address; City; State; Zip Code 2210 Hancock Dr. Austin, TX 78756	\$125.00

Purpose of payment (See instructions regarding type of information required.)  
Event sponsor/Donation**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:  
Office held:

Date	Payee name	Amount (\$)
09/25/2008	Liedtke, Margaret (Mrs.) ----- Payee address; City; State; Zip Code P.O. Box 1748 Austin, TX 78767	\$50.00

Purpose of payment (See instructions regarding type of information required.)  
contribution for funeral floral arrangement from courts**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:  
Office held:

Date	Payee name	Amount (\$)
11/03/2008	Liedtke, Margaret (Mrs.) ----- Payee address; City; State; Zip Code P.O. Box 1748 Austin, TX 78767	\$15.00

Purpose of payment (See instructions regarding type of information required.)  
contribution for funeral arrangement for Judge Sheppard's nephew**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:  
Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 3/4 Report: 6/9

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

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

<b>4</b> Date	<b>5</b> Payee name Liedtke, Margaret (Mrs.)	<b>7</b> Amount (\$)
12/01/2008	<b>6</b> Payee address; City; State; Zip Code P.O. Box 1748 Austin, TX 78767	\$50.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) contribution for sponsorship of Civil Courts Holiday Luncheon  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Liedtke, Margaret (Mrs.)	Amount (\$)
12/02/2008	Payee address; City; State; Zip Code P.O. Box 1748 Austin, TX 78767	\$15.00

Purpose of payment (See instructions regarding type of information required.) contribution for funeral arrangement for Schraub funeral  (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:
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Date	Payee name RCL Portrait Design	Amount (\$)
08/13/2008	Payee address; City; State; Zip Code 107 RR 620S #102-F Austin, TX 78734	\$427.59

Purpose of payment (See instructions regarding type of information required.) Judicial photos  (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:
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Date	Payee name Travis County Women Lawyers Scholarship Fund, Inc.	Amount (\$)
12/11/2008	Payee address; City; State; Zip Code 507 West 7th St Austin, TX 78701	\$10,000.00

Purpose of payment (See instructions regarding type of information required.) Contribution to endow Cooper scholarship  (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:
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# POLITICAL EXPENDITURES

# SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 4/4 Report: 7/9

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

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

<b>4</b> Date	<b>5</b> Payee name University Democrats	<b>7</b> Amount (\$)
09/16/2008	<b>6</b> Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768	\$100.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) contribution for office space  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Youth Launch	Amount (\$)
12/30/2008	Payee address; City; State; Zip Code 7756 Northcross Dr. Ste 203 Austin, TX 78757	\$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:
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# 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	5 Payee name	8 Amount (\$)
10/31/2008	HEB Grocery ----- <b>6 Payee address; City; State; Zip Code</b> 7025 Village Center Dr. Austin, TX 78731	\$23.15
	<b>7 Purpose of expenditure (See instructions regarding type of information required.)</b> coffee supplies for court and jurors  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
12/04/2008	Matt's El Rancho ----- <b>6 Payee address; City; State; Zip Code</b> 2613 S. Lamar Austin, TX 78704	\$60.82
	<b>7 Purpose of expenditure (See instructions regarding type of information required.)</b> Court staff holiday lunch  (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