

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3553 FORM JC/OH
COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 4
3 CANDIDATE / OFFICEHOLDER NAME	TITLE JUDGE NICKNAME	FIRST SUZANNE LAST COVINGTON	MI SUFFIX
OFFICE USE ONLY			
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX 2805 Down Cove @	APT / SUITE #. CITY. Austin	STATE. ZIP CODE TX 78704
5 CAMPAIGN TREASURER NAME	TITLE NICKNAME	FIRST KAREN LAST BARTOLETTI	MI SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE). 515 Congress Avenue	APT / SUITE #. CITY. STATE. ZIP CODE Austin TX 78704
7 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 480-5612	EXTENSION
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"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach JC/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 97 7 / 15 / 97		
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) Judge, 201st District Court	12 OFFICE SOUGHT (if known)	
13 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 <input type="checkbox"/> additional pages		

FILED
 JUL 15 10 06 AM '97
 TRAVIS COUNTY TEXAS

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

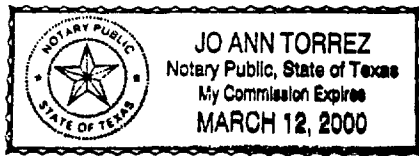
14 C/OH NAME JUDGE SUZANNE COVINGTON	15 ACCOUNT # (Ethics Commission filers)
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16 SUPPORTING POLITICAL COMMITTEE(S)	-- This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may 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
	<input type="checkbox"/> 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-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 408.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 26,544.26
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Suzanne Covington
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Judge Suzanne Covington, this the 15th day of July, 19 97, to certify which, witness my hand and seal of office.

Jo Ann Torrez
Signature of officer administering oath

Jo Ann Torrez
Print name of officer administering oath

Judicial Aide/Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME JUDGE SUZANNE COVINGTON		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/10/97	5 Payee name League of women Voters 6 Payee address: City: State: Zip Code 1011 West 31st Austin TX 78705	7 Amount (\$) \$45.00
8 Purpose of expenditure Dues		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 1/10/97	Payee name National Women's Political Caucus Payee address: City: State: Zip Code 1211 Connecticut Avenue, N.W. Suite 425 Washington, D.C. 20077-6422	Amount (\$) \$50.00
Purpose of expenditure National, state and local dues		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 1/10/97	Payee name Austin Black Lawyers Association Payee address: City: State: Zip Code P.O. Box 13181 Austin, TX 78711	Amount (\$) \$25.00
Purpose of expenditure Dues		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 1/10/97	Payee name Hispanic Bar Association Payee address: City: State: Zip Code P.O. box 12692 Austin, TX 78711	Amount (\$) \$50.00
Purpose of expenditure Dues		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME JUDGE SUZANNE COVINGTON		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/1/97	5 Payee name United States Postal Service	7 Amount (\$) \$58.00
6 Payee address: City: State: Zip Code 510 Guadalupe Austin, TX 78701		
8 Purpose of expenditure Postal Box		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 2/19/97	Payee name Plain View Press	Amount (\$) \$30.00
Payee address: City: State: Zip Code 2009 Arthur Austin TX 78704		
Purpose of expenditure Advertisement		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 4/22/97	Payee name Cinco De Mayo Committee, Commissioner Margaret Gomez	Amount (\$) \$25.00
Payee address: City: State: Zip Code P.O. Box 1748 Austin, TX 78767		
Purpose of expenditure donation		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 5/27/97	Payee name Juneteenth Committee, Commissioner Sam Biscoe	Amount (\$) \$25.00
Payee address: City: State: Zip Code P.O. Box 1748 Austin, TX 78767		
Purpose of expenditure donation		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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LOANS (JUDICIAL)

SCHEDULE E(J)

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E(J):
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨	\$
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5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC	9 Loan Amount (\$)
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6 Is lender a financial institution? Y N	8 Lender address: City: State: Zip Code	10 Interest rate
		11 Maturity date

12 Lender's Principal Occupation	13 Lender's Job Title
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14 Lender's Employer/Law Firm	15 Law Firm of lender's spouse (if any)
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16 If lender is child, law firm of parent(s) (if any)

17 Description of Collateral
 none

18 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	19 Name of guarantor 20 Guarantor address. City: State: Zip Code	21 Amount Guaranteed (\$)
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22 Guarantor's Principal Occupation	23 Guarantor's Job Title
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24 Guarantor's Employer/Law Firm	25 Law Firm of guarantor's spouse (if any)
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26 If guarantor is child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 3

2 FILER NAME: JUDGE SUZANNE COVINGTON 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>6/11/97</u>	5 Payee name Capital Area Progressive Democrats ----- 6 Payee address: City: State: Zip Code P.O. Box 142175 Austin, TX 78714	7 Amount (\$) \$100.00
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8 Purpose of expenditure sponsorship of event	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date	Payee name ----- Payee address: City: State: Zip Code	Amount (\$)
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Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date	Payee name ----- Payee address: City: State: Zip Code	Amount (\$)
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Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date	Payee name ----- Payee address: City: State: Zip Code	Amount (\$)
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Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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