

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**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 **3**

3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY	
	JUDGE NICKNAME	SUZANNE LAST		Date Received	

4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE
<input type="checkbox"/> Change of Address	2805 Down Cove, Austin, TX 78704				

5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Receipt #
	Karen NICKNAME			HD / PM
		LAST	SUFFIX	Amount
	Bartoletti			Date Processed

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS - NO PO BOX PLEASE!	APT / SUITE #	CITY	STATE	ZIP CODE
	515 Congress	2300	Austin, TX		78701

7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	480-5612	

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 JC/OH - FR)

9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	7	1	98		12	31	98

10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special

11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)
	201st District Court	201st District Court

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					

additional pages

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

Suzanne Covington

15 ACCOUNT # (Ethics Commission files)

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

 GENERAL SPECIFIC additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$2165.00

CONTRIBUTION
BALANCE

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

\$64,846.55

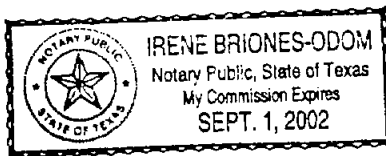
OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT

I swear, or affirm, 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.



Suzanne Covington
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SUZANNE COVINGTON this the 14th day of January 19 99, to certify which, witness my hand and seal of office.

Irene Briones-Odom
Signature of officer administering oath

Irene Briones-Odom
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 Total pages Schedule F

2

2 FILER NAME

SUZANNE COVINGTON

3 ACCOUNT # (Ethics Commission filers)**4** Date

8/1/98

5 Payee name

South Austin Democrats

6 Payee address City State Zip Code

Box 152952 Austin, TX

7 Amount
(\$)

110.00

8 Purpose of expenditure

Event Sponsorship and membership

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name

Office sought / held

Date

8/1/98

Payee name

Black Austin Democrats

Payee address City State Zip Code

P.O. Box 13254 Austin, TX 78711

Amount
(\$)

100.00

Purpose of expenditure

Event sponsorship

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name

Office sought / held

Date

8/1/98

Payee name

AFL-CIO

Payee address City State Zip Code

P.O. Box 684644 Austin, TX 78768

Amount
(\$)

105.00

Purpose of expenditure

Labor Day ad

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name

Office sought / held

Date

9/11/98

Payee name

Austin Young Lawyers Association Foundation

Payee address City State Zip Code

700 Lavaca Austin, TX 78701

Amount
(\$)

300.00

Purpose of expenditure

Bar & Grill ad

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS (JUDICIAL)

SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J):
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⅈ ⅈ ⅈ ⅈ ⅈ ⅈ		\$
5 Date of loan	7 Name of lender: <input type="checkbox"/> out of state PAC	9 Loan Amount (\$)
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
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> none		
18 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	19 Name of guarantor 20 Guarantor address City: State: Zip Code	21 Amount Guaranteed (\$)
22 Guarantor's Principal Occupation		23 Guarantor's Job Title
24 Guarantor's Employer/Law Firm		25 Law Firm of guarantor's spouse (if any)
26 If guarantor is child, law firm of parent(s) (if any)		

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 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: <u>2</u>
2 FILER NAME SUZANNE COVINGTON		3 ACCOUNT # (Ethics Commission files)
4 Date 9/29/98	5 Payee name Travis County Democratic Party 6 Payee address: City, State, Zip Code 1905 N. Lamar Austin, TX 78705	7 Amount (\$) 1500.00
8 Purpose of expenditure Donation		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 10/13/98	Payee name South Austin Tejano Democrats Payee address: City, State, Zip Code	Amount (\$) 50.00
Purpose of expenditure Donation		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name Payee address: City, State, Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name Payee address: City, State, Zip Code	Amount (\$)
Purpose of expenditure		-- 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).	
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 TOTAL OF UNITEMIZED LOANS: = = = = = = \$			
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC		9 Loan Amount (\$)
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	
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)	
16 If lender is child, law firm of parent(s) (if any)			
17 Description of Collateral <input type="checkbox"/> none			
18 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	19 Name of guarantor		21 Amount Guaranteed (\$)
	20 Guarantor address: City, State, Zip Code		
22 Guarantor's Principal Occupation		23 Guarantor's Job Title	
24 Guarantor's Employer/Law Firm		25 Law Firm of guarantor's spouse (if any)	
26 If guarantor is child, law firm of parent(s) (if any)			

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