

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4483

## FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filer)

2 Total pages filed

04

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE FIRST MI

Judge Suzanne

NICKNAME LAST SUFFIX

Covington

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE

2805 Down Cove, Austin, TX 78704

 Change of Address5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST M.

Karen

NICKNAME LAST SUFFIX

Bartoletti

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE

515 Congress, Ste. 2300 Austin, TX 78701

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

( 512 ) 480-5612

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

07 / 01 / 99 THROUGH 12 / 31 / 99

10 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

 Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)

201st District Court

12 OFFICE SOUGHT (if known)

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.

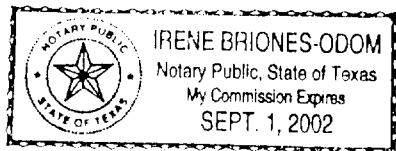
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

<b>17 CONTRIBUTION TOTALS</b>	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-
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 1225.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 62,751.55
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

**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, 2000, to certify which, witness my hand and seal of office.

*Irene Briones-Odom*  
Signature of officer administering oath

Irene Briones-Odom  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# 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:    ⇐   ⇐   ⇐   ⇐   ⇐   ⇐		\$
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)		

**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
2 FILER NAME Suzanne Covington		3 ACCOUNT # (Ethics Commission files)
4 Date 08/01/99	5 Payee name Austin AFL-CIO Council 6 Payee address City State Zip Code P.O. Box 684644 Austin, TX 78768	7 Amount (\$) 115.00
8 Purpose of expenditure (See instructions regarding type of information required) Labor Day Program Sponsor		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 08/18/99	Payee name Volunteer Legal Services Payee address City State Zip Code 700 Lavaca, Ste. 603 Austin, TX 78701	Amount (\$) 150.00
Purpose of expenditure (See instructions regarding type of information required) Board Contribution		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 08/19/99	Payee name Robert W. Calvert American Inn of Court Payee address City State Zip Code 98 San Jacinto Blvd., Ste. 1300, San Jacinto Center Austin, TX 78701	Amount (\$) 250.00
Purpose of expenditure (See instructions regarding type of information required) Dues		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 08/26/99	Payee name Austin Young Lawyer Association Payee address City State Zip Code 700 Lavaca, Ste. 602, Austin, TX 78701	Amount (\$) 450.00
Purpose of expenditure (See instructions regarding type of information required) Ad		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Suzanne Covington		3 ACCOUNT # (Ethics Commission filers)
4 Date 09/09/99	5 Payee name United States Postal Service ..... 6 Payee address: City: State: Zip Code 510 Guadalupe St, Austin, TX 78701	7 Amount (\$) 36.00
8 Purpose of expenditure (See instructions regarding type of information required.) Postage	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	
Date 09/27/99	Payee name South Austin Democrats ..... Payee address, City: State: Zip Code P.O. Box 152592, Austin, TX 78761	Amount (\$) 60.00
Purpose of expenditure (See instructions regarding type of information required.) Sponsor & Member dues	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	
Date 09/27/99	Payee name National Association of Women Judiciary ..... Payee address, City: State: Zip Code 815 15th St. N.W., Washington, DC 20202	Amount (\$) 35.00
Purpose of expenditure (See instructions regarding type of information required.) Event ticket	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	
Date 10/21/99	Payee name United States Postal Service ..... Payee address, City: State: Zip Code 501 Guadalupe St., Austin, TX 78701	Amount (\$) 64.00
Purpose of expenditure (See instructions regarding type of information required.) 1 yr. box rental	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F
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2 FILER NAME Suzanne Covington	3 ACCOUNT # (Ethics Commission filers)
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4 Date 11/09/99	5 Payee name Women Victory Fund ..... 6 Payee address:      City: State; Zip Code P.O. Box 12383, Austin, TX 78711	7 Amount (\$) 20.00
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8 Purpose of expenditure (See instructions regarding type of information required.) Event ticket	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought / held
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Date 12/15/99	Payee name Travis County Bar Association ..... Payee address:      City: State; Zip Code 700 Lavaca, Ste 602, Austin, TX 78701	Amount (\$) 45.00
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Purpose of expenditure (See instructions regarding type of information required.) Section dues	-- 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 (See instructions regarding type of information required.)	-- 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 (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought / held
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