

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 1

### 4760

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	FIRST	MI
Judge	Suzanne	
NICKNAME	LAST	SUFFIX
	Covington	

OFFICE USE ONLY

Date Received: **JAN 12 2001**  
 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 Address

5 CAMPAIGN TREASURER NAME

TITLE	FIRST	MI
	Karen	
NICKNAME	LAST	SUFFIX
	Baroletti	

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 JC/OH-PR)

9 PERIOD COVERED

Month	Day	Year	THROUGH	Month	Day	Year
10	30	00		12	31	00

10 ELECTION

ELECTION DATE	ELECTION TYPE
Month / Day / Year	<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)  
Judge, 201st District Court

13 NOTICE OF 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

Judge Suzanne Covington

### 15 ACCOUNT # (Ethics Commission files)

### 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

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

\$

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

\$ 2880.00

### CONTRIBUTION BALANCE

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

\$ 58,906.55

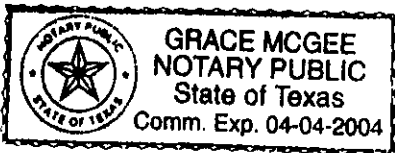
### OUTSTANDING LOAN TOTALS

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 12<sup>th</sup> day of January 2001, to certify which, witness my hand and seal of office.

*Grace McGee*  
Signature of officer administering oath

Grace McGee  
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 files)**4** Date

7/26/00

**5** Payee name

Austin AFL-CIO Council

**7**Amount  
(\$)  
135.00**6** Payee address; City; State; Zip Code

P.O. Box 684644 Austin, TX 78768

**8** Purpose of payment (See instructions regarding type of information required.)

Program Ad

**9** -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

8/07/00

Payee name

South Austin Democrats

Amount  
(\$)  
60.00

Payee address; City; State; Zip Code

P.O. Box 152592 Austin, TX 78761

Purpose of payment (See instructions regarding type of information required.)

Sponsorship &amp; Membership

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

8/07/00

Payee name

Travis County Democratic Party

Amount  
(\$)  
1,000.00

Payee address; City; State; Zip Code

1311 E. 6th Street Austin, TX 78702

Purpose of payment (See instructions regarding type of information required.)

Coordinated Campaign

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

9/12/00

Payee name

American Inns of Court

Amount  
(\$)  
250.00

Payee address; City; State; Zip Code

P.O. Box 2063 Austin, TX 78768

Purpose of payment (See instructions regarding type of information required.)

Dues

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office 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:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

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

none

18 GUARANTOR INFORMATION

19 Name of guarantor

21 Amount Guaranteed (\$)

not applicable

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

2 FILER NAME  
Suzanne Covington

3 ACCOUNT # (Ethics Commission filers)

4 Date  
9/15/00

5 Payee name  
Austin Young Lawyers Association

7 Amount  
(\$ 450.00)

6 Payee address; City; State; Zip Code  
Travis County Bar Association  
700 Lavaca, Ste. 62 Austin, TX 78701

8 Purpose of payment (See instructions regarding type of information required.)

Bar & Grill Ad

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date  
11/01/00

Payee name  
Travis County Democratic Party

Amount  
(\$ 500.00)

Payee address; City; State; Zip Code  
1311 E. 6th Street Austin, TX 78702

Purpose of payment (See instructions regarding type of information required.)

Donation

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date  
11/09/00

Payee name  
Travis County Women Lawyers

Amount  
(\$ 385.00)

Payee address; City; State; Zip Code  
P.O. Box 13404 Austin, TX 78729

Purpose of payment (See instructions regarding type of information required.)

Mary Pearl Williams Fund

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date  
12/04/00

Payee name  
Kids Exchange

Amount  
(\$ 100.00)

Payee address; City; State; Zip Code  
819 W. 11th Street Austin, TX 78701

Purpose of payment (See instructions regarding type of information required.)

Donation

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED