

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

See backside for instructions

4794

1 ACCOUNT #	2 Total pages filed: 1
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE Judge	FIRST Suzanne	MI	OFFICE USE ONLY
	NICKNAME	LAST Covington	SUFFIX	

4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Received	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit			Date Hand-delivered or Date Postmarked
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report			

5 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	Legal
	07 / 01 / 00		12 / 31 / 00	Receipt #
				Amount
				Date Processed

6 EXPLANATION OF CORRECTION	Wrong month and date under original period covered.
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7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.



Suzanne Covington
Signature of Candidate or Officeholder

Sworn to and subscribed before me by Suzanne Covington this the 16th day of January, 2001.
to certify which, witness my hand and seal of office.

Grace McGee Grace McGee Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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:
4

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI

Judge Suzanne

NICKNAME LAST SUFFIX

Covington

OFFICE USE ONLY

Date Received: **RECEIVED**
Hand Delivered
JAN 12 2001
ETHICS COMMISSION

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

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

2805 Down Cove Austin TX 78704

Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI

Karen

NICKNAME LAST SUFFIX

Baroletti

Receipt # Amount

Date Processed

Date Imaged

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
10 / 30 / 00 THROUGH 12 / 31 / 00

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General

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

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 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 & 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

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