

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

4876

**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: 5													
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">FIRST</td> <td style="width:30%;">MI</td> </tr> <tr> <td></td> <td>Judge Suzanne</td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>Covington</td> <td></td> </tr> </table>		TITLE	FIRST	MI		Judge Suzanne		NICKNAME	LAST	SUFFIX		Covington		OFFICE USE ONLY Date Received 01 JUL 16 PM 4:40 CLERK COUNTY CLERK TRAVIS COUNTY TEXAS Date Hand-dated or Date Postmarked Receipt # Amount Date Processed Date Imaged	
TITLE	FIRST	MI														
	Judge Suzanne															
NICKNAME	LAST	SUFFIX														
	Covington															
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">ADDRESS (NO PO BOX)</td> <td style="width:15%;">APT / SUITE #</td> <td style="width:20%;">CITY</td> <td style="width:15%;">STATE</td> <td style="width:30%;">ZIP CODE</td> </tr> <tr> <td>2805 Down Cove</td> <td></td> <td>Austin</td> <td>Texas</td> <td>78704</td> </tr> </table>		ADDRESS (NO PO BOX)	APT / SUITE #	CITY	STATE	ZIP CODE	2805 Down Cove		Austin	Texas	78704				
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6 CAMPAIGN TREASURER ADDRESS (Residence or business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">STREET ADDRESS (NO PO BOX PLEASE)</td> <td style="width:15%;">APT / SUITE #</td> <td style="width:20%;">CITY</td> <td style="width:15%;">STATE</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td>515 Congress Avenue, Suite 2300</td> <td></td> <td>Austin, Texas</td> <td></td> <td>78701</td> </tr> </table>		STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE	515 Congress Avenue, Suite 2300		Austin, Texas		78701				
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11 OFFICE	OFFICE HELD (if any): 201st District Court	12 OFFICE SOUGHT (if known): 201st District Court														
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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															

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 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

\$ -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

\$ 1,340.00

CONTRIBUTION BALANCE

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

\$ 57,781.55

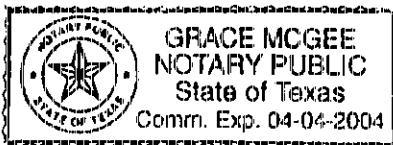
OUTSTANDING LOAN TOTALS

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 18, 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 16th day of July, 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:

3

2 FILER NAME

Suzanne Covington

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/16/01

5 Payee name

Texas Board of Legal Specialization

7

Amount

(\$) 100.00

6 Payee address; City; State; Zip Code

P.O. Box 149187, Austin, Texas 78714-9187

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

Year 2001 Fees

9

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

Candidate / Officeholder name

Office sought

Office held

Date

2/02/01

Payee name

National Association of Women Judges

Amount

(\$) 150.00

Payee address; City; State; Zip Code

P.O. Box 8798, Williamsburg, VA 23187

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

Voting Membership

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

Candidate / Officeholder name

Office sought

Office held

Date

3/26/01

Payee name

Travis County Democratic Party

Amount

(\$) 500.00

Payee address; City; State; Zip Code

1311 E. 6th Street, Austin, Texas 78702

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

Contribution

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

Candidate / Officeholder name

Office sought

Office held

Date

4/09/01

Payee name

Texas CASA

Amount

(\$) 100.00

Payee address; City; State; Zip Code

800 Brazos Street, Austin, Texas 78701

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

Donation/Piper Recognition Lunch

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

Candidate / Officeholder name

Office sought

Office 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

Suzanne Covington

3 ACCOUNT # (Ethics Commission filers)

<p>4 Date 4/10/01</p>	<p>5 Payee name CADW</p> <p>6 Payee address; City; State; Zip Code P.O. Box 12962, Austin, Texas 78711</p>	<p>7 Amount (\$) 65.00</p>
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<p>8 Purpose of payment (See instructions regarding type of information required.) Capitol Gala Dinner & Reception</p>	<p>9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held</p>
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<p>Date 4/11/01</p>	<p>Payee name Commissioner Margaret Gomez</p> <p>Payee address; City; State; Zip Code 301 W. 11th Street, Austin, Texas 78701</p>	<p>Amount (\$) 25.00</p>
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<p>Purpose of payment (See instructions regarding type of information required.) Cinco De Mayo Event Sponsorship</p>	<p>-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held</p>
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<p>Date 5/01/01</p>	<p>Payee name Austin Young Lawyers Association Foundation</p> <p>Payee address; City; State; Zip Code Travis County Bar Association 700 Lavaca, Suite 602, Austin, Texas 78701</p>	<p>Amount (\$) 150.00</p>
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<p>Purpose of payment (See instructions regarding type of information required.) Contribution</p>	<p>-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held</p>
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<p>Date 5/15/01</p>	<p>Payee name Clerk Supreme Court</p> <p>Payee address; City; State; Zip Code P.O. Box 12248, Austin, Texas 78711</p>	<p>Amount (\$) 115.00</p>
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<p>Purpose of payment (See instructions regarding type of information required.) Contribution/Section Dues</p>	<p>-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held</p>
--	---

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

Suzanne Covington

3 ACCOUNT # (Ethics Commission files)

4 Date

5/15/01

5 Payee name

Sam Biscoe Special Project

7

Amount
(\$)
25.00

6 Payee address; City, State, Zip Code

P.O. Box 1948, Austin, Texas 78767

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

Juneteenth Celebration Donation

9

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

Date

5/23/01

Payee name

Texas Bar Foundation

Amount
(\$)
110.00

Payee address; City, State, Zip Code

P.O. Box 12487, Austin, Texas 78711

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

Members Annual Meeting & Dinner

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

Date

Payee name

Payee address; City, State, Zip Code

Amount
(\$)

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

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

Date

Payee name

Payee address; City, State, Zip Code

Amount
(\$)

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

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

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