

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4982

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: 6																								
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:30%;">FIRST</td> <td style="width:30%;">MI</td> </tr> <tr> <td>Judge</td> <td>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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td style="width:50%;">Date Received</td> <td style="width:50%;">Date Postmarked</td> </tr> <tr> <td style="text-align: center;">JAN 15 AM 10:26</td> <td style="text-align: center;">26</td> </tr> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> </table>		OFFICE USE ONLY		Date Received	Date Postmarked	JAN 15 AM 10:26	26	Receipt #	Amount	Date Processed		Date Imaged	
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4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">ADDRESS / PO BOX;</td> <td style="width:25%;">APT / SUITE #;</td> <td style="width:25%;">CITY;</td> <td style="width:25%;">STATE;</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">2805 Down Cove, Austin, TX 78704</td> </tr> </table>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	2805 Down Cove, Austin, TX 78704																		
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6 CAMPAIGN TREASURER ADDRESS (Residence or business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:25%;">APT / SUITE #;</td> <td style="width:25%;">CITY;</td> <td style="width:25%;">STATE;</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">515 Congress Suite 2300 Austin, TX 78701</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	515 Congress Suite 2300 Austin, TX 78701																		
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11 OFFICE	OFFICE HELD (if any) Judge, 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	<p style="font-size: small;">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. --</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Name</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Address / PO Box; Apt. / Suite #; City; State; Zip Code</td> </tr> </table>			Name	Address / PO Box; Apt. / Suite #; City; State; Zip Code																						
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GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

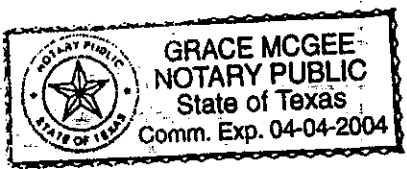
14 C/OH NAME Suzanne Covington	15 ACCOUNT # (Ethics Commission files)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

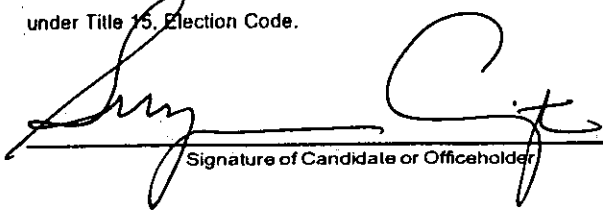
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 3050.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 54,680.94
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 15, Election Code.




AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder


Sworn to and subscribed before me, by the said Suzanne Covington, this the 14th day of January, 2002, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Grace McGee

Print name of officer administering oath



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

8/09/01

5 Payee name

Austin Young Lawyers Association Foundation.....

6 Payee address; City; State; Zip Code

700 Lavaca, Ste. 603
Austin, TX 78701

7

Amount
(\$ 450.00

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

8/09/01

Payee name

Texas CASA

Payee address; City; State; Zip Code

800 Brazos Street
Austin, TX 78701

Amount
(\$ 100.00

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

Donation-Replacement For Lost Check #1074

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

Candidate / Officeholder name Office sought Office held

Date

9/13/01

Payee name

Robert W. Calvert Inn of Court

Payee address; City; State; Zip Code

P.O. Box 2063
Austin, TX 78768

Amount
(\$ 350.00

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

Date

9/24/01

Payee name

TCWLA

Payee address; City; State; Zip Code

P.O. Box 684680
Austin, TX 78768

Amount
(\$ 15.00

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

Half Year 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:
3

2 FILER NAME

Suzanne Covington

3 ACCOUNT # (Ethics Commission filers)

4 Date
9/27/01

5 Payee name
Austin Young Lawyers Association Foundation

7 Amount
(\$ 50.00)

6 Payee address; City; State; Zip Code
700 Lavaca, Ste. 603
Austin, TX 78701-3102

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

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

Date
0/08/01

Payee name
Travis County Democratic Party
Payee address; City; State; Zip Code
1311 E. 6th Street
Austin, TX 78702

Amount
(\$ 500.00)

Purpose of payment (See instructions regarding type of information required.)
Last Installment On Pledge

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

Date
11/27/01

Payee name
Travis County Democratic Party
Payee address; City; State; Zip Code
1311 E. 6th Street
Austin, TX 78702

Amount
(\$ 100.00)

Purpose of payment (See instructions regarding type of information required.)
Judges Table-Filing Day

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

Date
12/03/01

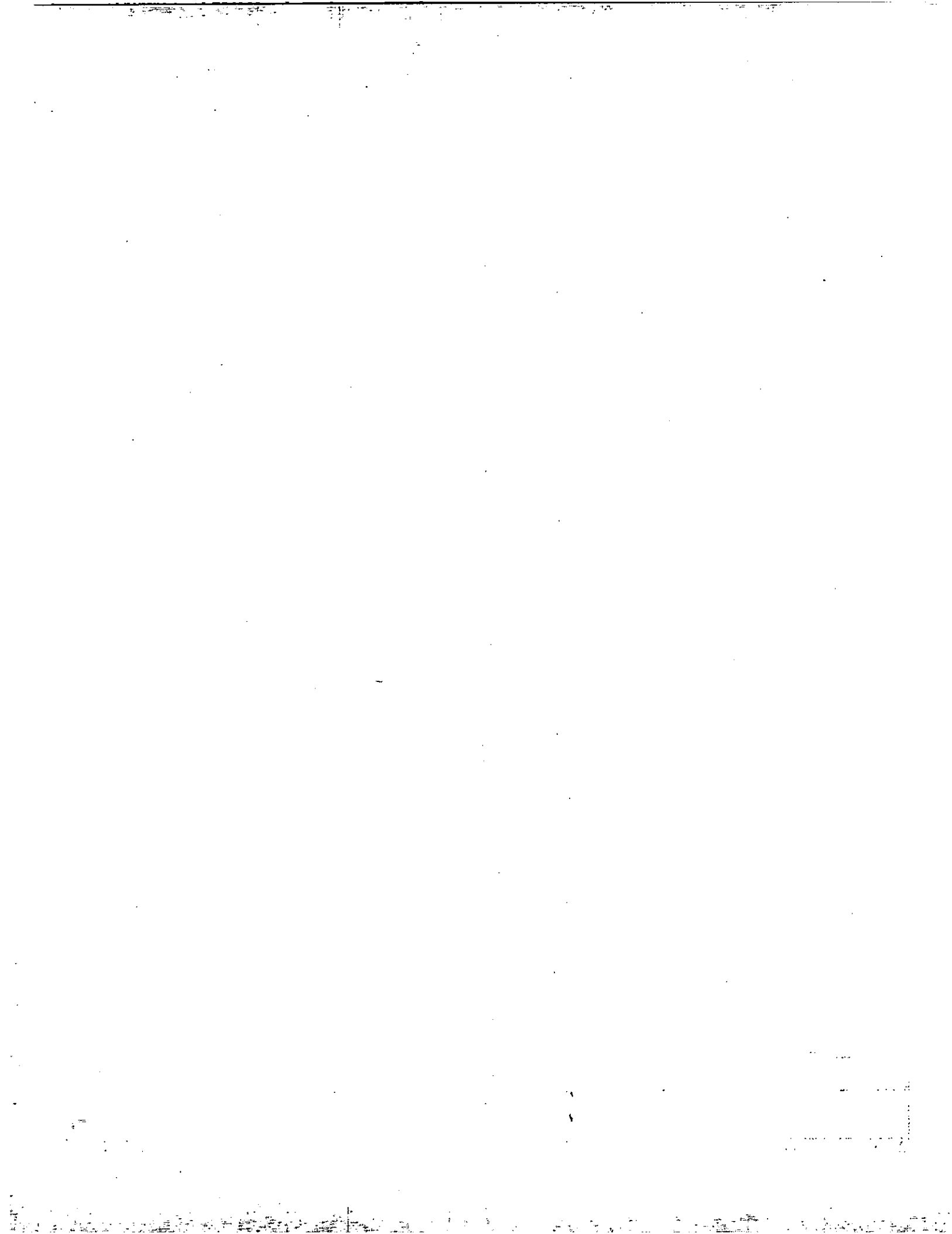
Payee name
The Austin Project
Payee address; City; State; Zip Code
1600 Chicon
Austin, TX 78702

Amount
(\$ 150.00)

Purpose of payment (See instructions regarding type of information required.)
Donation-Award Dinner

** 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)

4 Date

12/04/01

5 Payee name

Travis County Democratic Party

7

Amount

(\$)
1200.00

6 Payee address; City; State; Zip Code

1311 E. 6th Street
Austin, TX 78702

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

Filing Fee-201st District Court

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

Candidate / Officeholder name Office sought Office held

Date

12/18/01

Payee name

AWPC

Amount

(\$)
65.00

Payee address; City; State; Zip Code

P.O. Box 12383
Austin, TX 78711

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

Date

12/20/01

Payee name

Central Market

Amount

(\$)
70.61

Payee address; City; State; Zip Code

4001 N. Lamar Blvd.
Austin, TX 78756

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

Staff Holiday Party

** 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

