

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5166

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

TITLE: Judge
FIRST: Suzanne
MI:
NICKNAME: LAST: Covington
SUFFIX:

OFFICE USE ONLY

Date Received
HAND DELIVERED RECEIVED
JUL 15 2002

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: 2805 Down Cove
APT / SUITE #: CITY: Austin TX ZIP CODE: 78704

Texas Ethics Commission

Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE: FIRST: Karen MI: J.
NICKNAME: LAST: Bartoletti SUFFIX:

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 515 Congress
APT / SUITE #: Suite 2300 CITY: Austin TX STATE: TX ZIP CODE: 78701

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512) PHONE NUMBER: 480-5612 EXTENSION:

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: 01 / 01 / 02 THROUGH Month Day Year: 06 / 30 / 02

10 ELECTION

ELECTION DATE: Month Day Year: / / ELECTION TYPE: Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any): Judge, 201st District Court

12 OFFICE SOUGHT (if known):

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
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> 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)	\$ -
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -
4. TOTAL POLITICAL EXPENDITURES	\$1945.00
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$53, 295.94
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -

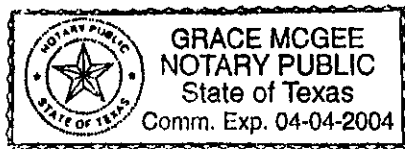
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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.



[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Suzanne Covington this the 15th day of July, 2002, to certify which, witness my hand and seal of office.

[Handwritten Signature]
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

1/04/02

5 Payee name

South Austin Democrats

7Amount
(\$)
50.00**6** Payee address; City; State; Zip CodeP.O. Box 152592
Austin, TX 78715**8** Purpose of payment (See instructions regarding type of information required.)

Contribution

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

Candidate / Officeholder name

Office sought

Office held

Date

1/18/02

Payee name

TCWLA

Amount
(\$)
400.00

Payee address; City; State; Zip Code

P.O. Box 684680
Austin, TX 78768

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

Life Membership

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

Candidate / Officeholder name

Office sought

Office held

Date

3/06/02

Payee name

American Inns of Court

Amount
(\$)
370.00

Payee address; City; State; Zip Code

127 S. Peyton Street, Suite 201
Alexandria, VA 22314

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

National Leadership Conference

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

Candidate / Officeholder name

Office sought

Office held

Date

4/22/02

Payee name

Capital Area Democratic Women

Amount
(\$)
100.00

Payee address; City; State; Zip Code

P.O. Box 12962
Austin, TX 78711

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

Event Sponsorship

.. 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 4/23/02	5 Payee name Texas Board of Legal Specialization 6 Payee address; City; State; Zip Code P.O. Box 12487 Austin, TX 78711	7 Amount (\$) 100.00
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8 Purpose of payment (See instructions regarding type of information required.) Annual Dues	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/30/02	Payee name Volunteer Legal Services Payee address; City; State; Zip Code 700 Lavaca, Suite 603 Austin, TX 78701	Amount (\$) 150.00
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Purpose of payment (See instructions regarding type of information required.) Donation	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5/03/02	Payee name Texas Supreme Court Historical Society Payee address; City; State; Zip Code 205 West 14th Street Austin, TX 78701	Amount (\$) 150.00
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Purpose of payment (See instructions regarding type of information required.) Board Contribution	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5/20/02	Payee name State Bar of Texas Payee address; City; State; Zip Code 1414 Colorado Austin, TX 78701	Amount (\$) 115.00
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Purpose of payment (See instructions regarding type of information required.) Sections/Access to Justice	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:
3

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)
Suzanne Covington

4 Date 6/24/02	5 Payee name Travis County Democratic Party 6 Payee address; City; State; Zip Code 1311 E. 6th Street Austin, TX 78702	7 Amount (\$) 500.00
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8 Purpose of payment (See instructions regarding type of information required.) Installment on \$1000.00 pledge	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 6/24/02	Payee name Texas Association of District Judges Payee address; City; State; Zip Code P.O. Box 1748 Austin, TX 78767	Amount (\$) 10.00
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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
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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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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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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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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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED