

COPY

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT****5292****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

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	Texas	78704

 Change of Address**5 CAMPAIGN
TREASURER
NAME**

TITLE	FIRST	MI
	Karen	J.
NICKNAME	LAST	SUFFIX
	Bartoletti	

**6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)**

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

**7 CAMPAIGN
TREASURER
PHONE**

AREA CODE	PHONE NUMBER	EXTENSION
(512)	480-5612	

8 REPORT TYPE

<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (All JC/OH - FR)

**9 PERIOD
COVERED**

Month	Day	Year	THROUGH	Month	Day	Year
07	01	02		12	31	02

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)

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

Suzanne Covington

15 ACCOUNT # (Ethics Commission Use)

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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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

\$ 1753.26

CONTRIBUTION BALANCE

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

\$ 50, 917.68

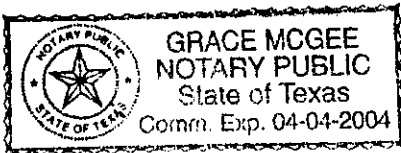
OUTSTANDING LOAN TOTALS

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.



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 14th day of January, 2003, 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 filer):

4 Date: 8/28/02 **5** Payee name: South Austin Democrats **7** Amount (\$): 50.00
6 Payee address, City, State, Zip Code: P.O. Box 152592, Austin, TX 78715

8 Purpose of payment (See instructions regarding type of information required): Event Sponsorship
9 -- Complete if direct expenditure to benefit C/OH --
 Candidate / Officeholder name: Office sought: Office held:

Date: 9/04/02 Payee name: Hispanic Bar Association of Austin Amount (\$): 100.00
 Payee address, City, State, Zip Code: P.O. Box 12692, Austin, TX 78711-2692

Purpose of payment (See instructions regarding type of information required): Hispanic Heritage Sponsorship
 -- Complete if direct expenditure to benefit C/OH --
 Candidate / Officeholder name: Office sought: Office held:

Date: 9/04/02 Payee name: AYL Foundation Amount (\$): 500.00
 Payee address, City, State, Zip Code: 700 Lavaca, Ste. 603, Austin, TX 78701

Purpose of payment (See instructions regarding type of information required): Bar and Grill Sponsorship
 -- Complete if direct expenditure to benefit C/OH --
 Candidate / Officeholder name: Office sought: Office held:

Date: 9/26/02 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): Co-ordinated Campaign Assessment
 -- 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:
2

2 FILER NAME
Suzanne Covington

3 ACCOUNT # (Ethics Commission filers)

4 Date 9/05/02	5 Payee name American Inn of Court #CXVII	7 Amount (\$) 375.00
6 Payee address; City; State; Zip Code 127 S. Peyton Street, Suite 201 Alexandria, VA 22314		

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

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

Date 9/26/02	Payee name Central Austin Democrats	Amount (\$) 100.00
Payee address; City; State; Zip Code 1914 Patton Lane Austin, TX 78723		

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

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

Date 12/21/02	Payee name Randall's	Amount (\$) 87.14
Payee address; City; State; Zip Code 3300 Bee Caves Road Austin, TX 78746		

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 12/22/02	Payee name Popeyes	Amount (\$) 41.12
Payee address; City; State; Zip Code 3652 Bee Caves Rd. Austin, TX 78746		

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED