

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5532

FORM JC/OH
COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00026774	2 Total pages this report: 1/4				
3 CANDIDATE / OFFICEHOLDER NAME	TITLE Hon.	FIRST Suzanne	MI	OFFICE USE ONLY			
	NICKNAME	LAST Covington		SUFFIX	Date Received 2001 JAN 15 AM 11:01 TRAVIS COUNTY TEXAS	RECORD	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
	P. O. Box 1748 Austin TX 78767						
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Date Hand Delivered or Date Postmarked			
	NICKNAME	LAST	SUFFIX				
		Karen		Receipt: #	Amount:		
		Bartoletti		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, Suite 2300 Austin TX 78701							
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
(512) 480-5612							
8 REPORT TYPE	<input checked="" type="checkbox"/> January '5	<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 '5	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach Cr/OH - FR)			
9 PERIOD COVERED	Month / Day / Year		THROUGH	Month / Day / Year			
07/01/0003 THROUGH 12/31/0003							
10 ELECTION	ELECTION DATE Month / Day / Year		ELECTION TYPE				
				<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) District Judge 201			12 OFFICE SOUGHT (if known) District Judge 201			
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**

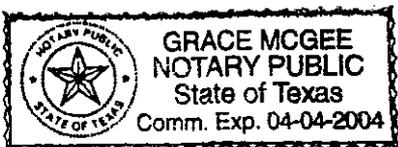
14 C/OH NAME Hon. Suzanne Covington	15. ACCOUNT # (Ethics Commission filers) 00026774
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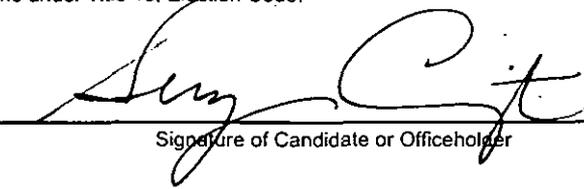
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates 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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
EXPENDITURE TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 1226.12
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
CONTRIBUTION BALANCE	6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 48396.56

18 AFFIDAVIT

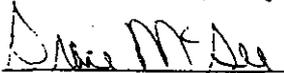
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.





 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Suzanne Covington, this the 14th day of January, 2004, to certify which, witness my hand and seal of office.



 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 report: 3/4
2 FILER NAME Hon. Suzanne Covington		3 ACCOUNT # (Ethics Commission filers) 00026774
4 Date 09/10/0003	5 Payee name American Inns of Court 6 Payee address; City; State; Zip Code 127 S. Peyton Street Suite 201 Alexandria VA 22314	7 Amount (\$) 375.00
8 Purpose of expenditure (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 09/09/0003	Payee name Austin Young Lawyers Association Foundation Payee address; City; State; Zip Code 700 Lavaca, Suite 602 Austin TX 78701	Amount (\$) 450.00
Purpose of expenditure (See instructions regarding type of information required.) Ad Bar and Grill		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 12/01/0003	Payee name Capital Area Progressive Democrats Payee address; City; State; Zip Code P.O. Box 12962 Austin TX 78711	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) Event Sponsorship Pledge		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 12/12/0003	Payee name Popeyes Payee address; City; State; Zip Code 3652 Bee Caves Rd. Austin TX 78746	Amount (\$) 41.12
Purpose of expenditure (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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:

4/4

2 FILER NAME

Hon. Suzanne Covington

3 ACCOUNT # (Ethics Commission filers)

00026774

<p>4 Date</p> <p>10/09/0003</p>	<p>5 Payee name</p> <p>South Austin Democrats</p> <p>6 Payee address: City: State: Zip Code</p> <p>P.O. Box 152592</p> <p>Austin TX 78715</p>	<p>7 Amount (\$)</p> <p>60.00</p>
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8 Purpose of expenditure (See instructions regarding type of information required.)
Membership and Sponsorship

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

<p>Date</p> <p>12/01/0003</p>	<p>Payee name</p> <p>Travis County Democrats</p> <p>Payee address: City: State: Zip Code</p> <p>1311 East 6th Street</p> <p>Austin TX 78702</p>	<p>Amount (\$)</p> <p>200.00</p>
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Purpose of expenditure (See instructions regarding type of information required.)
Event Sponsorship and Filing Day Dinner

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