

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**5778**

**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 FIRST MI  
Honorable Suzanne  
NICKNAME LAST SUFFIX  
Covington

**OFFICE USE ONLY**

Date Received: JUN 14 PM 1:11  
COUNTY CLERK  
COMMISSIONER  
JAMES COUNTY TEXAS

Date Hand-delivered or Date Postmarked

Receipt #	Amount
Date Processed	
Date Imaged	

**4 CANDIDATE / OFFICEHOLDER ADDRESS**

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  
Karen  
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 TX 78701

**7 CAMPAIGN TREASURER PHONE**

AREA CODE PHONE NUMBER EXTENSION  
(512) 480-5612

**8 REPORT TYPE**

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  6th day before election  Exceeded \$500 limit  Final report (Attach Cr/OH - FR)

**9 PERIOD COVERED**

Month / Day / Year THROUGH Month / Day / Year  
01/01/2004 06/30/2004

**10 ELECTION**

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

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

Honorable Suzanne Covington

15 ACCOUNT # (Ethics Commission filers)

00026774

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. 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. ..

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	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
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
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3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
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EXPENDITURE TOTALS

4. TOTAL POLITICAL EXPENDITURES	\$ 275.00
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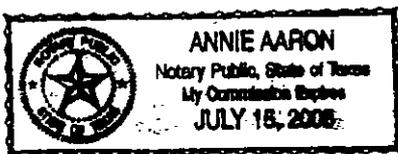
OUTSTANDING LOAN TOTALS

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 47996.56
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CONTRIBUTION BALANCE

6. TOTAL PRINCIPLE AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
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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

Sworn and subscribed before me, by the said Suzanne Covington, this the 12th day of July, 2004, to certify which, witness my hand and seal of office.

*Annie Aaron*  
Signature of Officer administering oath

ANNIE AARON  
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 Honorable Suzanne Covington		3 ACCOUNT # (Ethics Commission filers) 00026774
4 Date 03/01/2004	5 Payee name Texas Board of Legal Specialization 6 Payee address; City; State; Zip Code P.O. Box 149187 Austin TX 78714-9187	7 Amount (\$) 100.00
8 Purpose of expenditure (See instructions regarding type of information required.) Recertification Fee		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 04/07/2004	Payee name CADW-PAC 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		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 04/15/2004	Payee name Commissioner Margaret Gomez Payee address; City; State; Zip Code P.O. Box 1748 Austin TX 78767	Amount (\$) 25.00
Purpose of expenditure (See instructions regarding type of information required.) Cinco de Mayo Sponsor		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 05/05/2004	Payee name Clerk, Supreme Court Payee address; City; State; Zip Code P.O. Box 12248 Austin TX 78711	Amount (\$) 50.00
Purpose of expenditure (See instructions regarding type of information required.) State Bar Section Dues		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

# TEXT ANNOTATION

Information entered by filer as a memo

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Schedule JCOH

