

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

2005 JUN 31 PM 11:20

The JC/OH INSTRUCTION GUIDE explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers) **2 PAGE #** 1 of 4

00026774

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
5993
Receipt: # Amount:
Date Processed
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR FIRST MI
Hon. Suzanne
NICKNAME LAST SUFFIX
Covington

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
P. O. Box 1748
Austin, TX 78767
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE PHONE NUMBER EXTENSION

6 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST MI
Ms. Karen
NICKNAME LAST SUFFIX
Bartoletti

7 CAMPAIGN TREASURER ADDRESS
(Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
401 Congress Avenue, Suite 2200
Austin, TX 78701

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(512) 480-5612

9 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)

10 PERIOD COVERED
Month Day Year THROUGH Month Day Year
01/01/2005 06/30/2005

11 ELECTION
ELECTION DATE Month Day Year ELECTION TYPE
 Primary Runoff General Special

12 OFFICE
OFFICE HELD (if any)
District Judge District 201

13 OFFICE SOUGHT (if known)
District Judge District 201

14 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

15 C/OH NAME Covington, Suzanne (Hon.)

16 ACCOUNT # (Ethics Commission filers)
00026774

17 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

18 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

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 935.00

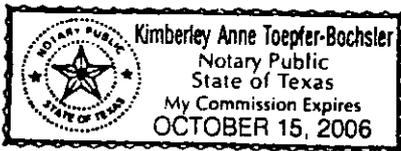
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 45,393.56

OUTSTANDING LOAN TOTALS

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

19 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 1st day of July, 2005, to certify which, witness my hand and seal of office.

Kimberley Anne Toepfer-Bochsler Kimberley Anne Toepfer-Bochsler Texas Notary
Signature of officer administering oath 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 PAGE #
Schedule: 1/2 Report: 3/4

2 FILER NAME Covington, Suzanne (Hon.)

3 ACCOUNT # (Ethics Commission files)
00026774

4 Date	5 Payee name Austin Bar Foundation	7 Amount (\$)
01/05/2005	6 Payee address; City; State; Zip Code 816 Congress Avenue, Suite 700 Austin, TX 78701	\$135.00

8 Purpose of payment (See instructions regarding type of information required.) Austin Bar Foundation Gala/Suzanne Covington Ticket	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
---	---

Date	Payee name Biscoe, Sam	Amount (\$)
06/06/2005	Payee address; City; State; Zip Code P.O. Box 1748 Austin, TX 78767	\$25.00

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

Date	Payee name Gomez, Margaret	Amount (\$)
04/18/2005	Payee address; City; State; Zip Code P.O. Box 1748 Austin, TX 78767	\$25.00

Purpose of payment (See instructions regarding type of information required.) Contribution/Cinco de Mayo Event	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
--	---

Date	Payee name Travis County Democratic Party	Amount (\$)
05/09/2005	Payee address; City; State; Zip Code 1311 East 6th Street Austin, TX 78702	\$500.00

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:
---	---

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/2 Report: 4/4

2 FILER NAME Covington, Suzanne (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00026774

4 Date

06/24/2005

5 Payee name
Travis County Women Lawyers Foundation
.....
6 Payee address; City; State; Zip Code
P. O. Box 684683
Austin, TX 78768

7 Amount
(\$)

\$250.00

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

9 ** Complete if direct expenditure to benefit C/OH **
Cand.date / Officeholder name:

Office sought:
Office held: