

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6074

FORM JC/OH
COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # <i>(Ethics Commission filers)</i> 00026774	2 PAGE # 1 of 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Hon.	FIRST Suzanne	MI
	NICKNAME	LAST Covington	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING 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	MS / MRS / MR Ms.	FIRST Karen	MI
	NICKNAME	LAST Bartoletti	SUFFIX
6 CAMPAIGN TREASURER ADDRESS <i>(Residence or business)</i>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	401 Congress Avenue, Suite 2200 Austin, TX 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"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	07/01/2005		12/31/2005
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 District 201		12 OFFICE SOUGHT (if known) District Judge District 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		

OFFICE USE ONLY

Date Received

2006 JAN -4 2:12

CLERK

TRAVIS COUNTY TEXAS

FILED FOR RECORD

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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

15 ACCOUNT # (Ethics Commission file #)
00026774

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 115.00

4. TOTAL POLITICAL EXPENDITURES \$ 2,994.50

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 43,716.06

OUTSTANDING LOAN TOTALS

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

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Suzanne Covington
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Suzanne Covington, this the 30th day of December, 2005, 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** PAGE #
Schedule: 1/3 Report: 3/5**2** FILER NAME Covington, Suzanne (Hon.)**3** ACCOUNT # (Ethics Commission filers)
00026774

4 Date	5 Payee name	7 Amount (\$)
07/27/2005	American Inn of Court #CXVIII 6 Payee address; City; State; Zip Code P.O. Box 684563 Austin, TX 78768	\$382.50

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:
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Date	Payee name	Amount (\$)
08/20/2005	AYLA Foundation Payee address; City; State; Zip Code 700 Lavaca, Suite 602 Austin, TX 78701	\$450.00

Purpose of payment (See instructions regarding type of information required.) Bar and Grill Ad	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name	Amount (\$)
09/14/2005	HBAA Charitable Foundation Payee address; City; State; Zip Code P.O. Box 12692 Austin, TX 78711	\$100.00

Purpose of payment (See instructions regarding type of information required.) Donation	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name	Amount (\$)
07/27/2005	Newspapers in Education Payee address; City; State; Zip Code P.O. Box 670 Austin, TX 78767	\$125.00

Purpose of payment (See instructions regarding type of information required.) Sponsorship	** 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 PAGE #
Schedule: 2/3 Report: 4/5**2** FILER NAME Covington, Suzanne (Hon.)**3** ACCOUNT # (Ethics Commission filers)
00026774

4 Date	5 Payee name	7 Amount (\$)
12/13/2005	Paggi House 6 Payee address; City; State; Zip Code 200 Lee Barton Dr. Austin, TX 78704	\$67.00

8 Purpose of payment (See instructions regarding type of information required.) Staff Holiday Lunch	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name	Amount (\$)
09/21/2005	South Austin Democrats 6 Payee address; City; State; Zip Code P.O. Box 152592 Austin, TX 78715	\$55.00

Purpose of payment (See instructions regarding type of information required.) Yeller Dawg Sponsorship	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name	Amount (\$)
10/14/2005	Texas Supreme Court Historical Society 6 Payee address; City; State; Zip Code P.O. Box 12673 Austin, TX 78711	\$100.00

Purpose of payment (See instructions regarding type of information required.) Membership	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name	Amount (\$)
12/05/2005	Travis County Democratic Party Primary 6 Payee address; City; State; Zip Code 1311 East 6th Street Austin, TX 78702	\$1,500.00

Purpose of payment (See instructions regarding type of information required.) Filing Fee	** 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 PAGE #
Schedule: 3/3 Report: 5/5**2 FILER NAME** Covington, Suzanne (Hon.)**3 ACCOUNT #** (Ethics Commission filers)
00026774**4 Date****5 Payee name**
Volunteer Legal Services**7 Amount**
(\$)

10/17/2005

6 Payee address; City: State; Zip Code
816 Congress, Suite 701
Austin, TX 78701

\$100.00

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: