

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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

15 ACCOUNT # (Ethics Commission filers)
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 \$ 90.00

4. TOTAL POLITICAL EXPENDITURES \$ 1,040.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 38,107.06

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 12th day of January, 2007, to certify which, witness my hand and seal of office.

Dorice McAll
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 08/18/2006	5 Payee name Austin Tejano Democrats 6 Payee address; City: State: Zip Code 5704 Shoal Creek Austin, TX 78757	7 Amount (\$) \$150.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship-Barrientos Event <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	
4 Date 08/21/2006	5 Payee name Austin Young Lawyers Association Foundation 6 Payee address; City: State: Zip Code 816 Congress, Suite 700 Austin, TX 78701	7 Amount (\$) \$450.00	
8 Purpose of payment (See instructions regarding type of information required.) Bar and Grill Ad <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	

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 07/21/2006	5 Payee name National Council of Juvenile and Family Court Judges-Judicial Institute 6 Payee address: City: State: Zip Code P.O. Box 8970 Reno, NV 89507	7 Amount (\$) \$125.00	
8 Purpose of payment (See instructions regarding type of information required.) (See travel info) <input checked="" type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) Covington, Suzanne (Hon.)			
11 Departure city / location Austin, TX	12 Departure date 12/02/2006	13 Destination city / location Santa Fe, NM	14 Arrival date 12/03/2006
15 Means of transportation Personal Vehicle		16 Purpose of travel Enhancing Judicial Skills in Domestic Violence Cases, Judicial Institute	
4 Date 08/31/2006	5 Payee name Newspapers in Education 6 Payee address: City: State: Zip Code P.O. Box 670 Austin, TX 78767	7 Amount (\$) \$125.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship Contribution <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

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 10/30/2006	5 Payee name Volunteer Legal Services Phone-a-Thon 6 Payee address; City; State; Zip Code 816 Congress Ave., Ste. 701 Austin, TX 78701.	7 Amount (\$) \$100.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	