

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6536

## FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission files) 00026774	2 PAGE # 1 of 3
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 (Residence or business)	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 type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	01/01/2007		06/30/2007
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)
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

2007 JUL 13 11:33 AM

FILED FOR RECORD

TRAVIS COUNTY CLERK TEXAS

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 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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	110.00
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4. TOTAL POLITICAL EXPENDITURES	\$	880.00
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CONTRIBUTION BALANCE

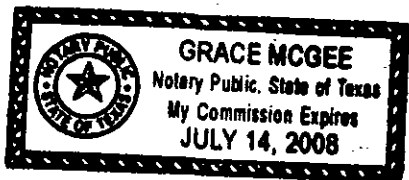
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	37,410.06
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL 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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Suzanne Covington, this the 12th day of July, 20 07, 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 <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/1 Report: 3/3
<b>2</b> FILER NAME Covington, Suzanne (Hon.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00026774
<b>4</b> Date  01/19/2007	<b>5</b> Payee name Austin Bar Foundation  <b>6</b> Payee address; City; State; Zip Code 816 Congress Avenue, Suite 700 Austin, TX 78701	<b>7</b> Amount (\$)  \$150.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Austin Bar Foundation Gala/Suzanne Covington Ticket  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/19/2007	Payee name Justice Mack Kidd Fund  Payee address; City; State; Zip Code c/o Austin Bar Foundation 816 Congress Avenue, Suite 700 Austin, TX 78701	Amount (\$)  \$250.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/09/2007	Payee name Texas Supreme Court Historical Society  Payee address; City; State; Zip Code P.O. Box 12673 Austin, TX 78711	Amount (\$)  \$120.00
Purpose of payment (See instructions regarding type of information required.) Fundraising Dinner  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/12/2007	Payee name Travis County Women Lawyers' Foundation  Payee address; City; State; Zip Code P. O. Box 684683 Austin, TX 78768	Amount (\$)  \$250.00
Purpose of payment (See instructions regarding type of information required.) Contribution  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held: