



# 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
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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	\$	58.00
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4. TOTAL POLITICAL EXPENDITURES	\$	1,158.00
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CONTRIBUTION BALANCE

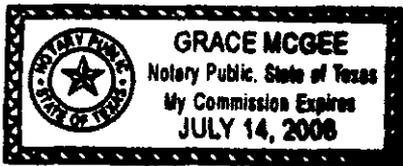
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	36,627.06
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OUTSTANDING LOAN TOTALS

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.



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 8th day of February, 2008, 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: 1/2 Report: 3/4**2** FILER NAME Covington, Suzanne (Hon.)**3** ACCOUNT # (Ethics Commission filers)  
00026774**4** Date  
  
08/15/2007**5** Payee name  
Austin Young Lawyers Association Foundation**7** Amount  
(\$)  
  
\$325.00**6** Payee address; City; State; Zip Code  
816 Congress, Suite 700  
Austin, TX 78701**8** Purpose of payment (See instructions regarding type of information required.)  
Bar & Grill Event**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:  
Office held:Date  
  
10/26/2007Payee name  
Hispanic Bar Association of Austin Charitable FoundationAmount  
(\$)  
  
\$125.00Payee address; City; State; Zip Code  
P.O. Box 12692  
Austin, TX 78711Purpose of payment (See instructions regarding type of information required.)  
Hispanic Heritage Event\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:  
Office held:Date  
  
09/12/2007Payee name  
Texas Access to Justice FoundationAmount  
(\$)  
  
\$100.00Payee address; City; State; Zip Code  
1601 Rio Grande St # 351  
Austin, TX 78701Purpose of payment (See instructions regarding type of information required.)  
Donation\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:  
Office held:Date  
  
12/06/2007Payee name  
Texas Bar FoundationAmount  
(\$)  
  
\$200.00Payee address; City; State; Zip Code  
P.O. Box 12487  
Austin, TX 78711Purpose of payment (See instructions regarding type of information required.)  
Donation\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) 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  
  
12/06/2007

**5** Payee name  
Travis County Women Lawyers' Foundation  
.....  
**6** Payee address; City; State; Zip Code  
P.O. Box 1386  
Austin, TX 78767

**7** Amount (\$)  
  
\$250.00

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

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

Date  
  
10/30/2007

Payee name  
Volunteer Legal Services Phone-A-Thon  
.....  
Payee address; City; State; Zip Code  
816 Congress Avenue, Suite 701  
Austin, TX 78701

Amount (\$)  
  
\$100.00

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

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held: