

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. ..

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		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	\$	20.00
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4.	TOTAL POLITICAL EXPENDITURES	\$	570.00
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CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	34,421.06
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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 8th day of January, 20 09, to certify which, witness my hand and seal of office.

Laura Gomez
Signature of officer administering oath

Laura Gomez
Print name of officer administering oath

Judicial Aide
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 3/3

2 FILER NAME Covington, Suzanne (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00026774

4 Date	5 Payee name Travis County Democratic Party	7 Amount (\$)
10/07/2008	6 Payee address; City; State; Zip Code 1107 N. IH 35 Austin, TX 78702	\$100.00

8 Purpose of payment (See instructions regarding type of information required.) Event Donation	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name Travis County Women Lawyers' Foundation	Amount (\$)
12/04/2008	Payee address; City; State; Zip Code P.O. Box 1386 Austin, TX 78767	\$250.00

Purpose of payment (See instructions regarding type of information required.) Donation	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name Travis County Women Lawyers Scholarship Fund, Inc.	Amount (\$)
12/08/2008	Payee address; City; State; Zip Code 507 W. 7th Street Austin, TX 78701	\$100.00

Purpose of payment (See instructions regarding type of information required.) Margaret Cooper Fund	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name Volunteer Legal Services	Amount (\$)
10/07/2008	Payee address; City; State; Zip Code 816 Congress Avenue, Suite 701 Austin, TX 78701	\$100.00

Purpose of payment (See instructions regarding type of information required.) Donation	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	