

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7526

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00026774	2 PAGE # 1 of 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI The Honorable Suzanne <hr/> NICKNAME LAST SUFFIX Covington	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 236 Taos, NM 87571	Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	MS / MRS / MR FIRST MI Ms. Karen <hr/> NICKNAME LAST SUFFIX Bartoletti		
5 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 Congress #2200 Austin, TX 78701		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	AREA CODE PHONE NUMBER EXTENSION (512) 480-5612		
7 CAMPAIGN TREASURER PHONE	8 REPORT TYPE <input checked="" 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 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 07/01/2010 12/31/2010		
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	.. 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 <hr/> Address/PO Box; Apt. / Suite #; City; State; Zip Code <input type="checkbox"/> additional pages		
GO TO PAGE 2			

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME Covington, Suzanne (The Honorable)

15 ACCOUNT # (Ethics Commission filers)
00026774

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political contributions accepted or political expenditures made 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 \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 3,675.00

CONTRIBUTION BALANCE

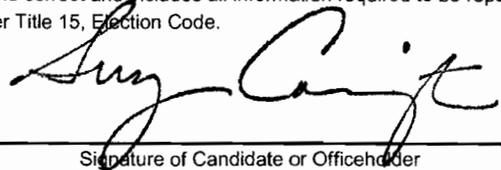
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 31,040.06

OUTSTANDING LOAN TOTALS

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

18 AFFIDAVIT

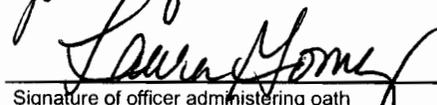
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



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 January, 20 11, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Laura Gomez

Print name of officer administering oath

Judicial Aide

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 3 of 4		2 FILER NAME Covington, Suzanne (The Honorable)		3 ACCOUNT # (TEC filers) 00026774	
4 Date 12/17/2010	5 Payee name Lil' Paws Maltese Rescue				
6 Amount (\$) \$1,000.00	7 Payee address City; State; Zip Code PO Box 201192 Austin, TX 78720-1192				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Office - holder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/17/2010	Payee name SafePlace				
Amount (\$) \$1,000.00	Payee address City; State; Zip Code PO Box 19454 Austin, TX 78760				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Office - holder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/12/2010	Payee name South Austin Democrats				
Amount (\$) \$75.00	Payee address City; State; Zip Code PO Box 152592 Austin, TX 78715-2592				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Office - holder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Sponsorship		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/22/2010	Payee name Texas Bar Foundation				
Amount (\$) \$600.00	Payee address City; State; Zip Code 504 Lavaca St #1005 Austin, TX 78701-2857				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Office - holder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Foundation Fellow Dues		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 4 of 4		2 FILER NAME Covington, Suzanne (The Honorable)		3 ACCOUNT # (TEC filers) 00026774	
4 Date 12/17/2010		5 Payee name Volunteer Legal Services			
6 Amount (\$) \$1,000.00		7 Payee address City; State; Zip Code 816 Congress Ave. #701 Austin, TX 78701-2665			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Office - holder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

