

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5177

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)  
00037566

2 Total pages this report:  
1/14

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
Ms. Lora  
NICKNAME LAST SUFFIX  
Livingston

OFFICE USE ONLY

Date Received  
02 JUL 15 12:42  
COUNTY CLERK  
TRAVIS COUNTY

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
P.O. Box 2063  
Austin TX 78768  
 Change of Address

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
Mr. Thomas  
NICKNAME LAST SUFFIX  
Watkins

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
P.O. Box 2063  
Austin TX 78768

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 476-4716

8 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year THROUGH Month Day Year  
01/01/2002 06/30/2002

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
03/12/2002  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)  
District Judge 261

12 OFFICE SOUGHT (if known)

13 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

Address/PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

**14 C/OH NAME**

Ms. Lora Livingston

**5 ACCOUNT #** (Ethics Commission filers)  
00037566

**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**

GENERAL

SPECIFIC

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

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,950.00

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 10,348.38

**CONTRIBUTION BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 44,892.90

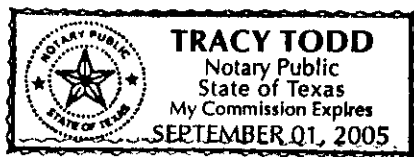
**OUTSTANDING LOAN TOTALS**

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.



*Lora J. Livingston*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lora J. Livingston, this the 15 day of July, 20 02, to certify which, witness my hand and seal of office.

*Tracy Todd*  
Signature of officer administering oath

*Tracy Todd*  
Print name of officer administering oath

*Notary Public*  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages in this report:  
3/14

2 FILER NAME  
Ms. Lora Livingston

3 ACCOUNT # (Ethics Commission files)  
00037586

4 Date  
02/06/2002

5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Akin & Almanza, L.L.P.

6 Contributor address; City; State; Zip Code  
1717 W. 6th St., Suite 230  
Austin TX 78703

7 Amount of contribution (\$)  
250.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)  
Law firm

10 Employer (Optional)  
Akin & Almanza, L.L.P.

Date  
06/20/2002

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Brothers & Thomas, L.L.P.

Contributor address; City; State; Zip Code  
114 W. 7th St., Suite 650  
Austin TX 78701

Amount of contribution (\$)  
1500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)  
Law firm

Employer (Optional)  
Brothers & Thomas, L.P.

Date  
04/16/2002

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Ms. Janet Hamilton

Contributor address; City; State; Zip Code  
2114 Indian Trail  
Austin TX 78703

Amount of contribution (\$)  
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)  
Attorney

Employer (Optional)  
Akin Gump Haver & Feld

Date  
03/29/2002

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Mr. William Kuykendall

Contributor address; City; State; Zip Code  
106 E. 6th St., Suite 900  
Austin TX 78701

Amount of contribution (\$)  
250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)  
Attorney

Employer (Optional)  
Law office of William 'Kirk' Kuykendall

Date  
04/16/2002

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Mr. Larry Laden

Contributor address; City; State; Zip Code  
111 Congress, Suite 1080  
Austin TX 78701

Amount of contribution (\$)  
250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)  
Attorney

Employer (Optional)  
Law office of Larry Laden

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages in this report:  
4/14

2 FILER NAME  
Ms. Lora Livingston

3 ACCOUNT # (Ethics Commission filers)  
00037566

4 Date: 02/06/2002  
5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Ms. Susan Morrison  
6 Contributor address; City; State; Zip Code  
400 W. 15th St., Suite 304  
Austin TX 78701

7 Amount of contribution (\$): 25.00  
8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)  
Attorney

10 Employer (Optional)  
Law office of Susan G. Morrison

Date: 02/06/2002  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Mr. Richard Pena  
Contributor address; City; State; Zip Code  
2028 E. Ben White Blvd., Suite 220  
Austin TX 78741

Amount of contribution (\$): 100.00  
In-kind contribution description (if applicable)

Principal occupation (Optional)  
Attorney

Employer (Optional)  
Law firm of Richard Pena, P.C.

Date: 02/06/2002  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Rash Chapman Schreiber & Porter, L.L.P.  
Contributor address; City; State; Zip Code  
2112 Rio Grande  
Austin TX 78705

Amount of contribution (\$): 250.00  
In-kind contribution description (if applicable)

Principal occupation (Optional)  
Law firm

Employer (Optional)  
Rash Chapman Schreiber & Porter, L.L.P.

Date: 02/06/2002  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Scanlan, Buckle & Young, P.C.  
Contributor address; City; State; Zip Code  
602 W. 11th St.  
Austin TX 78701

Amount of contribution (\$): 100.00  
In-kind contribution description (if applicable)

Principal occupation (Optional)  
Law firm

Employer (Optional)  
Scanlan, Buckle & Young, P.C.

Date: 02/06/2002  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Mr. William Storie  
Contributor address; City; State; Zip Code  
1701 Lime Rock Dr.  
Round Rock TX 78681

Amount of contribution (\$): 25.00  
In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages in this report:  
5/14

2 FILER NAME  
Ms. Lora Livingston

3 ACCOUNT # (Ethics Commission filers)  
00037566

4 Date  
02/06/2002

5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Ms. Susan Zachos

7 Amount of contribution (\$)  
100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
2121 Melridge Place  
Austin TX 78704

9 Principal occupation (Optional)  
Attorney

10 Employer (Optional)  
Kelly, Hart & Hallman

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:  
6/14

2 FILER NAME  
Ms. Lora Livingston

3 ACCOUNT # (Ethics Commission filers)  
00037566

4 Date 06/17/2002	5 Payee name American Bar Association	7 Amount (\$) 316.25
6 Payee address; City; State; Zip Code 541 North Fairbanks Court Chicago IL 60611		

8 Purpose of expenditure (See instructions regarding type of information required.) Dues	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name		Office sought	Office held
---	--	--	---------------	-------------

Date 02/15/2002	Payee name Austin Area Urban League	Amount (\$) 60.00
Payee address; City; State; Zip Code 1825 E. 38 1/2 St. Austin TX 78722		

Purpose of expenditure (See instructions regarding type of information required.) Equal Opportunity Day banquet - contribution	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name		Office sought	Office held
---	--	--	---------------	-------------

Date 05/13/2002	Payee name Austin Children's Museum	Amount (\$) 125.00
Payee address; City; State; Zip Code 201 Colorado Austin TX 78701		

Purpose of expenditure (See instructions regarding type of information required.) Contribution - luncheon	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name		Office sought	Office held
--	--	--	---------------	-------------

Date 01/18/2002	Payee name Austin Women's Political Caucus	Amount (\$) 65.00
Payee address; City; State; Zip Code P.O. Box 12383 Austin TX 78711		

Purpose of expenditure (See instructions regarding type of information required.) Dues	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name		Office sought	Office held
---	--	--	---------------	-------------

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:  
7/14

2 FILER NAME  
Ms. Lora Livingston

3 ACCOUNT # (Ethics Commission filers)  
00047566

4 Date  
05/13/2002

5 Payee name  
Capitol Area Democratic Women

7 Amount  
(\$)  
50.00

6 Payee address; City; State; Zip Code  
P.O. Box 12962  
Austin TX 78711

8 Purpose of expenditure (See instructions regarding type of information required.)  
Contribution - annual fundraising party

9 Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
01/07/2002

Payee name  
Cingular Wireless

Amount  
(\$)  
55.14

Payee address; City; State; Zip Code  
P.O. Box 4460  
Houston TX 77097-0082

Purpose of expenditure (See instructions regarding type of information required.)  
Mobile phone

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
01/31/2002

Payee name  
Cingular Wireless

Amount  
(\$)  
63.18

Payee address; City; State; Zip Code  
P.O. Box 4460  
Houston TX 77097-0082

Purpose of expenditure (See instructions regarding type of information required.)  
Mobile phone

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
03/04/2002

Payee name  
Cingular Wireless

Amount  
(\$)  
71.57

Payee address; City; State; Zip Code  
P.O. Box 4460  
Houston TX 77097-0082

Purpose of expenditure (See instructions regarding type of information required.)  
Mobile phone

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:  
8/14

2 FILER NAME  
Ms. Lora Livingston

3 ACCOUNT # (Ethics Commission filers)  
0007566

4 Date  
05/06/2002

5 Payee name  
Cingular Wireless

7 Amount  
(\$)  
109.56

6 Payee address; City; State; Zip Code  
P.O. Box 4460  
Houston TX 77097-0082

8 Purpose of expenditure (See instructions regarding type of information required.)  
Mobile phone

9 Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
06/18/2002

Payee name  
Cingular Wireless

Amount  
(\$)  
39.95

Payee address; City; State; Zip Code  
P.O. Box 4460  
Houston TX 77097-0082

Purpose of expenditure (See instructions regarding type of information required.)  
Mobile phone

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
6/21/2002

Payee name  
Cingular Wireless

Amount  
(\$)  
39.34

Payee address; City; State; Zip Code  
P.O. Box 4460  
Houston TX 77097-0082

Purpose of expenditure (See instructions regarding type of information required.)  
Mobile phone

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
05/22/2002

Payee name  
Clerk, Supreme Court of Texas

Amount  
(\$)  
115.00

Payee address; City; State; Zip Code  
P.O. Box 12248  
Austin TX 78711

Purpose of expenditure (See instructions regarding type of information required.)  
Dues

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held



# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:  
9/14

2 FILER NAME  
Ms. Lora Livingston

3 ACCOUNT # (Ethics Commission filers)  
00037566

4 Date  
03/29/2002

5 Payee name  
Girl Scout Lone Star Council

7 Amount  
(\$)  
100.00

6 Payee address; City; State; Zip Code  
2110 Westover Rd.  
Austin TX 78703

8 Purpose of expenditure (See instructions regarding type of information required.)  
Contribution - Annual Women of Distinction luncheon

9 Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
06/21/2002

Payee name  
Hilgers & Watkins, P.C.

Amount  
(\$)  
187.36

Payee address; City; State; Zip Code  
98 San Jacinto Blvd., Suite 1300  
Austin TX 78701

Purpose of expenditure (See instructions regarding type of information required.)  
Payment for copies, deliveries, postage

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
03/22/2002

Payee name  
International Hospitality Council of Austin

Amount  
(\$)  
100.00

Payee address; City; State; Zip Code  
100 W. 26th  
Austin TX 78705

Purpose of expenditure (See instructions regarding type of information required.)  
Contribution - banquet

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
03/12/2002

Payee name  
Jack & Jill of America Foundation

Amount  
(\$)  
50.00

Payee address; City; State; Zip Code  
P.O. Box 6059  
Austin TX 78762

Purpose of expenditure (See instructions regarding type of information required.)  
contribution for 2002 Beautillon & Debutante Ball

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:  
10/14

2 FILER NAME  
Ms. Lora Livingston

3 ACCOUNT # (Ethics Commission filers)  
00037566

4 Date  
06/11/2002

5 Payee name  
Judicial Section, State Bar of Texas

7 Amount  
(\$)  
30.00

6 Payee address; City; State; Zip Code  
1414 Colorado  
Austin TX 78701

8 Purpose of expenditure (See instructions regarding type of information required.)  
Dues 2003

9 Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
03/12/2002

Payee name  
Leadership Austin

Amount  
(\$)  
500.00

Payee address; City; State; Zip Code  
P.O. Box 1967  
Austin TX 78767

Purpose of expenditure (See instructions regarding type of information required.)  
Signature Event Pledge

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
04/16/2002

Payee name  
League of Women Voters of the Austin Area

Amount  
(\$)  
50.00

Payee address; City; State; Zip Code  
1011 W. 31st  
Austin TX 78705

Purpose of expenditure (See instructions regarding type of information required.)  
Contribution

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
01/08/2002

Payee name  
Ms. Lora Livingston

Amount  
(\$)  
34.00

Payee address; City; State; Zip Code  
5712 Painted Valley Dr.  
Austin TX 78759

Purpose of expenditure (See instructions regarding type of information required.)  
reimbursement for postage stamps

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:  
11/1

2 FILER NAME  
Ms. Lora Livingston

3 ACCOUNT # (Ethics Commission filers)  
00037566

4 Date  
04/02/2002

5 Payee name  
McBee Systems, Inc.

7 Amount  
(\$)  
111.03

6 Payee address; City; State; Zip Code  
301 Grove Rd.  
Thorofare NJ 08086

8 Purpose of expenditure (See instructions regarding type of information required.)  
Charge for new checks, deposit stamp, book for checks

9 Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
11/18/2002

Payee name  
National Association of Women Judges

Amount  
(\$)  
175.00

Payee address; City; State; Zip Code  
300 Newport Ave.  
P.O. Box 8798  
Williamsburg VA 23187-1841

Purpose of expenditure (See instructions regarding type of information required.)  
Dues

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
03/20/2002

Payee name  
National Bar Association

Amount  
(\$)  
300.00

Payee address; City; State; Zip Code  
1225 11th St., N.W.  
Washington DC 20001

Purpose of expenditure (See instructions regarding type of information required.)  
Dues

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
06/25/2002

Payee name  
People to People Ambassador Program

Amount  
(\$)  
3750.00

Payee address; City; State; Zip Code  
TX

Purpose of expenditure (See instructions regarding type of information required.)  
Fee for delegation membership expenses

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:  
12/04

2 FILER NAME  
Ms. Lora Livingston

3 ACCOUNT # (Ethics Commission filers)  
00037566

4 Date  
01/22/2002

5 Payee name  
Barbara Rush

7 Amount  
(\$)  
3120.00

6 Payee address; City; State; Zip Code  
1801 Palmwood Cove  
Austin TX 78757

8 Purpose of expenditure (See instructions regarding type of information required.)  
Campaign consultant

9 Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
05/20/2002

Payee name  
Sam Biscoe Special Projects

Amount  
(\$)  
25.00

Payee address; City; State; Zip Code  
314 W. 11th St., Suite 510  
Austin TX 78702

Purpose of expenditure (See instructions regarding type of information required.)  
Contribution - sponsorship Juneteenth

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
01/18/2002

Payee name  
South Austin Democrats

Amount  
(\$)  
10.00

Payee address; City; State; Zip Code  
TX

Purpose of expenditure (See instructions regarding type of information required.)  
Dues

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
06/11/2002

Payee name  
Texas Association of District Judges

Amount  
(\$)  
10.00

Payee address; City; State; Zip Code  
TX

Purpose of expenditure (See instructions regarding type of information required.)  
Dues

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:  
13/14

2 FILER NAME  
Ms. Lora Livingston

3 ACCOUNT # (Ethics Commission filers)  
00037566

4 Date  
03/12/2002

5 Payee name  
Texas Center for the Judiciary, Inc.

7 Amount  
(\$)  
100.00

6 Payee address; City; State; Zip Code  
1414 Colorado, Suite 502  
Austin TX 78701

8 Purpose of expenditure (See instructions regarding type of information required.)  
Contribution

9 Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name  
Office sought Office held

Date  
03/29/2002

Payee name  
Texas Dollars for Democrats

Amount  
(\$)  
100.00

Payee address; City; State; Zip Code  
TX

Purpose of expenditure (See instructions regarding type of information required.)  
Contribution

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name  
Office sought Office held

Date  
04/18/2002

Payee name  
The Texas Supreme Court Historical Society

Amount  
(\$)  
120.00

Payee address; City; State; Zip Code  
205 W. 14th  
Austin TX 78701

Purpose of expenditure (See instructions regarding type of information required.)  
Contribution - banquet

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name  
Office sought Office held

Date  
04/04/2002

Payee name  
Thurgood Marshall Legal Society

Amount  
(\$)  
100.00

Payee address; City; State; Zip Code  
TX

Purpose of expenditure (See instructions regarding type of information required.)  
Contribution - banquet

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name  
Office sought Office held

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:  
14/14

2 FILER NAME  
Ms. Lora Livingston

3 ACCOUNT # (Ethics Commission filers)  
00037566

4 Date  
04/12/2002

5 Payee name  
Travis County Bar Association

7 Amount  
(\$)  
46.00

6 Payee address; City; State; Zip Code  
700 Lavaca  
Austin TX 78701

8 Purpose of expenditure (See instructions regarding type of information required.)  
Contribution - Law Day luncheon

9 Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
05/13/2002

Payee name  
Travis County Women Lawyers Association

Amount  
(\$)  
70.00

Payee address; City; State; Zip Code  
P.O. Box 684683  
Austin TX 78768

Purpose of expenditure (See instructions regarding type of information required.)  
Contribution - Award luncheon

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
04/19/2002

Payee name  
Volunteer Legal Services

Amount  
(\$)  
150.00

Payee address; City; State; Zip Code  
700 Lavaca  
Austin TX 78701

Purpose of expenditure (See instructions regarding type of information required.)  
Contribution - volunteer appreciation event

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held