

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

5207

See backside for instructions

1 ACCOUNT # 00037566	2 Total pages filed: 17
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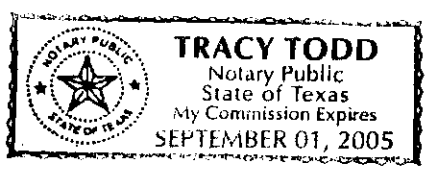
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	
		Lora		Date Received
		Livingston		Date Hand-delivered or Date E-mailed

4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Run-off	<input type="checkbox"/> Other (specify)
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	

5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	01	01	2002	THROUGH	06	30
	Date Processed					
	Date Imaged					

6 EXPLANATION OF CORRECTION	The wrong form was used on the original filing report. Received notification from TEC to refile report using correct form.
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7 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

Loet J. Livingston
Signature of Candidate or Officeholder

Sworn to and subscribed before me by Loet J. Livingston this the 31 day of July, 2002

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

Tracy Todd
Signature of officer administering oath

Tracy Todd
Printed name of officer administering oath

Notary Public
Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

A filer who submits a corrected report after the filing deadline for the report is subject to a late fine if there was a material error in the original report. Nonetheless, the Ethics Commission will not impose a late fine on a filer who submits a corrected report (other than one correcting a report due 8 days before an election) if the filer completes this form and signs the "good-faith" affidavit.

CORRECTED REPORT DOES NOT EXCUSE A FINE FOR A LATE "8-DAY" REPORT.
Completing this form does not allow you to avoid a late fine in connection with a report due 8 days before an election. The fine for a late "8-day" report is \$100 for each day the report is late (up to a maximum \$10,000 fine). The Ethics Commission must consider each request for a waiver of a fine for a late "8-day" report individually.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Account #.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you an account number. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any pages of the campaign finance report form that have changed and clearly indicate what information has changed. Explain why there was an error on the original report. (Use additional pages if you need more space.)
- 7. Affidavit.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.



JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission filers)
00037566

2 Total pages this report:
1/15

**3 CANDIDATE /
OFFICEHOLDER
NAME**

TITLE	FIRST	MI
	Lora	
NICKNAME	LAST	SUFFIX
	Livingston	

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

**4 CANDIDATE /
OFFICEHOLDER
ADDRESS**

ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
P.O. Box 2063				
<input type="checkbox"/> Change of Address Austin TX 78768				

**5 CAMPAIGN
TREASURER
NAME**

TITLE	FIRST	MI
	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

<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
01/01/2002		06/30/2002

10 ELECTION

ELECTION DATE	ELECTION TYPE
Month / Day / Year	
03/12/2002	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special

11 OFFICE
OFFICE HELD (if any)
District Judge 261
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

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

15 ACCOUNT # (Ethics Commission filers)
00037566

16 NOTICE FROM POLITICAL COMMITTEE(S)

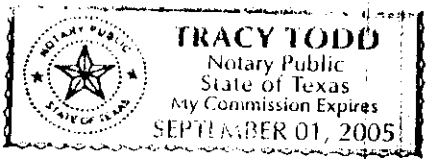
** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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)	\$ 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 31 day of July, 2002, 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 (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:

3/15

2 FILER NAME

Lora Livingston

3 ACCOUNT # (Ethics Commission filers)

00037566

4 Date

02/06/2002

5 Full name of contributor

Akin & Almanza, L.L.P.

out-of-state PAC(ID#.....)

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 Contributor's principal occupation
Law firm

10 Contributor's job title

11 Contributor's employer/law firm
Akin & Almanza, L.L.P.

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

06/20/2002

Full name of contributor

Brothers & Thomas, L.L.P.

out-of-state PAC(ID#.....)

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)

Contributor's principal occupation
Law firm

Contributor's job title

Contributor's employer/law firm
Brothers & Thomas, L.L.P.

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

04/16/2002

Full name of contributor

Ms. Janet Hamilton

out-of-state PAC(ID#.....)

Contributor address; City; State; Zip Code

2114 Indian Trail

Austin TX 78703

Amount of contribution (\$)

100.00

In-kind contribution description(if applicable)

Contributor's principal occupation
Attorney

Contributor's job title

Contributor's employer/law firm
Akin Gump Haver & Feld

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 4/15	
2 FILER NAME Lora Livingston		3 ACCOUNT # (Ethics Commission filers) 00037566	
4 Date 03/29/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. William Kuykendall	7 Amount of contribution (\$) 250.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 106 E. 6th St., Suite 900 Austin TX 78701			
9 Contributor's principal occupation Attorney		10 Contributor's job title	
11 Contributor's employer/law firm Law office of William 'Kirk' Kuyken -		12 Law firm of contributor's spouse (if any)	
13 if Contributor is a child, law firm of parent(s) (if any)			
Date 04/16/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Larry Laden	Amount of contribution (\$) 250.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 111 Congress, Suite 1080 Austin TX 78701			
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 02/06/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Susan Morrison	Amount of contribution (\$) 25.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 400 W. 15th St., Suite 304 Austin TX 78701			
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Law office of Susan G. Morrison		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 5/15	
2 FILER NAME Lora Livingston		3 ACCOUNT # (Ethics Commission filers) 00037566	
4 Date 02/06/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Richard Pena	7 Amount of contribution (\$) 100.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 2028 E. Ben White Blvd., Suite 220 Austin TX 78741			
9 Contributor's principal occupation Attorney		10 Contributor's job title	
11 Contributor's employer/law firm Law firm of Richard Pena, P.C.		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 02/06/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rash Chapman Schreiber & Porter, L.L.P.	Amount of contribution (\$) 250.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 2112 Rio Grande Austin TX 78705			
Contributor's principal occupation Law firm		Contributor's job title	
Contributor's employer/law firm Rash Chapman Schreiber & Porter -		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 02/06/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Scanlan, Buckle & Young, P.C.	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 602 W. 11th St. Austin TX 78701			
Contributor's principal occupation Law firm		Contributor's job title	
Contributor's employer/law firm Scanlan Buckle & Young, P.C.		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 6/15	
2 FILER NAME Lora Livingston		3 ACCOUNT # (Ethics Commission filers) 00037566	
4 Date 02/06/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#) Mr. William Storie	7 Amount of contribution (\$) 25.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 1701 Lime Rock Dr. Round Rock TX 78681			
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 02/06/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#) Ms. Susan Zachos	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 2121 Melridge Place Austin TX 78704			
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Kelly Hart & Hallman		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**POLITICAL
EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report
7/15

2 FILER NAME

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

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
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**POLITICAL
EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:

8/15

2 FILER NAME

Lora Livingston

3 ACCOUNT # (Ethics Commission filers)

00037566

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:
9/15

2 FILER NAME

Lora Livingston

3 ACCOUNT # (Ethics Commission filers)
00037566

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 phone9 .. 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

06/21/2002

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:

10/15

2 FILER NAME

Lora Livingston

3 ACCOUNT # (Ethics Commission filers)

00037566

4 Date

03/29/2002

5 Payee name

Girl Scout Lone Star Council

6 Payee address; City; State; Zip Code

2110 Westover Rd.

Austin TX 78703

7

Amount
(\$)

100.00

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.

Payee address; City; State; Zip Code

P.O. Box 2063

Austin TX 78768

Amount
(\$)

187.36

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

Payee address; City; State; Zip Code

100 W. 26th

Austin TX 78705

Amount
(\$)

100.00

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

Payee address; City; State; Zip Code

P.O. Box 6059

Austin TX 78762

Amount
(\$)

50.00

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

Contribution for 2002 Beautifillion & 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:

11/15

2 FILER NAME

Lora Livingston

3 ACCOUNT # (Ethics Commission filers)

00037566

4 Date

06/11/2002

5 Payee name

Judicial Section, State Bar of Texas

7Amount
(\$)

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:
12/15

2 FILER NAME
Lora Livingston

3 ACCOUNT # (Ethics Commission filers)
00037566

4 Date 04/02/2002	5 Payee name McBee Systems, Inc. 6 Payee address; City; State; Zip Code 301 Grove Rd. Thorofare NJ 08086	7 Amount (\$) 111.03
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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
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Date 01/18/2002	Payee name National Association for Women Judges Payee address; City; State; Zip Code 300 Newport Ave. P.O. Box 8798 Williamsburg VA 23187-1841	Amount (\$) 175.00
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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
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Date 03/20/2002	Payee name National Bar Association Payee address; City; State; Zip Code 1225 11th St., N.W. Washington DC 20001	Amount (\$) 300.00
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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
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Date 06/25/2002	Payee name People to People Ambassador Program Payee address; City; State; Zip Code TX	Amount (\$) 3750.00
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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
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**POLITICAL
EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 13/15
2 FILER NAME Lora Livingston		3 ACCOUNT # (Ethics Commission filers) 00037566
4 Date 01/22/2002	5 Payee name Ms. Barbara Rush 6 Payee address; City; State; Zip Code 1801 Palmwood Cove Austin TX 78757	7 Amount (\$) 3120.00
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 Payee address; City; State; Zip Code 314 W. 11th St., Suite 510 Austin TX 78702	Amount (\$) 25.00
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 Payee address; City; State; Zip Code TX	Amount (\$) 10.00
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 Payee address; City; State; Zip Code TX	Amount (\$) 10.00
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:

14/15

2 FILER NAME

Lora Livingston

3 ACCOUNT # (Ethics Commission filers)

00037566

4 Date	5 Payee name	7 Amount (\$)
03/12/2002	Texas Center for the Judiciary, Inc.	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.)
Contribution9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
03/29/2002	Texas Dollars for Democrats	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	Payee name	Amount (\$)
04/18/2002	The Texas Supreme Court Historical Society	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	Payee name	Amount (\$)
04/04/2002	Thurgood Marshall Legal Society	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:
15/15

2 FILER NAME

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