

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5286

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: 1/8. 03/15/02 11 PM 2:12			
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY		
	Lora					
NICKNAME	LAST	SUFFIX				
Livingston						
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:		APT / SUITE #:	CITY:	STATE:	ZIP CODE
	P.O. Box 2063					
Austin TX 78768				Date Hand-delivered or Date Postmarked		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Receipt #	Amount	
	Thomas					
NICKNAME	LAST	SUFFIX		Date Processed		
Watkins				Date Imaged		
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 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			
07/01/2002				12/31/2002		
10 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month / Day / Year	11/05/2002		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General
11 OFFICE	OFFICE HELD (if any) District Judge 261		12 OFFICE SOUGHT (if known) District Judge 261			
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	... 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					

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME
Lora Livingston

15 ACCOUNT # (Ethics Commission filers)
00037566

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes 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

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 50.00

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

EXPENDITURE TOTALS

4. TOTAL POLITICAL EXPENDITURES \$ 4187.91

OUTSTANDING LOAN TOTALS

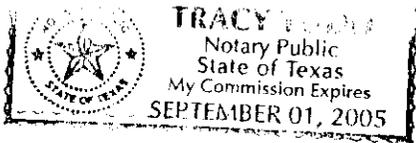
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

CONTRIBUTION BALANCE

6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 40754.99

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

Sworn to and subscribed before me by Lora J. Livingston this the 14th day of January, 2003, to certify which, witness my hand and seal of office.

Tracy Todd
Signature

Tracy Todd
Printed Name

Notary
Title

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 3/8	
2 FILER NAME Lora Livingston		3 ACCOUNT # (Ethics Commission filers) 00037566	
4 Date 11/21/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#.....) Vinson & Elkins	7 Amount of contribution (\$) 50.00	8 In-kind contribution description(if applicable) Ticket to Texas Apples - eed Tribute Dinner
6 Contributor address; City; State; Zip Code 2801 Via Fortuna Austin TX 78746			
9 Contributor's principal occupation Law firm		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)

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 4/8
2 FILER NAME Lora Livingston		3 ACCOUNT # (Ethics Commission filers) 00037566
4 Date 10/03/2002	5 Payee name AYLA Foundation 6 Payee address: City; State; Zip Code 700 Lavaca Austin TX 78701	7 Amount (\$) 50.00
8 Purpose of expenditure (See instructions regarding type of information required.) Contribution - Bar & Grill ad		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 10/28/2002	Payee name AYLA Foundation Payee address: City; State; Zip Code 700 Lavaca Austin TX 78701	Amount (\$) 60.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution - 2 tickets to Bar & Grill		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 09/06/2002	Payee name Austin AFL-CIO Council Payee address: City; State; Zip Code P.O. Box 684644 Austin TX 78768	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution - Ad		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 10/28/2002	Payee name Brenda Kennedy,for The Austin Chapter of The Links,Inc. Payee address: City; State; Zip Code 4925 Trail West Dr. Austin TX 78735	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) The Austin Chapter of The Links,Inc.,contribution		.. 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: 5/8
2 FILER NAME Lora Livingston		3 ACCOUNT # (Ethics Commission filers) 00037566
4 Date 10/16/2002	5 Payee name Century Travel 6 Payee address; City; State; Zip Code 3267 Bee Caves Rd. Austin TX 78746	7 Amount (\$) 299.50
8 Purpose of expenditure (See instructions regarding type of information required.) Flight cost to and from Miami for Cuba trip		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 08/01/2002	Payee name Cingular Wireless Payee address; City; State; Zip Code P.O. Box 4460 Houston TX 77097-0082	Amount (\$) 39.34
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 09/13/2002	Payee name Cingular Wireless Payee address; City; State; Zip Code P.O. Box 4460 Houston TX 77097-0082	Amount (\$) 39.34
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 10/16/2002	Payee name Cingular Wireless Payee address; City; State; Zip Code P.O. Box 4460 Houston TX 77097-0082	Amount (\$) 38.45
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:
6/8**2** FILER NAME

Lora Livingston

3 ACCOUNT # (Ethics Commission filers)
00037566**4** Date

11/04/2002

5 Payee name

Cingular Wireless

6 Payee address; City; State; Zip Code

P.O. Box 4460

Houston TX 77097-0082

7Amount
(\$)

43.16

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

12/03/2002

Payee name

Cingular Wireless

Payee address; City; State; Zip Code

P.O. Box 4460

Houston TX 77097-0082

Amount
(\$)

37.84

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

12/30/2002

Payee name

Cingular Wireless

Payee address; City; State; Zip Code

P.O. Box 4460

Houston TX 77097-0082

Amount
(\$)

45.28

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

09/04/2002

Payee name

Disability Assistance of Central Texas

Payee address; City; State; Zip Code

9027 Northgate, Suite 108

Austin TX 78758

Amount
(\$)

100.00

Purpose of expenditure (See instructions regarding type of information required.)
Contribution - Celebration 2002.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

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

The I NSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 7/8
2 FILER NAME Lora Livingston		3 ACCOUNT # (Ethics Commission filers) 00037566
4 Date 09/04/2002	5 Payee name Hispanic Bar Association 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 100.00
8 Purpose of expenditure (See instructions regarding type of information required.) Contribution for Heritage luncheon		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 07/23/2002	Payee name Leadership Austin Payee address; City; State; Zip Code P.O. Box 1967 Austin TX 78767	Amount (\$) 125.00
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 11/05/2002	Payee name National Bar Institute Payee address; City; State; Zip Code 1225 11th St.,N.W. Washington DC 20001	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) Advocate contribution - Awards Gala		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 09/06/2002	Payee name People to People Ambassador Program Payee address; City; State; Zip Code 110 South Ferrall St. Spokane WA 99202	Amount (\$) 245.00
Purpose of expenditure (See instructions regarding type of information required.) Balance due on travel to Cuba		.. 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: 8/8
2 FILER NAME Lora Livingston		3 ACCOUNT # (Ethics Commission filers) 00037566
4 Date 08/07/2002	5 Payee name The American Stroke Association 6 Payee address; City; State; Zip Code 4620 William Cannon #24 Austin TX 78749	7 Amount (\$) 25.00
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 11/25/2002	Payee name Travis County Bar Association Payee address; City; State; Zip Code 700 Lavaca Austin TX 78701	Amount (\$) 40.00
Purpose of expenditure (See instructions regarding type of information required.) Section dues		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 10/02/2002	Payee name Travis County Democratic Party Payee address; City; State; Zip Code 1949 S. IH35 Austin TX 78741	Amount (\$) 2500.00
Purpose of expenditure (See instructions regarding type of information required.) GOTV Campaign 2002		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 11/25/2002	Payee name Volunteer Legal Services Payee address; City; State; Zip Code 700 Lavaca Austin TX 78701	Amount (\$) 100.00
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