

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME
Lora Livingston

15 ACCOUNT # (Ethics Commission files)
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. ..

<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)	\$ 0.00
3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
4.	TOTAL POLITICAL EXPENDITURES	\$ 2577.50
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 21,520.78
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

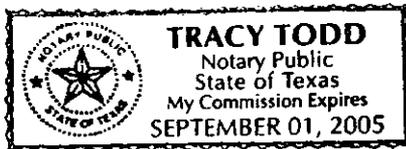
EXPENDITURE TOTALS

OUTSTANDING LOAN TOTALS

CONTRIBUTION BALANCE

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 13 day of January, 2005, 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 EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 3/6
2 FILER NAME Lora Livingston		3 ACCOUNT # (Ethics Commission filers) 00037566
4 Date 07/06/2004	5 Payee name American Bar Association 6 Payee address; City; State; Zip Code 541 North Fairbanks Court Chicago IL 60611	7 Amount (\$) 442.50
8 Purpose of expenditure (See instructions regarding type of information required.) 2004-2005 Dues		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 07/12/2004	Payee name Austin AFL-CIO Council Payee address; City; State; Zip Code P.O. Box 684644 Austin TX 78768	Amount (\$) 115.00
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 10/05/2004	Payee name Austin Chapter of The Links, Inc. Payee address; City; State; Zip Code TX	Amount (\$) 60.00
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
Date 07/12/2004	Payee name Austin Tejano Democrats Payee address; City; State; Zip Code 373 Tobin Drive Buda TX 78610	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

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 4/6
2 FILER NAME Lora Livingston		3 ACCOUNT # (Ethics Commission filers) 00037566
4 Date 11/12/2004	5 Payee name Disability Assistance of Central Texas 6 Payee address; City; State; Zip Code 9027 Northgate, Suite 108 Austin TX 78758	7 Amount (\$) 50.00
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 07/06/2004	Payee name Girl Scout Lone Star Council Payee address; City; State; Zip Code 2110 Westover Rd. Austin TX 78703	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
Date 07/06/2004	Payee name James L. Arth IOLTA Account Payee address; City; State; Zip Code c/o 4806 Pawnee Pathway Austin TX 78745	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution for memorial for Barbara White		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 08/04/2004	Payee name Judicial Section, State Bar of Texas Payee address; City; State; Zip Code 1414 Colorado 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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
5/6

2 FILER NAME

Lora Livingston

3 ACCOUNT # (Ethics Commission files)
00037566

4 Date	5 Payee name	7 Amount (\$)
10/18/2004	Leadership Austin 6 Payee address; City; State; Zip Code P.O. Box 1967 Austin TX 78767	100.00

8 Purpose of expenditure (See instructions regarding type of information required.) 2004 dues - Trustee membership	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
10/21/2004	National Bar Institute Payee address; City; State; Zip Code 1225 11th St.,N.W. Washington DC 20001	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
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Date	Payee name	Amount (\$)
07/06/2004	South Austin Democrats Payee address; City; State; Zip Code P.O. Box 152592 Austin TX 78715	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
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Date	Payee name	Amount (\$)
09/29/2004	South Austin Democrats Payee address; City; State; Zip Code P.O. Box 152592 Austin TX 78715	50.00

Purpose of expenditure (See instructions regarding type of information required.) Contribution - Yellow Dog event	.. 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:
6/6

2 FILER NAME

Lora Livingston

3 ACCOUNT # (Ethics Commission filers)

00037566

4 Date

09/17/2004

5 Payee name

Travis County Democratic Party

6 Payee address; City; State; Zip Code

4201 S. Congress, Suite 302

Austin TX 78745

7

Amount (\$)

1000.00

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

07/06/2004

Payee name

YMCA of Austin - Partner of Youth Campaign

Payee address; City; State; Zip Code

1100 West Cesar Chavez

Austin TX 78703

Amount (\$)

250.00

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