

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6013

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 PAGE #  
1 of 5

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Ms. 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  
MAILING  
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
111 Congress Avenue, Suite 1400  
Austin, TX 78701

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Mr. Thomas H.  
NICKNAME LAST SUFFIX  
Watkins

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
111 Congress Avenue, Suite 1400  
Austin, TX 78701

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 703-5765

9 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)

10 PERIOD  
COVERED

Month Day Year THROUGH Month Day Year  
01/01/2005 06/30/2005

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)  
District Judge District 261

13 OFFICE SOUGHT (if known)

14 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

15 C/OH NAME Livingston, Lora (Ms.)

16 ACCOUNT # (Ethics Commission filers)  
00037566

17 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

18 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 \$ 2,694.50

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 18,826.28

OUTSTANDING LOAN TOTALS

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

19 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 Livingston*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Lora Livingston*, this the 13<sup>th</sup> day of July, 2005, to certify which, witness my hand and seal of office.

*Laura Gomez*  
Signature of officer administering oath

Laura Gomez  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

*Judego*  
Revised 09/31/2003

# POLITICAL EXPENDITURES

# SCHEDULE F

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/3 Report: 3/5
<b>2</b> FILER NAME Livingston, Lora (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00037566
<b>4</b> Date  06/03/2005	<b>5</b> Payee name American Bar Association  ..... <b>6</b> Payee address; City; State; Zip Code 321 North Clark Street Chicago, IL 60610	<b>7</b> Amount (\$)  \$452.50
<b>8</b> Purpose of payment (See instructions regarding type of information required.) 2005 - 2006 Membership Dues		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/25/2005	Payee name Austin Area Urban League  ..... Payee address; City; State; Zip Code 1033 La Posada Drive, Suite 150 Austin, TX 78752-3829	Amount (\$)  \$72.00
Purpose of payment (See instructions regarding type of information required.) 1 ticket to 27th Annual Equal Opportunity Day Banquet		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/18/2005	Payee name Austin Women's Political Caucus  ..... Payee address; City; State; Zip Code P.O. Box 12383 Austin, TX 78711	Amount (\$)  \$65.00
Purpose of payment (See instructions regarding type of information required.) 2005 Membership Dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/17/2005	Payee name National Bar Association  ..... Payee address; City; State; Zip Code 1225 11th Street N.W. Washington, DC 20001-4217	Amount (\$)  \$300.00
Purpose of payment (See instructions regarding type of information required.) Judicial Counsel 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** PAGE #  
Schedule: 2/3 Report: 4/5**2** FILER NAME Livingston, Lora (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
00037566**4** Date**5** Payee name  
Newspapers in Education**7** Amount  
(\$)

06/22/2005

**6** Payee address; City; State; Zip CodeAustin American-Statesman  
P.O. Box 670  
Austin, TX 78767

\$250.00

**8** Purpose of payment (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

Payee name  
Texas Center for the JudiciaryAmount  
(\$)

01/07/2005

Payee address; City; State; Zip Code

1210 San Antonio, Suite 800  
Austin, TX 78701

\$55.00

Purpose of payment (See instructions regarding type of information required.)  
Regional Conference Fee\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

Payee name  
Texas Civil Rights ProjectAmount  
(\$)

01/19/2005

Payee address; City; State; Zip Code

1405 Montopolis  
Austin, TX 78741

\$250.00

Purpose of payment (See instructions regarding type of information required.)  
2 tickets to 14th Annual Bill of Rights Dinner\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

Payee name  
Travis County Democratic PartyAmount  
(\$)

05/17/2005

Payee address; City; State; Zip Code

P.O. Box 684263  
Austin, TX 78768

\$1,000.00

Purpose of payment (See instructions regarding type of information required.)  
Sponsorship for 6/9/05 Event\*\* 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** PAGE #  
Schedule: 3/3 Report: 5/5**2** FILER NAME Livingston, Lora (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
00037566**4** Date

05/17/2005

**5** Payee name  
YMCA of Austin**6** Payee address; City; State; Zip Code  
1100 W. Cesar Chavez Blvd.  
Austin, TX 78703**7** Amount  
(\$)

\$250.00

**8** Purpose of payment (See instructions regarding type of  
information required.)  
Contribution**9** \*\* Complete if direct expenditure to benefit C/OH \*\*  
Cand.date / Officeholder name:Office sought:  
Office held: