



# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

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

15 ACCOUNT # (Ethics Commission files)  
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

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) \$ 0.00

### EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 3,625.00

### CONTRIBUTION BALANCE

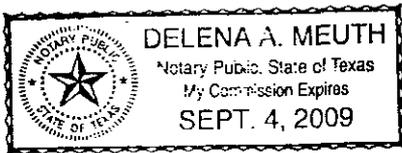
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 15,201.28

### 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 Livingston*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lora Livingston, this the 9th day of January, 2006, to certify which, witness my hand and seal of office.

*DeLena A. Meuth*  
Signature of officer administering oath

DeLena A. Meuth  
Print name of officer administering oath

*Paralegal*  
Title of officer administering oath

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 1/2 Report: 3/4

2 FILER NAME Livingston, Lora (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00037566

4 Date	5 Payee name	7 Amount (\$)
08/11/2005	Austin AFLCIO Council	\$115.00
	6 Payee address; City; State; Zip Code P.O. Box 87 Austin, TX 78767	

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:
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Date	Payee name	Amount (\$)
11/09/2005	Austin Young Lawyer's Association Foundation	\$60.00
	6 Payee address; City; State; Zip Code 816 Congress Avenue Suite 700 Austin, TX 78701	

Purpose of payment (See instructions regarding type of information required.) 2 Tickets to the Bar & Grill Event	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name	Amount (\$)
09/08/2005	Capital Area Food Bank	\$500.00
	6 Payee address; City; State; Zip Code 8201 South Congress Avenue Austin, TX 78745	

Purpose of payment (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 (\$)
08/11/2005	Communities in Schools - Central Texas, Inc.	\$250.00
	6 Payee address; City; State; Zip Code 3000 South IH-35 Suite 200 Austin, TX 78704	

Purpose of payment (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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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 2/2 Report: 4/4

**2** FILER NAME Livingston, Lora (Ms.)

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

<b>4</b> Date	<b>5</b> Payee name Hispanic Bar Association Foundation	<b>7</b> Amount (\$)
09/16/2005	<b>6</b> Payee address; City; State; Zip Code 816 Congress Avenue Suite 700 Austin, TX 78701	\$100.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Ticket to Hispanic Heritage Luncheon	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name South Austin Democrats	Amount (\$)
10/03/2005	Payee address; City; State; Zip Code P.O. Box 152592 Austin, TX 78715-2592	\$100.00

Purpose of payment (See instructions regarding type of information required.) Sponsor for 2005 Yeller Dawg Event	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Texas Center for the Judiciary	Amount (\$)
09/16/2005	Payee address; City; State; Zip Code 1210 San Antonio Suite 800 Austin, TX 78701	\$1,000.00

Purpose of payment (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 Travis County Democratic Party	Amount (\$)
12/06/2005	Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768	\$1,500.00

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