



Texas Ethics Commission P.O. Box 12070 Austin, Texas 75711-2070 (512)463-5800 1-800-325-8506

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS** **FORM JC/OH COVER SHEET PG 2**

14 C/OH NAME Livingston, Lora (Ms.) 15 ACCOUNT # (Ethics Commission File #) 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. ...

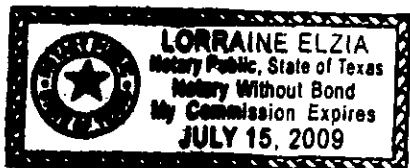
<input type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)	\$	150.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	2,454.25
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	12,897.03
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 LIVINGSTON this the 12<sup>th</sup> day of July, 2006, to certify which, witness my hand and seal of office.

*Lorraine Elzia* LORRAINE ELZIA NOTARY  
Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

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<b>POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)</b>				<b>SCHEDULE A (J)</b>	
The INSTRUCTION Guide explains how to complete this form.			1 PAGE # Schedule: 1/1 Report: 3/11		
2 FILER NAME Livingston, Lora (Ms.)		3 ACCOUNT # (Ethics Commission file#) 00037566			
4 Date  05/23/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#) Graves Dougherty Hearon & Moody		7 Amount of contribution (\$)  \$150.00		
6 Contributor address; City; State; Zip Code 401 Congress Avenue Suite 2200 Austin, TX 78701			8 Contributor's principal occupation		
10 Contributor's employer/law firm Graves Dougherty Hearon & Moody			9 Contributor's job title		
11 Law firm of contributor's spouse (if any)			12 If contributor is a child, law firm of parent(s) (if any)		
13 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.		14 In-kind description (if applicable) Dinner Ticket to Leadership Austin Event			
15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
16 Departure city / location		17 Departure date	18 Destination city / location		19 Arrival date
20 Means of transportation			21 Purpose of travel		

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

<b>POLITICAL EXPENDITURES</b>				<b>SCHEDULE F</b>	
The instruction Guide explains how to complete this form.				<b>1</b> PAGE # Schedule: 1/8 Report: 4/11	
<b>2</b> FILER NAME Livingston, Lora (Ms.)				<b>3</b> ACCOUNT # (Ethics Commission filers) 00037566	
<b>4</b> Date	<b>5</b> Payee name Alpha Kappa Sigma Alumnae Chapter	<b>6</b> Payee address; City; State; Zip Code P.O. Box 143674 Austin, TX 78714-3674		<b>7</b> Amount (\$)  \$100.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Political Advertisement  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)				<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
<b>11</b> Departure city / location		<b>12</b> Departure date	<b>13</b> Destination city / location		<b>14</b> Arrival date
<b>15</b> Means of transportation			<b>16</b> Purpose of travel		
<b>4</b> Date	<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 (\$)  \$100.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) ABA Spirit of Excellence Awards Luncheon  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)				<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
<b>11</b> Departure city / location		<b>12</b> Departure date	<b>13</b> Destination city / location		<b>14</b> Arrival date
<b>15</b> Means of transportation			<b>16</b> Purpose of travel:		

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<b>POLITICAL EXPENDITURES</b>				<b>SCHEDULE F</b>
The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 2/8 Report: 5/11	
2 FILER NAME Livingston, Lora (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00037566	
4 Date	5 Payee name American Bar Association	7 Amount (\$)		
06/09/2006	6 Payee address; City; State; Zip Code 321 North Clark Street Chicago, IL 60610	\$489.25		
8 Purpose of payment (See Instructions regarding type of information required.) Membership Dues		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:		
<input type="checkbox"/> Payment for travel outside Texas (complete boxes 13-16)		Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)				
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date	
15 Means of transportation		16 Purpose of travel		
4 Date	5 Payee name Austin Bar Association	7 Amount (\$)		
05/23/2006	6 Payee address; City; State; Zip Code 816 Congress Avenue Suite 700 Austin, TX 78701	\$100.00		
8 Purpose of payment (See Instructions regarding type of information required.) Contribution - Law Day Awards for Students		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:		
<input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)				
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date	
15 Means of transportation		16 Purpose of travel		

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<b>POLITICAL EXPENDITURES</b>				<b>SCHEDULE F</b>
The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 3/8 Report: 6/11	
2 FILER NAME Livingston, Lora (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00037566	
4 Date	5 Payee name Austin Black Lawyers Association	7 Amount (\$)		
03/27/2006	6 Payee address; City; State; Zip Code P.O. Box 13321 Austin, TX 78711-3321	\$100.00		
8 Purpose of payment (See instructions regarding type of information required.) Golf Tournament Sponsorship		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:		
<input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)				
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)				
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date	
15 Means of transportation		16 Purpose of travel		
4 Date	5 Payee name Girl Scouts - Lone Star Council	7 Amount (\$)		
04/01/2006	6 Payee address; City; State; Zip Code 12012 Park Thirty-Five Circle Austin, TX 78753	\$250.00		
8 Purpose of payment (See instructions regarding type of information required.) 2006 Women of Distinction		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:		
<input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)				
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)				
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date	
15 Means of transportation		16 Purpose of travel		

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/8 Report: 7/11	
2 FILER NAME Livingston, Lora (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00037566	
4 Date 03/27/2006	5 Payee name International Hospitality Council of Austin  6 Payee address: City: State: Zip Code 210 Barton Springs Road Suite 400 Austin, TX 78704	7 Amount (\$)  \$150.00	
8 Purpose of payment (See instructions regarding type of information required.) 5th Annual International Consular Ball  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 03/27/2006	5 Payee name Jack and Jill of America, Inc. - Austin Chapter  6 Payee address: City: State: Zip Code 7300 Covered Bridge Drive Austin, TX 78736	7 Amount (\$)  \$50.00	
8 Purpose of payment (See instructions regarding type of information required.) 2006 Biennial Beautification - Souvenir Journal Advertisement  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

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<b>POLITICAL EXPENDITURES</b>				<b>SCHEDULE F</b>	
The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 5/8 Report: 8/11		
2 FILER NAME Livingston, Lora (Ms.)			3 ACCOUNT # (Ethics Commission files) 00037566		
4 Date	5 Payee name Jack and Jill of America, Inc. - Austin Chapter	7 Amount (\$)			
05/11/2006	6 Payee address; City; State; Zip Code 7300 Covered Bridge Drive Austin, TX 78736	\$120.00			
8 Purpose of payment (See instructions regarding type of information required.) Ticket to 2006 Biennial Beautification  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		
4 Date	5 Payee name Leadership Austin	7 Amount (\$)			
03/27/2006	6 Payee address; City; State; Zip Code 1609 Shoal Creek Boulevard Suite 202 Austin, TX 78702	\$100.00			
8 Purpose of payment (See instructions regarding type of information required.) Membership dues  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		



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<b>POLITICAL EXPENDITURES</b>				<b>SCHEDULE F</b>	
The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 6/8 Report: 9/11		
2 FILER NAME Livingston, Lora (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00037566		
4 Date	5 Payee name National Bar Association	7 Amount (\$)			
05/24/2006	6 Payee address: City: State; Zip Code 1225 11th Street N.W. Washington, DC 20001-4217	\$300.00			
8 Purpose of payment (See instructions regarding type of information required.) Membership Dues  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		
4 Date	5 Payee name State Bar of Texas	7 Amount (\$)			
05/11/2006	6 Payee address: City: State; Zip Code P.O. Box 12487 Austin, TX 78711	\$190.00			
8 Purpose of payment (See instructions regarding type of information required.) Membership Dues and ATJ Contribution  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel:		

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<b>POLITICAL EXPENDITURES</b>				<b>SCHEDULE F</b>
The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 7/8 Report: 10/11	
2 FILER NAME Livingston, Lora (Ms.)			3 ACCOUNT # (Ethics Commission Files) 00037566	
4 Date 03/27/2006	5 Payee name Texas Center for the Judiciary  6 Payee address: City: State: Zip Code 1210 San Antonio Suite 800 Austin, TX 78701	7 Amount (\$)  \$105.00		
8 Purpose of payment (See instructions regarding type of information required.) Registration Fee - 2006 Texas College for Judicial Studies  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)				
11 Departure city / location		12 Departure date	13 Destination city / location	
14 Arrival date		15 Means of transportation		
16 Purpose of travel				
4 Date 01/20/2006	5 Payee name Travis County Democratic Party  6 Payee address: City: State: Zip Code P.O. Box 684263 Austin, TX 78768	7 Amount (\$)  \$250.00		
8 Purpose of payment (See instructions regarding type of information required.) Filing Date Dinner  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)				
11 Departure city / location		12 Departure date	13 Destination city / location	
14 Arrival date		15 Means of transportation		
16 Purpose of travel				

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<b>POLITICAL EXPENDITURES</b>				<b>SCHEDULE F</b>
The <b>INSTRUCTION GUIDE</b> explains how to complete this form.			1 PAGE # Schedule: 8/8 Report: 11/11	
2 FILER NAME Livingston, Lora (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00037566	
4 Date  05/24/2006	5 Payee name Travis County Women Lawyer's Foundation  6 Payee address; City; State; Zip Code P.O. Box 1386 Austin, TX 78767	7 Amount (\$)  \$50.00		
8 Purpose of payment (See instructions regarding type of information required.) Ticket to 2006 Annual Awards Luncheon and Charity Raffle  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)				
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date	
15 Means of transportation			16 Purpose of travel	