

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

6432

**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 7

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

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 CAMPAIGN
TREASURER
NAME

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

Date Processed
Date Imaged

6 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

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 703-5765

8 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)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
07/01/2006 12/31/2006

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)
District Judge District 261

12 OFFICE SOUGHT (if known)

13 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**

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

15 ACCOUNT # (Ethics Commission Users)
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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	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) \$ 250.00

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 3,047.50

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 10,099.53

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 J. Livingston*, this the 12th day of January, 2007, 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

Judicial Arch
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 3/7	
2 FILER NAME Livingston, Lora (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00037566	
4 Date 09/25/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hendler, Scott (Mr.) 6 Contributor address; City; State; Zip Code 816 Congress Avenue Suite 1230 Austin, TX 78701-2671	7 Amount of contribution (\$) \$250.00	
8 Contributor's principal occupation		9 Contributor's job title Attorney	
10 Contributor's employer/law firm Hendler Law, P.C.		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) In-Kind Contribution: One ticket to the Planned Parenthood Event at the Austin Hilton	
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	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/4 Report: 4/7

2 FILER NAME Livingston, Lora (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00037566

4 Date 10/02/2006	5 Payee name American Constitution Society for Law and Policy 6 Payee address; City; State; Zip Code 1333 H Street, NW 11th Floor Washington, DC 20005	7 Amount ($\$$) \$25.00
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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:
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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 08/23/2006	5 Payee name Austin AFLCIO Council 6 Payee address; City; State; Zip Code P.O. Box 87 Austin, TX 78767	7 Amount ($\$$) \$115.00
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8 Purpose of payment (See instructions regarding type of information required.) Ad in Labor Day Program <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:
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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	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/4 Report: 5/7	
2 FILER NAME Livingston, Lora (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00037566	
4 Date 10/02/2006	5 Payee name Austin Black Lawyers Association 6 Payee address: City: State: Zip Code P.O. Box 13321 Austin, TX 78711-3321	7 Amount (\$) \$100.00	
8 Purpose of payment (See instructions regarding type of information required.) New Lawyer Reception <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 08/28/2006	5 Payee name Austin Chapter of Links, Inc. 6 Payee address: City: State: Zip Code 4925 Trail West Drive Austin, TX 78735	7 Amount (\$) \$70.00	
8 Purpose of payment (See instructions regarding type of information required.) Fundraiser <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	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/4 Report: 6/7	
2 FILER NAME Livingston, Lora (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00037566	
4 Date 08/28/2006	5 Payee name Austin Young Lawyer's Association Foundation 6 Payee address; City; State; Zip Code 816 Congress Avenue Suite 700 Austin, TX 78701	7 Amount (S) \$37.50	
8 Purpose of payment (See instructions regarding type of information required.) Bar & Grill Ad <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 10/02/2006	5 Payee name Hispanic Bar Association Foundation 6 Payee address; City; State; Zip Code 816 Congress Avenue Suite 700 Austin, TX 78701	7 Amount (S) \$100.00	
8 Purpose of payment (See instructions regarding type of information required.) Ticket to Hispanic Heritage Luncheon <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	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/4 Report: 7/7

2 FILER NAME Livingston, Lora (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00037566

4 Date

08/28/2006

5 Payee name
Leadership Austin

6 Payee address; City; State; Zip Code
.....
1609 Shoal Creek Boulevard
Suite 202
Austin, TX 78702

7 Amount (\$)

\$100.00

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:

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

4 Date

07/03/2006

5 Payee name
Travis County Democratic Party

6 Payee address; City; State; Zip Code
.....
P.O. Box 684263
Austin, TX 78768

7 Amount (\$)

\$2,500.00

8 Purpose of payment
(See instructions regarding type of information required.)
Contribution

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

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