

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6683

FORM JC/OH
COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission file's)
00037566

2 PAGE #
1 of 6

FILED FOR RECORD
 2007 JAN 15 PM 2:5
 TRAVIS COUNTY CLERK
 TRAVIS COUNTY TEXAS

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Ms. FIRST: Lora MI: _____ NICKNAME: _____ LAST: Livingston SUFFIX: _____	OFFICE USE ONLY Date Received: _____ Date Hand-delivered or Date Postmarked: _____
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 111 Congress Avenue, Suite 1400 Austin, TX 78701	Receipt # Amount _____ _____ Date Processed _____ Date Imaged _____
5 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: Thomas H. MI: _____ NICKNAME: _____ LAST: Watkins SUFFIX: _____	
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	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)	
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2007 12/31/2007	
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> 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 <input type="checkbox"/> additional pages	... 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	

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 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

\$ 3,119.81

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

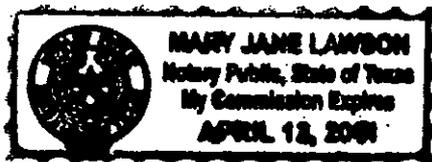
\$ 6,484.72

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 15th day of January, 20 08, to certify which, witness my hand and seal of office.

Mary Jane Lawson
Signature of officer administering oath

Mary Jane Lawson
Print name of officer administering oath

Court Operations Officer
Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/4 Report: 3/6
2 FILER NAME Livingston, Lora (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00037566
4 Date 07/11/2007	5 Payee name American Bar Association 6 Payee address; City; State; Zip Code 321 North Clark Street Chicago, IL 60610	7 Amount (\$) \$394.25
8 Purpose of payment (See instructions regarding type of information required.) Membership Dues (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/04/2007	Payee name Austin AFLCIO Council Payee address; City; State; Zip Code P.O. Box 87 Austin, TX 78767	Amount (\$) \$145.00
Purpose of payment (See instructions regarding type of information required.) Labor Day Event Ad (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/16/2007	Payee name Austin Bar Association Payee address; City; State; Zip Code 816 Congress Avenue Suite 700 Austin, TX 78701	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) ALS (Lou Gehrig's Disease) Sponsorship for Fundraising Event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/04/2007	Payee name Austin Bar Association Payee address; City; State; Zip Code 816 Congress Avenue Suite 700 Austin, TX 78701	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Bar & Grill Ad and Tickets (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/4 Report: 4/6

2 FILER NAME Livingston, Lora (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00037566

4 Date	5 Payee name Capital Area Democratic Women	7 Amount (\$)
07/16/2007	6 Payee address; City; State; Zip Code P.O. Box 12962 Austin, TX 78711	\$100.00

8 Purpose of payment (See instructions regarding type of information required.) Celebration of Champions Sponsorship (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Grand Hyatt San Francisco	Amount (\$)
08/01/2007	Payee address; City; State; Zip Code 345 Stockton Street San Francisco, CA 94108	\$725.56

Purpose of payment (See instructions regarding type of information required.) Lodging for American Bar Association Conference 08/10/07 - 08/14/07 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Hispanic Bar Association Foundation	Amount (\$)
09/26/2007	Payee address; City; State; Zip Code 816 Congress Avenue Suite 700 Austin, TX 78701	\$125.00

Purpose of payment (See instructions regarding type of information required.) Annual Sponsorship Luncheon (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Leadership Austin	Amount (\$)
12/05/2007	Payee address; City; State; Zip Code 1609 Shoal Creek Boulevard Suite 202 Austin, TX 78702	\$100.00

Purpose of payment (See instructions regarding type of information required.) Membership Dues (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** 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: 3/4 Report: 5/6
2 FILER NAME Livingston, Lora (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00037566
4 Date 07/12/2007	5 Payee name National Bar Association 6 Payee address; City; State; Zip Code 1225 11th Street N.W. Washington, DC 20001-4217	7 Amount (\$) \$300.00
8 Purpose of payment (See instructions regarding type of information required.) Membership Dues (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/11/2007	Payee name State Bar of Texas Payee address; City; State; Zip Code P.O. Box 12487 Austin, TX 78711	Amount (\$) \$30.00
Purpose of payment (See instructions regarding type of information required.) Judicial Section Membership Dues (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/07/2007	Payee name Texas Access to Justice Foundation Payee address; City; State; Zip Code P.O. Box 12487 Austin, TX 78711-2487	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) Celebration Sponsorship (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/23/2007	Payee name Texas Center for the Judiciary Payee address; City; State; Zip Code 1210 San Antonio Suite 800 Austin, TX 78701	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) Foundation Donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/4 Report: 6/6

2 FILER NAME Livingston, Lora (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00037566

4 Date

5 Payee name
YMCA of Austin

7 Amount
(\$)

09/04/2007

6 Payee address; City; State; Zip Code
1100 W. Cesar Chavez Blvd.
Austin, TX 78703

\$250.00

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

Sponsorship

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

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T)