

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7004

## 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 4

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 CAMPAIGN TREASURER NAME

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

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  
07/01/2008 12/31/2008

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 filers)  
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 \$ 1,912.25

CONTRIBUTION BALANCE

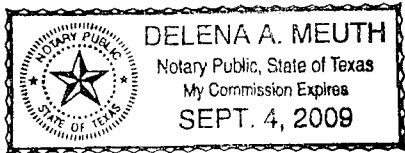
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 2,505.70

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 1/9/09

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lora J. Livingston, this the 9th day of January, 2009, 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

<b>4</b> Date	<b>5</b> Payee name American Bar Association	<b>7</b> Amount (\$)
10/08/2008	<b>6</b> Payee address; City; State; Zip Code 321 North Clark Street Chicago, IL 60610	\$394.25

**8** Purpose of payment (See instructions regarding type of information required.)  
Membership Dues  
  
(If travel outside of Texas, complete Schedule T)

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:  
  
Office sought:  
Office held:

Date	Payee name Compass Bank	Amount (\$)
07/15/2008	Payee address; City; State; Zip Code 5800 N MoPac Expy Austin, TX 78731	\$3.00

Purpose of payment (See instructions regarding type of information required.)  
Monthly Image Statement Fee  
  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:  
  
Office sought:  
Office held:

Date	Payee name Compass Bank	Amount (\$)
08/15/2008	Payee address; City; State; Zip Code 5800 N MoPac Expy Austin, TX 78731	\$3.00

Purpose of payment (See instructions regarding type of information required.)  
Monthly Image Statement Fee  
  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:  
  
Office sought:  
Office held:

Date	Payee name Compass Bank	Amount (\$)
09/15/2008	Payee address; City; State; Zip Code 5800 N MoPac Expy Austin, TX 78731	\$3.00

Purpose of payment (See instructions regarding type of information required.)  
Monthly Image Statement Fee  
  
(If travel outside of Texas, complete Schedule T)

\*\* 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: 2/2 Report: 4/4

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

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

<b>4</b> Date	<b>5</b> Payee name Compass Bank	<b>7</b> Amount (\$)
10/15/2008	<b>6</b> Payee address; City; State; Zip Code 5800 N MoPac Expy Austin, TX 78731	\$3.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Monthly Image Statement Fee  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Compass Bank	Amount (\$)
11/17/2008	Payee address; City; State; Zip Code 5800 N MoPac Expy Austin, TX 78731	\$3.00

Purpose of payment (See instructions regarding type of information required.) Monthly Image Statement Fee  (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 Compass Bank	Amount (\$)
12/15/2008	Payee address; City; State; Zip Code 5800 N MoPac Expy Austin, TX 78731	\$3.00

Purpose of payment (See instructions regarding type of information required.) Monthly Image Statement Fee  (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 Travis County Democratic Party	Amount (\$)
10/08/2008	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.) Pro-Rata Share of Party Expenses  (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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