

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH  
7005

|                    |          |                 |        |
|--------------------|----------|-----------------|--------|
| <b>1</b> ACCOUNT # | 00037566 | <b>2</b> PAGE # | 1 of 6 |
|--------------------|----------|-----------------|--------|

|   |   |   |  |                        |     |      |  |
|---|---|---|--|------------------------|-----|------|--|
| <b>3</b> CANDIDATE/<br>OFFICEHOLDER<br>NAME | MS / MRS / MR<br>Ms.                              | FIRST<br>Lora   | MI                                       | <b>OFFICE USE ONLY</b> |     |      |  |
|   | NICKNAME  | LAST<br>Livingston  | SUFFIX                                   |                        |     |      |  |
| <b>4</b> ORIGINAL<br>REPORT TYPE            | <input type="checkbox"/> January 15               | <input type="checkbox"/> Runoff   | <input type="checkbox"/> Other (specify) |                        |     |      |  |
|   | <input checked="" type="checkbox"/> July 15       | <input type="checkbox"/> Exceeded \$500 limit                                     |  |                        |     |      |  |
|   | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) |  |                        |     |      |  |
|   | <input type="checkbox"/> 8th day before election  | <input type="checkbox"/> Final Report   |  |                        |     |      |  |
| <b>5</b> ORIGINAL<br>PERIOD COVERED         | Month   | Day   | Year                                     | Month                  | Day | Year |  |
|   | 01/01/2007  |   | THROUGH                                  | 06/30/2007             |     |      |  |
|   | Receipt #   |   | Amount                                   |                        |     |      |  |
|   | Legal   |   | Totals                                   |                        |     |      |  |
| Date Processed                              |   |   |  |                        |     |      |  |
| Date Imaged                                 |   |   |  |                        |     |      |  |

**6** EXPLANATION OF CORRECTION

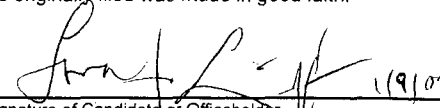
Compass Bank began charging as of January 2007 a \$3.00 per month fee for image bank statements. Those monthly bank fees were inadvertently omitted from this report.

**7** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

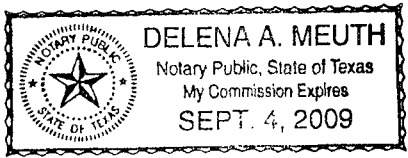
I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Lora J. Livingston  1/9/09  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Lora J. Livingston this the 9th day of January, 2009, to certify which, witness my hand and seal of office.

Delena A. Meuth Delena A. Meuth Paralegal  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath



**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**



# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM JC/OH  
COVER SHEET PG 2**

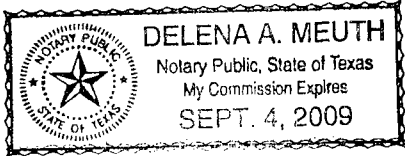
|  |  |
|--|--|
| <b>14 C/OH NAME</b> Livingston, Lora (Ms.) | <b>15 ACCOUNT #</b> (Ethics Commission filers)<br>00037566 |
|--|--|

|   |  |                                      |
|---|--|--------------------------------------|
| <b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> additional pages | .. 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 NAME                       |
|   | <input type="checkbox"/> SPECIFIC  | COMMITTEE ADDRESS                    |
|   |  | COMMITTEE CAMPAIGN TREASURER NAME    |
|   |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                               |   |             |
|-------------------------------|---|-------------|
| <b>17 CONTRIBUTION TOTALS</b> | 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   | \$ 510.00   |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                | \$ 8,573.76 |
| 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Lora J. Livingston *Lora J. Livingston* 1/9/09  
Signature of Candidate or Officeholder

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: 1/3 Report: 4/6

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

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

|               |   |                      |
|---------------|---|----------------------|
| <b>4</b> Date | <b>5</b> Payee name<br>Annie's List   | <b>7</b> Amount (\$) |
| 05/15/2007    | <b>6</b> Payee address; City; State; Zip Code<br>P.O. Box 699<br>Austin, TX 78767 | \$100.00             |

|  |   |
|--|---|
| <b>8</b> Purpose of payment (See instructions regarding type of information required.)<br>4th Annual Austin Luncheon | <b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |   |

|            |   |             |
|------------|---|-------------|
| Date       | Payee name<br>Austin-Travis County Cinco de Mayo Committee                                | Amount (\$) |
| 04/12/2007 | Payee address; City; State; Zip Code<br>314 W. 11th Street, Suite 500<br>Austin, TX 78701 | \$25.00     |

|  |  |
|--|--|
| Purpose of payment (See instructions regarding type of information required.)<br>Contribution to Travis County Cinco de Mayo Celebration | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |  |

|            |   |             |
|------------|---|-------------|
| Date       | Payee name<br>Central Texas Democratic Forum                                    | Amount (\$) |
| 04/12/2007 | Payee address; City; State; Zip Code<br>1105 W. 12th Street<br>Austin, TX 78703 | \$120.00    |

|   |  |
|---|--|
| Purpose of payment (See instructions regarding type of information required.)<br>Annual Membership Dues | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                              |  |

|            |   |             |
|------------|---|-------------|
| Date       | Payee name<br>Compass Bank  | Amount (\$) |
| 02/15/2007 | Payee address; City; State; Zip Code<br>5800 N MoPac Expy<br>Austin, TX 78731 | \$3.00      |

|  |  |
|--|--|
| Purpose of payment (See instructions regarding type of information required.)<br>Monthly Image Statement Fee | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                                   |  |

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 2/3 Report: 5/6

2 FILER NAME Livingston, Lora (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00037566

|            |   |               |
|------------|---|---------------|
| 4 Date     | 5 Payee name<br>Compass Bank  | 7 Amount (\$) |
| 03/15/2007 | 6 Payee address; City; State; Zip Code<br>5800 N MoPac Expy<br>Austin, TX 78731 | \$3.00        |

|  |  |
|--|--|
| 8 Purpose of payment (See instructions regarding type of information required.)<br>Monthly Image Statement Fee | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                                     |  |

|            |   |             |
|------------|---|-------------|
| Date       | Payee name<br>Compass Bank  | Amount (\$) |
| 04/16/2007 | Payee address; City; State; Zip Code<br>5800 N MoPac Expy<br>Austin, TX 78731 | \$3.00      |

|  |  |
|--|--|
| Purpose of payment (See instructions regarding type of information required.)<br>Monthly Image Statement Fee | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                                   |  |

|            |   |             |
|------------|---|-------------|
| Date       | Payee name<br>Compass Bank  | Amount (\$) |
| 05/29/2007 | Payee address; City; State; Zip Code<br>5800 N MoPac Expy<br>Austin, TX 78731 | \$3.00      |

|  |  |
|--|--|
| Purpose of payment (See instructions regarding type of information required.)<br>Monthly Image Statement Fee | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                                   |  |

|            |   |             |
|------------|---|-------------|
| Date       | Payee name<br>Compass Bank  | Amount (\$) |
| 06/07/2007 | Payee address; City; State; Zip Code<br>5800 N MoPac Expy<br>Austin, TX 78731 | \$3.00      |

|  |  |
|--|--|
| Purpose of payment (See instructions regarding type of information required.)<br>Monthly Image Statement Fee | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                                   |  |

# POLITICAL EXPENDITURES

# SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 3/3 Report: 6/6

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

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

|               |  |                      |
|---------------|--|----------------------|
| <b>4</b> Date | <b>5</b> Payee name<br>Girl Scouts - Lone Star Council   | <b>7</b> Amount (\$) |
| 04/12/2007    | <b>6</b> Payee address; City; State; Zip Code<br>12012 Park Thirty-Five Circle<br>Austin, TX 78753 | \$125.00             |

|  |   |
|--|---|
| <b>8</b> Purpose of payment (See instructions regarding type of information required.)<br>2007 Women of Distinction Luncheon<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | <b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
|--|---|

|            |  |             |
|------------|--|-------------|
| Date       | Payee name<br>Precinct 5 Constable's Association                           | Amount (\$) |
| 04/12/2007 | Payee address; City; State; Zip Code<br>1003 Guadalupe<br>Austin, TX 78701 | \$50.00     |

|  |  |
|--|--|
| Purpose of payment (See instructions regarding type of information required.)<br>Contribution to E. Barrientos Farewell Retirement Party<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
|--|--|

|            |   |             |
|------------|---|-------------|
| Date       | Payee name<br>Sam Biscoe Special Projects   | Amount (\$) |
| 05/15/2007 | Payee address; City; State; Zip Code<br>314 W. 11th Street, Suite 520<br>Austin, TX 78702 | \$25.00     |

|  |  |
|--|--|
| Purpose of payment (See instructions regarding type of information required.)<br>Contribution to 2007 Juneteenth Celebration<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
|--|--|

|            |   |             |
|------------|---|-------------|
| Date       | Payee name<br>Travis County Women Lawyer's Foundation                     | Amount (\$) |
| 06/04/2007 | Payee address; City; State; Zip Code<br>P.O. Box 1386<br>Austin, TX 78767 | \$50.00     |

|   |  |
|---|--|
| Purpose of payment (See instructions regarding type of information required.)<br>Ticket to 2007 Annual Awards and Grants Luncheon<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
|---|--|