

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

7006

<b>1</b> ACCOUNT # 00037566	<b>2</b> PAGE # 1 of 8
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<b>3</b> CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Lora	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Livingston	SUFFIX			
<b>4</b> ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)			
	<input 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 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	07/01/2007		THROUGH		12/31/2007	
	Legal		Totals		Date Processed	
	Date Imaged		Receipt #		Amount	

**6** EXPLANATION OF CORRECTION

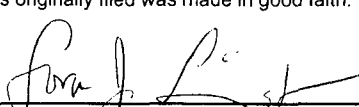
Compass Bank began charging as of January 2007 a \$3.00 per month fee for image bank statements. Those monthly bank fees were inadvertently omitted from this report.

**7** AFFIDAVIT

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

Check ONLY if applicable:

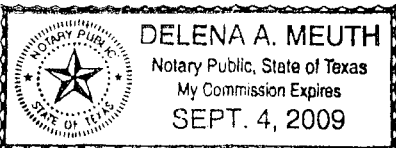
I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

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.

Deleena A. Meuth Deleena 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 CAMPAIGN FINANCE REPORT

## 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 #  
2 of 8

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Ms. Lora  
.....  
NICKNAME LAST SUFFIX  
Livingston

**OFFICE USE ONLY**

Date Received

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

Date Hand-delivered or Date Postmarked

Receipt # Amount

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  
07/01/2007 12/31/2007

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
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	3,137.81
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CONTRIBUTION BALANCE

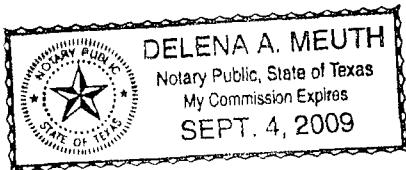
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,435.95
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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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 9<sup>th</sup> 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.		<b>1</b> PAGE # Schedule: 1/5 Report: 4/8
<b>2</b> FILER NAME Livingston, Lora (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00037566
<b>4</b> Date  07/11/2007	<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 (\$)  \$394.25
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Membership Dues  (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:
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: 2/5 Report: 5/8

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

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

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

<b>8</b> 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"/>	<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 (\$)
07/16/2007	..... 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 (\$)
08/15/2007	..... 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 (\$)
09/17/2007	..... 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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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 3/5 Report: 6/8**2** FILER NAME Livingston, Lora (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
00037566

<b>4</b> Date  10/15/2007	<b>5</b> Payee name Compass Bank  <b>6</b> Payee address; City; State; Zip Code 5800 N MoPac Expy Austin, TX 78731	<b>7</b> Amount (\$)  \$3.00
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<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  11/15/2007	Payee name Compass Bank  Payee address; City; State; Zip Code 5800 N MoPac Expy Austin, TX 78731	Amount (\$)  \$3.00
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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  12/17/2007	Payee name Compass Bank  Payee address; City; State; Zip Code 5800 N MoPac Expy Austin, TX 78731	Amount (\$)  \$3.00
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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  08/01/2007	Payee name Grand Hyatt San Francisco  Payee address; City; State; Zip Code 345 Stockton Street San Francisco, CA 94108	Amount (\$)  \$725.56
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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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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 4/5 Report: 7/8**2** FILER NAME Livingston, Lora (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
00037566

<b>4</b> Date  09/26/2007	<b>5</b> Payee name Hispanic Bar Association Foundation  ..... <b>6</b> Payee address; City; State; Zip Code 816 Congress Avenue Suite 700 Austin, TX 78701	<b>7</b> Amount (\$)  \$125.00
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**8** Purpose of payment (See instructions regarding type of information required.)  
Annual Sponsorship Luncheon**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:  
Office held:

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

Date  07/12/2007	Payee name National Bar Association  ..... Payee address; City; State; Zip Code 1225 11th Street N.W. Washington, DC 20001-4217	Amount (\$)  \$300.00
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Purpose of payment (See instructions regarding type of information required.)  
Membership Dues**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) 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
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Purpose of payment (See instructions regarding type of information required.)  
Judicial Section Membership Dues**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:  
Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 5/5 Report: 8/8

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

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

<b>4</b> Date	<b>5</b> Payee name Texas Access to Justice Foundation	<b>7</b> Amount (\$)
08/07/2007	<b>6</b> Payee address; City; State; Zip Code P.O. Box 12487 Austin, TX 78711-2487	\$250.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Celebration Sponsorship  (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 Texas Center for the Judiciary	Amount (\$)
10/23/2007	Payee address; City; State; Zip Code 1210 San Antonio Suite 800 Austin, TX 78701	\$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:
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Date	Payee name YMCA of Austin	Amount (\$)
09/04/2007	Payee address; City; State; Zip Code 1100 W. Cesar Chavez Blvd. Austin, TX 78703	\$250.00

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