

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

7007

1 ACCOUNT #	00037566	2 PAGE #	1 of 5
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3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Lora	MI	OFFICE USE ONLY		
	NICKNAME	LAST Livingston	SUFFIX			
4 ORIGINAL 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				
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	01/01/2008		THROUGH		06/30/2008	

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 *Lora 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

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	\$	1,018.00
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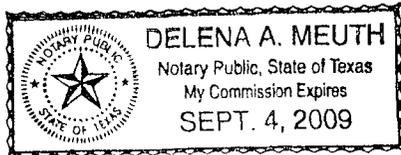
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	4,417.95
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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

[Handwritten Signature] 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.

[Handwritten Signature]
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: 4/5**2** FILER NAME Livingston, Lora (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00037566

4 Date 01/15/2008	5 Payee name Compass Bank 6 Payee address; City; State; Zip Code 5800 N MoPac Expy Austin, TX 78731	7 Amount (\$) \$3.00
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8 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"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 02/15/2008	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 03/17/2008	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 04/15/2008	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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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

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

2 FILER NAME Livingston, Lora (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00037566

4 Date

05/15/2008

5 Payee name
Compass Bank

6 Payee address; City; State; Zip Code
5800 N MoPac Expy
Austin, TX 78731

7 Amount (\$)

\$3.00

8 Purpose of payment (See instructions regarding type of information required.)
Monthly Image Statement Fee

(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

06/16/2008

Payee name
Compass Bank

Payee address; City; State; Zip Code
5800 N MoPac Expy
Austin, TX 78731

Amount (\$)

\$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

01/11/2008

Payee name
Travis County Democratic Party

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

Amount (\$)

\$1,000.00

Purpose of payment (See instructions regarding type of information required.)
Sponsorship: 2008 Campaign Kick-Off Dinner

(If travel outside of Texas, complete Schedule T)

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

Office sought:
Office held: