

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3977

FORM C/OH COVER SHEET PG 1

The C/OH Investment Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Use)

2 Total pages filed

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Judge
FIRST: Or Linda
LAST: Navaraju
NICKNAME: (blank)
SUFFIX: L

OFFICE USE ONLY

Date Received: MAR 3 5 01 PM '98
FILED
TRAVIS COUNTY CLERK
COUNTY CLERK
TRAVIS COUNTY TEXAS

4 CANDIDATE / OFFICEHOLDER ADDRESS
 Change of Address

ADDRESS / PO BOX: P.O. Box 2430
APT / SUITE #: (blank)
CITY: Austin, TX
STATE: TX
ZIP CODE: 78768

5 CAMPAIGN TREASURER NAME

TITLE: (blank)
FIRST: Jeff
LAST: Lusk
NICKNAME: (blank)
SUFFIX: E

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 910 Lavaca Street
APT / SUITE #: (blank)
CITY: Austin, TX
STATE: TX
ZIP CODE: 78701

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512)
PHONE NUMBER: 476-7600
EXTENSION: (blank)

8 REPORT TYPE

January 15
 July 15
 30th day before election
 6th day before election
 Runoff
 Extended \$500 limit
 18th day after campaign treasurer appointment (volunteers only)
 Final report (attach C/OH - FR)

9 PERIOD COVERED

Month: 1 / Day: 1 / Year: 98 THROUGH Month: 3 / Day: 2 / Year: 98

10 ELECTION

ELECTION DATE: Month: 3 / Day: 10 / Year: 98
ELECTION TYPE: Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any): JUDGE -
TRAVIS COUNTY COURT AT LAW

12 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 additional pages

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior approval or approval of the candidate's campaign committee.
Candidates are required to disclose this information only if they receive notification of the direct campaign expenditures.
Name: (blank)
Address / PO Box, Apt. / Suite #: (blank), City: (blank), State: (blank), Zip Code: (blank)

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8505

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS **FORM C/OH: COVER SHEET PG 2**

14 C/OH NAME Judge Orinda Naranjo 15 ACCOUNT # (Other Candidates Use)

16 SUPPORTING POLITICAL COMMITTEE(S) -- This listing includes 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 <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional page	COMMITTEE NAME <u>Judge</u> <u>FOR JUDGE OF ORLINDA NARANJO</u>
	COMMITTEE ADDRESS <u>P.O. Box 2430</u> <u>AUSTIN, TX 78701</u>
	COMMITTEE CAMPAIGN TREASURER NAME <u>Jeff E. Rusk</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS <u>910 Laaca Street</u> <u>AUSTIN, TX 78701</u>

17 NO REPORTABLE ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>900</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>25</u>
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>11,424⁰⁰</u>

19 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 18, Election Code.

 Orinda Naranjo
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Orinda Naranjo this the 31 day of March 19 98, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Print name of officer administering oath
Title of officer administering oath

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 453-6800

1-800-328-8538

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME <i>Judge On Linda Naranjo</i>		3 ACCOUNT# (State Contribution Item)	
4 Date <i>2/9/98</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>Rosie + Ric Mendoza</i>	7 Amount of contribution (\$) <i>\$250</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3412 Green Emerald Terrace 78767</i>			
9 Principal occupation <i>Accountants</i>		10 Employer (optional)	
Date <i>1/16/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Robert OBoyle</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>60 Congress Austin TX 78701</i>			
Principal occupation <i>Attorney</i>		Employer (optional) <i>Waines + Boore</i>	
Date <i>1/16/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Angelina Jeffries</i>	Amount of contribution (\$) <i>\$50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>unknown</i>			
Principal occupation <i>unknown</i>		Employer (optional)	
Date <i>1/16/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Rosenthal + Witzm</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1800 Guadalupe Austin 78701</i>			
Principal occupation <i>Law Firm</i>		Employer (optional) <i>same</i>	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation		Employer (optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)453-6800 1-800-325-8506

LOANS		SCHEDULE E	
The Instruction Guide explains how to complete this form.		1 Total page on Schedule E	
2 FILER NAME <i>Judge Onirinda Naranjo</i>		3 ACCOUNT # (Ethics Commission files)	
4 TOTAL OF UNITEMIZED LOANS: ↗ ↘ ↙ ↚ ↛ ↜ ↝			
5 Date of loan <i>1995</i>	7 Name of lender <i>Jim Ewbank</i>	9 Loan Amount (\$) <i>\$11,424⁰⁰ BAL</i>	
6 Is lender a financial institution? <i>Y</i> <input checked="" type="radio"/> <i>(N)</i>	8 Lender address: City, State, Zip Code <i>911 Crosswind Dr. Spicewood Tx 78669</i>	10 Interest rate <i>0</i>	
12 Description of Collateral <input type="checkbox"/> none <i>n/a</i>		11 Maturity date <i>n/a</i>	
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor <i>n/a</i>	16 Amount Guaranteed (\$) <i>n/a.</i>	
15 Guarantor address: City, State, Zip Code		17 Principal Occupation <i>Atty</i>	
18 Employer <i>Ewbank + Berom P. C.</i>		19 Date of loan	
20 Name of lender <input type="checkbox"/> out of state PAC		21 Loan Amount (\$)	
22 Is lender a financial institution? <i>Y</i> <i>N</i>		23 Lender address: City, State, Zip Code	
24 Description of Collateral <input type="checkbox"/> none		25 Interest rate	
26 GUARANTOR INFORMATION <input type="checkbox"/> not applicable		27 Maturity date	
28 Name of guarantor		29 Amount Guaranteed (\$)	
30 Guarantor address: City, State, Zip Code		31 Principal Occupation	
32 Employer		33	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

Judge O-linda Naranjo

3 ACCOUNT # Ethics Commission (None)

4 Date

2/18/98

5 Payee name

Travis County Women Lawyers Assn

7 Amount

(5)

25

6 Payee address; City, State, Zip Code

unknown

8 Purpose of expenditure

Dues

9 Complete if direct expenditure to benefit C/OH - Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City, State, Zip Code

Purpose of expenditure

10 Complete if direct expenditure to benefit C/OH - Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City, State, Zip Code

Purpose of expenditure

11 Complete if direct expenditure to benefit C/OH - Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City, State, Zip Code

Purpose of expenditure

12 Complete if direct expenditure to benefit C/OH - Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED