

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 4247

## FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed <b>5</b>
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE <b>Judge</b>	FIRST <b>Orlinda</b>	MI <b>L</b>	OFFICE USE ONLY Date Received <b>Jan 15 12:40 PM '98</b> <b>FILED</b>
	NICKNAME <b>NARANJO</b>	LAST	SUFFIX	

4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE
<input type="checkbox"/> Change of Address	<b>P.O. Box 2430</b>		<b>Austin Tx</b>		<b>78768</b>

5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Receipt # HD / PM Date Processed Date Imaged
	NICKNAME <b>Jeff</b>	LAST <b>E. Rusk</b>	SUFFIX	

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE
	<b>910 LA Vaca St</b>		<b>Austin Tx</b>		<b>78701</b>

7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		<b>(512) 476-7600</b>	

8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach JC/OH - FR)

9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	<b>7</b>	<b>1</b>	<b>1998</b>		<b>12</b>	<b>31</b>	<b>98</b>

10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month <b>11</b>	Day <b>3</b>	Year <b>98</b>	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special

11 OFFICE	OFFICE HELD (if any) <b>Travis County Ct. At Law #2</b>	12 OFFICE SOUGHT (if known) <b>same</b>
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13 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 <b>n/a</b>	
	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** Judge Orlanda NARANJO

**15 ACCOUNT #** (Ethics Commission files)

**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.

<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
<input checked="" type="checkbox"/> GENERAL	<u>Judge Orlanda NARANJO</u>
<input type="checkbox"/> SPECIFIC	<b>COMMITTEE ADDRESS</b>
	<u>P.O. Box 2430 Austin TX 78701</u>
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
	<u>Jeff E. Rusk</u>
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>
	<u>910 LA Vaca St. Austin TX 78701</u>

additional pages

**17 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **\$ -0-**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ -0-**

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **\$ -0-**

4. TOTAL POLITICAL EXPENDITURES **\$ 1,155<sup>00</sup>**

**CONTRIBUTION BALANCE**

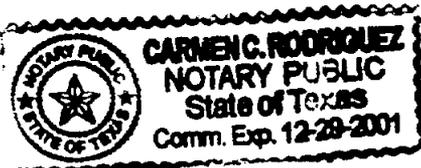
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 8,022<sup>26</sup>**

**OUTSTANDING LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 11,424<sup>00</sup>**

**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.



*Orlanda Naranjo*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Orlanda Naranjo this the 15 day of Jan 1999, to certify which, witness my hand and seal of office.

*Carmen C. Rodriguez* Carmen C. Rodriguez Notary  
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

**LOANS (JUDICIAL)**

**SCHEDULE E (J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J) 1
2 FILER NAME Judge Or Linda Naranjo		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇐   ⇐   ⇐   ⇐   ⇐   ⇐		\$
5 Date of loan 1995	7 Name of lender Jim EWANK <input type="checkbox"/> out of state PAC	9 Loan Amount (\$) \$11,424 <sup>-</sup>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address    City    State    Zip Code 911 Crosswind Dr Spicewood Tx 78669	10 Interest rate <del>0</del>
		11 Maturity date N/A
12 Lender's Principal Occupation Attorney		13 Lender's Job Title shareholder
14 Lender's Employer/Law Firm EWANK & BYROM, P.C.		15 Law Firm of lender's spouse (if any) N/A
16 If lender is child, law firm of parent(s) (if any) N/A		
17 Description of Collateral <input checked="" type="checkbox"/> none		
18 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	19 Name of guarantor	21 Amount Guaranteed (\$)
	20 Guarantor address    City    State    Zip Code	
22 Guarantor's Principal Occupation		23 Guarantor's Job Title
24 Guarantor's Employer/Law Firm		25 Law Firm of guarantor's spouse (if any)
26 If guarantor is child, law firm of parent(s) (if any)		

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

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)
4 Date	5 Payee name  ..... 6 Payee address      City, State, Zip Code	7 Amount (\$)
8 Purpose of expenditure		9 -- Complete if direct expenditure to benefit C/OH -- Cand date / Officeholder name      Office sought / held
Date	Payee name  ..... Payee address      City, State, Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought / held
Date	Payee name  ..... Payee address      City, State, Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought / held
Date	Payee name  ..... Payee address      City, State, Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought / held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 2

2 FILER NAME

Orlinda NARANJO

3 ACCOUNT # (Ethics Commission files)

4 Date

8/14/98

5 Payee name

South Austin Democrats

6 Payee address. City. State. Zip Code

Austin Tx

7 Amount (\$)

150<sup>00</sup>

8 Purpose of expenditure

membership dues

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

Office sought / held

Date

8/14/98

Payee name

Austin AFL CIO

Payee address. City. State. Zip Code

Austin Tx

Amount (\$)

165<sup>00</sup>

Purpose of expenditure

sponsorship of event

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

Office sought / held

Date

9/28/98

Payee name

Austin Am. Inns of Court

Payee address. City. State. Zip Code

Austin Tx

Amount (\$)

250<sup>-</sup>

Purpose of expenditure

Dues

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

Office sought / held

Date

10/21/98

Payee name

Travis County Demo. Party

Payee address. City. State. Zip Code

Austin Tx

Amount (\$)

500<sup>-</sup>

Purpose of expenditure

Get Out the Vote

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

Office sought / held

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:  
2 of 2

2 FILER NAME  
Judge Orlanda NARANJO

3 ACCOUNT # (Ethics Commission files)

4 Date  
10/22/98

5 Payee name  
Capitol Area Demo Women

6 Payee address, City, State, Zip Code  
Austin Tx

7 Amount (\$)  
\$ 15<sup>-</sup>

8 Purpose of expenditure  
Dues

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

Date  
10/22/98

Payee name  
Chris Saunders  
Payee address, City, State, Zip Code  
Austin Tx

Amount (\$)  
\$ 200

Purpose of expenditure  
graphic fees for GOTV

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

Date  
11/30/98

Payee name  
Leadership Austin  
Payee address, City, State, Zip Code  
Austin Tx

Amount (\$)  
\$ 175<sup>00</sup>

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

Date

Payee name  
Payee address, City, State, Zip Code

Amount (\$)

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L

1 of 1

2 FILER NAME

Orlinda NARANJO

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

Jim Ewbank

5 Lender address, City, State, Zip Code

911 Crosswind Spicewood Tx 78669

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address, City, State, Zip Code

LENDER INFORMATION

Name of lender

Lender address, City, State, Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address, City, State, Zip Code

LENDER INFORMATION

Name of lender

Lender address, City, State, Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address, City, State, Zip Code

LENDER INFORMATION

Name of lender

Lender address, City, State, Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address, City, State, Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# ASSETS VALUED AT \$500 OR MORE

# SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule M

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED