

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4486

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.

7

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Judge Atinda L.
NICKNAME LAST SUFFIX
NARANJO

OFFICE USE ONLY

Date Received

TRAVIS COUNTY
CLERK'S OFFICE

JAN 18 1 46 PM '00

FILED

Receipt #

HD / PM

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

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

Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Jeff E.
NICKNAME LAST SUFFIX
Rusk

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
910 La Caca St.
Austin TX 78701

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 476-7600

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 JC/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
7 / 1 / 99 THROUGH 12 / 31 / 99

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
N/A / /

11 OFFICE

OFFICE HELD (if any)
Travis County Court
At Law #12

12 OFFICE SOUGHT (if known)

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

N/A

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

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. **

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME
Judge Or Linda NARANJO

COMMITTEE ADDRESS
P.O. Box 2430
Austin TX 78791

COMMITTEE CAMPAIGN TREASURER NAME
Jeff E Ruste

COMMITTEE CAMPAIGN TREASURER ADDRESS
910 La Jaca St
Austin TX 78791

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

\$ 905-

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 6,534.26

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 11,424--

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.

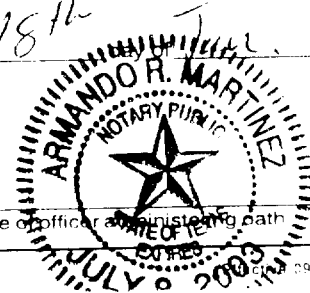
Or Linda Naranjo
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Or Linda Naranjo, this the 18th day of July, 2009, to certify which, witness my hand and seal of office.

Armando R. Martinez
Signature of officer administering oath

Armando R. Martinez
Print name 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 files)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ 11,424-

5 Date of loan

1/9/94

7 Name of lender

Jim Eubank

out of state PAC

9 Loan Amount (\$)

11,424-

6 is lender a financial institution?

Y

(N)

8 Lender address; City; State; Zip Code

911 Crosswind Dr
Spicewood Tx 78669

10 Interest rate

0

11 Maturity date

N/A

12 Lender's Principal Occupation

Attorney

13 Lender's Job Title

Shareholder

14 Lender's Employer/Law Firm

Eubank, + Byron, P.C.

15 Law Firm of lender's spouse (if any)

16 If lender is child, law firm of parent(s) (if any)

N/A

17 Description of Collateral

none

18 GUARANTOR INFORMATION

19 Name of guarantor

21 Amount Guaranteed (\$)

not applicable

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 filers):

4 Date

5 Payee name

7

Amount (\$)

6 Payee address: City: State: Zip Code

8 Purpose of expenditure

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

** 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

** 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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

143

2 FILER NAME

Judge Aclinda NARANJO

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/15/99

5 Payee name

Austin Tejano Democrats

7 Amount (\$)

\$ 100

6 Payee address: City: State: Zip Code

Austin TX

8 Purpose of expenditure

Sen. Barrientos Roast Sponsorship

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

Date

9/8/99

Payee name

Leadership Austin

Amount (\$)

\$ 75

Payee address: City: State: Zip Code

Austin TX

Purpose of expenditure

Gala sponsorship

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

Date

9/15/99

Payee name

Limon Family Reunion

Amount (\$)

\$ 55

Payee address: City: State: Zip Code

Austin TX

Purpose of expenditure

Advertisement

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

Date

9/15/99

Payee name

Hisp. Chamber of Commerce

Amount (\$)

\$ 75

Payee address: City: State: Zip Code

Purpose of expenditure

membership Dues

Complete if direct expenditure to benefit C/OH Candidate / Officerholder 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.

2 of 3

2 FILER NAME

Judge Erlinda Naranjo

3 ACCOUNT # (Ethics Commission filers)

4 Date

09/21/99

5 Payee name

Austin Inns of Court

6 Payee address; City; State; Zip Code

Austin Tx

7 Amount (\$)

\$ 250

8 Purpose of expenditure

Dues

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

Office sought / held

Date

10/17/99

Payee name

South Austin Demos

Payee address; City; State; Zip Code

Austin Tx

Amount (\$)

\$ 50

Purpose of expenditure

Yellow Dog Sponsorship

Complete if direct expenditure to benefit C/OH Candidate / Officerholder name

Office sought / held

Date

10/25/99

Payee name

Capital Area Democ. Women

Payee address; City; State; Zip Code

Austin Tx

Amount (\$)

\$ 15

Purpose of expenditure

Dues

Complete if direct expenditure to benefit C/OH Candidate / Officerholder name

Office sought / held

Date

11/20/99

Payee name

Disp. Women Network of Tx

Payee address; City; State; Zip Code

Austin Tx

Amount (\$)

\$ 35

Purpose of expenditure

Dues

Complete if direct expenditure to benefit C/OH Candidate / Officerholder 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:

3 of 3

2 FILER NAME

Judge Carlinda Naranjo

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/13/99

5 Payee name

Travis County Women Lawyers Assn

7 Amount (\$)

\$ 250.00

6 Payee address: City: State: Zip Code

Austin Tx

8 Purpose of expenditure

Scholarship Fund

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

Office sought / held

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure

Complete if direct expenditure to benefit C/OH Candidate / Officerholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure

Complete if direct expenditure to benefit C/OH Candidate / Officerholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure

Complete if direct expenditure to benefit C/OH Candidate / Officerholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L:

1 of 1

2 FILER NAME

Judge Cortinda NARANJO

3 ACCOUNT # (Ethics Commission files)

LENDER INFORMATION

4 Name of lender

Jim Ewbank

5 Lender address:

City:

State:

Zip Code

911 Crosswind Dr
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

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

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