

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

4617

| | | | |
|--|--|---|----------------------|
| The JC/OH INSTRUCTION GUIDE explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission files) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | TITLE FIRST MI Judge Orlinda L NICKNAME LAST SUFFIX Naranjo | OFFICE USE ONLY Data Received JUN 14 10 47 AM '00 DANA DEBEAUVOIR COUNTY CLERK TRAVIS COUNTY, TEXAS FILED | |
| 4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O. Box 2430 Austin Tx 78768 | Receipt | Amount |
| 5 CAMPAIGN TREASURER NAME | TITLE FIRST MI Jeff E NICKNAME LAST SUFFIX Rusk | HD / PM | Date Processed |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 910 La Vaca St. Austin Tx 78701 | Date Imaged | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 476-7600 | | |
| 8 REPORT TYPE | <input 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 checked="" 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 1 / 1 / 2000 6 / 30 / 2000 | | |
| 10 ELECTION | ELECTION DATE Month Day Year N/A / / | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 11 OFFICE | OFFICE HELD (if any) Travis County Ct At LA #2 | 12 OFFICE SOUGHT (if known) | |
| 13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | <p>-- 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. --</p> Name: N/A Address / PO Box: Apt. / Suite #: City: State: Zip Code: | | |

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

14 C/OH NAME _____ 15 ACCOUNT # (Ethics Commission 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. -

additional pages

| | |
|---|--------------------------------------|
| COMMITTEE TYPE | COMMITTEE NAME |
| <input checked="" type="checkbox"/> GENERAL | Judge Or Linda Naranjo |
| <input type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS |
| | P.O. Box 2430 Austin TX 78701 |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | Jeff E Rusk |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| | 910 La Vaca St Austin TX 78701 |

| | | |
|-------------------------|---|-------------|
| 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 | \$ 785 - |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 5720 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 14th day of July, 2000, to certify which, witness my hand and seal of office.

Armando P. G. Hernandez Clerk TX
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 of 1

2 FILER NAME

Judge Orlanda NARANJO

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS: ◊ ◊ ◊ ◊ ◊ ◊

\$ 11,424 -

5 Date of loan

1994

7 Name of lender

Jim Ewbank

 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

Ewbank + Byrom 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 files)

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:

10+3

2 FILER NAME

Orlinda Naranjo

3 ACCOUNT # (Ethics Commission files)

4 Date

1/18/00

5 Payee name

Texas Folklife Resources

7 Amount (\$)

\$50-

6 Payee address; City; State; Zip Code

1317 S. Congress Ave.
Austin Tx 78704

8 Purpose of expenditure

Sponsorship

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

Office sought / held

Date

1/24/00

Payee name

Leadership Austin

Amount (\$)

\$75-

Payee address; City; State; Zip Code

111 Congress
Austin Tx 78701

Purpose of expenditure

Dues

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

Office sought / held

Date

2/18/00

Payee name

Travis County Women Lawyers Assn

Amount (\$)

\$30-

Payee address; City; State; Zip Code

Austin Tx

Purpose of expenditure

Dues

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

Office sought / held

Date

5/1/00

Payee name

Cinco de Mayo Committee

Amount (\$)

\$25

Payee address; City; State; Zip Code

P.O. Box 1748
Austin TX 78767

Purpose of expenditure

Sponsorship

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

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission file)

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan

7 Name of lender

out of state PAC

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

10 Interest rate

Y N

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out of state PAC

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Y N

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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

20 + 3

2. FILER NAME

Orlinda Naranjo

3. ACCOUNT # (Ethics Commission file)

4. Date

5/1/00

5. Payee name

Leadership Texas Alum Assn

7. Amount

(\$)

\$100 -

6. Payee address; City, State; Zip Code

3500 Jefferson St
Austin TX 78731

8. Purpose of expenditure

Dues

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

Office sought / held

Date

5/1/00

Payee name

Sen. Gonzalo Barrientos Scholarship fund

Amount (\$)

\$50

Payee address; City, State; Zip Code

502 West 13th St
Austin TX 78701

Purpose of expenditure

scholarship fund

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

Office sought / held

Date

5/3/00

Payee name

Austin Young Lawyers Assn Foundation

Amount (\$)

\$45

Payee address; City, State; Zip Code

Austin TX

Purpose of expenditure

Law Dan fee

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

Office sought / held

Date

5/30/00

Payee name

Hispanic Women's Network of TX

Amount (\$)

\$35

Payee address; City, State; Zip Code

P.O. Box 1856
Austin TX 73767

Purpose of expenditure

Dues

-- 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:
3 of 3

2. FILER NAME

Orlinda Naranjo

3. ACCOUNT # (Ethics Commission file)

4. Date:
5/30/00

5. Payee name:
Fiesta de Independencia Foundation

7. Amount (\$):
\$ 250-

6. Payee address: City: State: Zip Code:
700 Lavaca St ste 405
Austin Tx 78701

8. Purpose of expenditure:
sponsorship.

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

Date:
5/30/00

Payee name:
Sam Biscoe Special Projects

Amount (\$):
\$ 25

Payee address: City: State: Zip Code:
P. O. Box 1748
Austin TX 78767

Purpose of expenditure:
sponsorship

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

Date:
5/30/00

Payee name:
Girl Scouts of America

Amount (\$):
\$ 100-

Payee address: City: State: Zip Code:
Austin Tx

Purpose of expenditure:
Women of Distinction Luncheon

-- 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:

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS

SCHEDULE L 2

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 file)

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

7 Guarantor address; City; State; Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

not applicable

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 Bars)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED