

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**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:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <i>Judge Ornelinda L.</i> NICKNAME LAST SUFFIX <i>NARANJO</i>	OFFICE USE ONLY Date Received 01 JUL 16 AM 11:00 FILED CLERK TRAVIS COUNTY TEXAS	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 2430 Austin Tx 78768</i>	Receipt # HD / PM Amount Date Processed Date Imaged	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <i>Jeff E.</i> NICKNAME LAST SUFFIX <i>RUSK</i>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>910 La Jaca St. Austin Tx 78701</i>	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	AREA CODE PHONE NUMBER EXTENSION <i>(512) 476-7600</i>	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)	
7 CAMPAIGN TREASURER PHONE	9 PERIOD COVERED Month Day Year THROUGH Month Day Year <i>1 / 01 / 2001 6 / 30 / 2001</i>		
8 REPORT TYPE	10 ELECTION ELECTION DATE Month Day Year <i>7 / 19</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
9 PERIOD COVERED	11 OFFICE OFFICE HELD (if any) <i>Judge of the Travis County Ct. At Large #2</i>	12 OFFICE SOUGHT (if known)	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	-- 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 <i>N/A</i> 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 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

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Judge Orinda Naranjo

P.O. Box 2430
Austin TX 78701

Jeff E. Rusk

910 LaVaca St
Austin TX 78701

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

\$ 285 -

CONTRIBUTION
BALANCE

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

\$ 4,231.⁷⁶

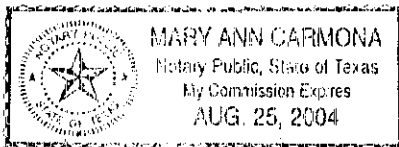
OUTSTANDING
LOAN TOTALS

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.



Orinda Naranjo
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Judge Orinda Naranjo this the 16 day of July 2001 to certify which, witness my hand and seal of office.

Mary Ann Carmona
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 Orhinda Nararajo		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$11,424 ⁻
5 Date of loan 1994	7 Name of lender <input type="checkbox"/> out of state PAC Jim Ewbank	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 / spouse		13 Lender's Job Title Householder
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)		
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:

1 of 2

2 FILER NAME

Judge Orlanda Naranjo

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount
(\$)

1/16/01

State Bar of NM

6 Payee address; City; State; Zip Code

Santa Fe NM

75 -

8 Purpose of expenditure

Dues

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

Office sought / held

Date

Payee name

Amount
(\$)

1/18/01

Capitol Area Demo. Women

Payee address; City; State; Zip Code

P. O. Box 12692

Austin Tx 78711

20 -

Purpose of expenditure

Dues

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

Office sought / held

Date

Payee name

Amount
(\$)

1/31/01

League of Women Voters

Payee address; City; State; Zip Code

1011 W. 31st

Austin Tx 78705

30 -

Purpose of expenditure

Dinner

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

Office sought / held

Date

Payee name

Amount
(\$)

2/1/01

Leadership Austin

Payee address; City; State; Zip Code

823 Congress Ave Ste 1330

Austin TX 78701

75 -

Purpose of expenditure

Dues

-- 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:

2 of 2

2 FILER NAME

Judge Orlynda Naranjo

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/8/01

5 Payee name

Hisp. Women's Network of Tx.

7

Amount
(\$)

35 -

6 Payee address; City; State; Zip Code

P. O. Box 1356
Austin Tx 78767

8 Purpose of expenditure

Dues

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

Office sought / held

Date

2/18/01

Payee name

Cinco de Mayo Committee

Amount
(\$)

25 -

Payee address; City; State; Zip Code

Pet. 4 Stokes Bldg., Rm 525
Austin Tx 78701

Purpose of expenditure

sponsorship

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

Office sought / held

Date

2/23/01

Payee name

State Bar of Tx

Amount
(\$)

25 -

Payee address; City; State; Zip Code

P. O. Box 12487
Austin Tx 78711-2487

Purpose of expenditure

attend St. Bar 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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L:

1 of 1

2 FILER NAME

Judge Arnulfo Navarajo

3 ACCOUNT # (Ethics Commission files)

LENDER INFORMATION

4 Name of lender

Jim Ewbank

5 Lender address;

City;

State;

Zip Code

911 Crosswind Dr
Spice Wood 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