

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6435

FORM JC/OH  
COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)  
00058723

2 PAGE #  
1 of 12

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Orlinda  
NICKNAME LAST SUFFIX  
Naranjo

**OFFICE USE ONLY**

Date Received: OCT 19 2006 10:19 AM  
Date Hand-delivered or Date Postmarked: OCT 19 2006 10:19 AM  
Receipt # Amount  
Date Processed  
Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
2501 Crosswind Dr.  
Spicewood, TX 78669

Change of Address

5 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Mr. 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 Lavaca 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 C/OH - FR)

9 PERIOD  
COVERED

Month Day Year THROUGH Month Day Year  
10/29/2006 12/31/2006

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
11/07/2006  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)  
County Court #2

12 OFFICE SOUGHT (if known)  
District Judge District 419

13 NOTICE OF  
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

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 Naranjo, Orlanda

15 ACCOUNT # (Ethics Commission filers)  
00058723

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of 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 type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2,500.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 15,984.61

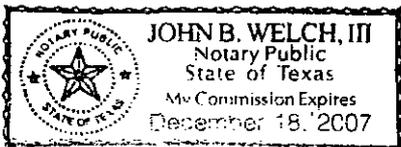
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 37,592.47

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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 *Orlanda L. Naranjo*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Orlanda L. Naranjo this the 18 day of Jan, 2007, to certify which, witness my hand and seal of office.

*John B. Welch III*  
Signature of officer administering oath

John B Welch III  
Print name of officer administering oath

NOTARY  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/6 Report: 3/12

2 FILER NAME Naranjo, Orlanda

3 ACCOUNT # (Ethics Commission filers)  
00058723

4 Date 11/15/2006	5 Full name of contributor AT&T Texas PAC <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Austin, TX 78701		

8 Contributor's principal occupation	9 Contributor's job title
--------------------------------------	---------------------------

10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)
------------------------------------	--

12 If contributor is a child, law firm of parent(s) (if any)

13 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.	14 In-kind description (if applicable)
--	--

15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

16 Departure city / location	17 Departure date	18 Destination city / location	19 Arrival date
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20 Means of transportation	21 Purpose of travel
----------------------------	----------------------

4 Date 10/31/2006	5 Full name of contributor Bishop, Brian <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Austin, TX 78746		

8 Contributor's principal occupation Attorney	9 Contributor's job title
--	---------------------------

10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any) N/A
------------------------------------	---

12 If contributor is a child, law firm of parent(s) (if any)

13 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.	14 In-kind description (if applicable)
--	--

15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

16 Departure city / location	17 Departure date	18 Destination city / location	19 Arrival date
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20 Means of transportation	21 Purpose of travel
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/6 Report: 4/12

2 FILER NAME Naranjo, Orlinda

3 ACCOUNT # (Ethics Commission files)  
00058723

4 Date 11/15/2006	5 Full name of contributor Eiserloh, Laurie <input type="checkbox"/> out-of-state PAC(ID# _____)	7 Amount of contribution (\$) \$100.00
6 Contributor address: City: State: Zip Code Austin, TX 78751		

8 Contributor's principal occupation Attorney	9 Contributor's job title
10 Contributor's employer/law firm City of Austin	11 Law firm of contributor's spouse (if any) N/A

12 If contributor is a child, law firm of parent(s) (if any)

13 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.	14 In-kind description (if applicable)
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15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

16 Departure city / location	17 Departure date	18 Destination city / location	19 Arrival date
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20 Means of transportation	21 Purpose of travel
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4 Date 11/15/2006	5 Full name of contributor Gonzales, Alex <input type="checkbox"/> out-of-state PAC(ID# _____)	7 Amount of contribution (\$) \$100.00
6 Contributor address: City: State: Zip Code Austin, TX 78701		

8 Contributor's principal occupation Attorney	9 Contributor's job title
10 Contributor's employer/law firm Unknown	11 Law firm of contributor's spouse (if any) Unknown

12 If contributor is a child, law firm of parent(s) (if any)

13 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.	14 In-kind description (if applicable)
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15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

16 Departure city / location	17 Departure date	18 Destination city / location	19 Arrival date
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20 Means of transportation	21 Purpose of travel
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/6 Report: 5/12

2 FILER NAME Naranjo, Orlinda

3 ACCOUNT # (Ethics Commission filers)  
00058723

4 Date 11/03/2006	5 Full name of contributor Leo, Myra <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) \$50.00
6 Contributor address; City: State: Zip Code Austin, TX 78701		

8 Contributor's principal occupation Attorney	9 Contributor's job title
10 Contributor's employer/law firm Hughes & Luce LLP	11 Law firm of contributor's spouse (if any) Unknown

12 If contributor is a child, law firm of parent(s) (if any)

13 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.	14 In-kind description (if applicable)
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15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

16 Departure city / location	17 Departure date	18 Destination city / location	19 Arrival date
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20 Means of transportation	21 Purpose of travel
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4 Date 11/20/2006	5 Full name of contributor Munsch Hardt Kopf <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) \$500.00
6 Contributor address; City: State: Zip Code Dallas, TX 75202		

8 Contributor's principal occupation	9 Contributor's job title
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

13 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.	14 In-kind description (if applicable)
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15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

16 Departure city / location	17 Departure date	18 Destination city / location	19 Arrival date
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20 Means of transportation	21 Purpose of travel
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/6 Report: 6/12

2 FILER NAME Naranjo, Orinda

3 ACCOUNT # (Ethics Commission filers)  
00058723

4 Date 11/15/2006	5 Full name of contributor Schwartz, Mark <input type="checkbox"/> out-of-state PAC(ID# _____)	7 Amount of contribution (\$) \$100.00
6 Contributor address: City: State: Zip Code Austin, TX 78703		

8 Contributor's principal occupation Attorney	9 Contributor's job title
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10 Contributor's employer/law firm Boyce Bryant	11 Law firm of contributor's spouse (if any) Unknown
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12  contributor is a child, law firm of parent(s) (if any)

13 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.	14 In-kind description (if applicable)
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15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

16 Departure city / location	17 Departure date	18 Destination city / location	19 Arrival date
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20 Means of transportation	21 Purpose of travel
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4 Date 11/03/2006	5 Full name of contributor Tate, Sharon <input type="checkbox"/> out-of-state PAC(ID# _____)	7 Amount of contribution (\$) \$100.00
6 Contributor address: City: State: Zip Code Kingsbury, TX 78638		

8 Contributor's principal occupation Homemaker	9 Contributor's job title
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10 Contributor's employer/law firm N/A	11 Law firm of contributor's spouse (if any) N/A
---	---

12  contributor is a child, law firm of parent(s) (if any)

13 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.	14 In-kind description (if applicable)
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15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

16 Departure city / location	17 Departure date	18 Destination city / location	19 Arrival date
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20 Means of transportation	21 Purpose of travel
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 5/6 Report: 7/12			
2 FILER NAME Naranjo, Orlanda				3 ACCOUNT # (Ethics Commission file #) 00058723			
4 Date 12/15/2006		5 Full name of contributor The Onstad Law Firm <input type="checkbox"/> out-of-state PAC(ID# _____)			7 Amount of contribution (\$) \$1,000.00		
		6 Contributor address; City: State: Zip Code Austin, TX 78734					
8 Contributor's principal occupation				9 Contributor's job title			
10 Contributor's employer/law firm				11 Law firm of contributor's spouse (if any)			
12 If contributor is a child, law firm of parent(s) (if any)							
13 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.				14 In-kind description (if applicable)			
15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)							
16 Departure city / location			17 Departure date		18 Destination city / location		19 Arrival date
20 Means of transportation				21 Purpose of travel			
4 Date 11/15/2006		5 Full name of contributor Valdes, Alex <input type="checkbox"/> out-of-state PAC(ID# _____)			7 Amount of contribution (\$) \$100.00		
		6 Contributor address; City: State: Zip Code Austin, TX 78749					
8 Contributor's principal occupation Attorney				9 Contributor's job title			
10 Contributor's employer/law firm Winstead Seachrest				11 Law firm of contributor's spouse (if any) Unknown			
12 If contributor is a child, law firm of parent(s) (if any)							
13 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.				14 In-kind description (if applicable)			
15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)							
16 Departure city / location			17 Departure date		18 Destination city / location		19 Arrival date
20 Means of transportation				21 Purpose of travel			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/6 Report: 8/12

2 FILER NAME Naranjo, Orlanda

3 ACCOUNT # (Ethics Commission filers)  
00058723

4 Date

11/15/2006

5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Witcher, Les & Betsy

6 Contributor address; City: State: Zip Code  
Austin, TX 78738

7 Amount of contribution (\$)

\$100.00

8 Contributor's principal occupation  
Human Resources

9 Contributor's job title

10 Contributor's employer/law firm  
N/A

11 Law firm of contributor's spouse (if any)  
Retired

12 If contributor is a child, law firm of parent(s) (if any)

13 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.

14 In-kind description (if applicable)

15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

16 Departure city / location

17 Departure date

18 Destination city / location

19 Arrival date

20 Means of transportation

21 Purpose of travel

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/4 Report: 9/12	
<b>2</b> FILER NAME Naranjo, Orlanda		<b>3</b> ACCOUNT # (Ethics Commission filers) 00058723	
<b>4</b> Date  12/21/2006	<b>5</b> Payee name American Legion  ----- <b>6</b> Payee address; City; State; Zip Code 2201 W. 1st Street Austin, TX 78703	<b>7</b> Amount (\$)  \$1,300.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Facility Rental for Swearing-In Party  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	
<b>4</b> Date  12/20/2006	<b>5</b> Payee name Blues Specialists  ----- <b>6</b> Payee address; City; State; Zip Code 12815 Armstrong Ave. Austin, TX 78753	<b>7</b> Amount (\$)  \$375.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Entertainment for Swearing-In Party  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 2/4 Report: 10/12**2** FILER NAME Naranjo, Orlanda**3** ACCOUNT # (Ethics Commission filers)  
00058723

<b>4</b> Date  12/04/2006	<b>5</b> Payee name Butts, David	<b>7</b> Amount (S)  \$10,000.00
<b>6</b> Payee address: City: State; Zip Code 1914 Patton Austin, TX 78723		

**8** Purpose of payment  
(See instructions regarding type of information required.)  
Political Consultant Fees**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

<b>4</b> Date  11/09/2006	<b>5</b> Payee name Ignite Consulting	<b>7</b> Amount (S)  \$2,337.60
<b>6</b> Payee address: City: State; Zip Code 5201 Emerald Meadow Dr. Austin, TX 78745		

**8** Purpose of payment  
(See instructions regarding type of information required.)  
Robocalls for Election**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 3/4 Report: 11/12	
<b>2</b> FILER NAME Naranjo, Orlanda		<b>3</b> ACCOUNT # (Ethics Commission filers) 00058723	
<b>4</b> Date  11/01/2006	<b>5</b> Payee name La Prensa  ----- <b>6</b> Payee address: City: State: Zip Code 1704 E. 5th Street Austin, TX 78702	<b>7</b> Amount (S)  \$467.50	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Political Ads  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	
<b>4</b> Date  12/04/2006	<b>5</b> Payee name Opinion Analysts  ----- <b>6</b> Payee address: City: State: Zip Code 906 Rio Grande Austin, TX 78701	<b>7</b> Amount (S)  \$506.88	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Identifying Voters for Robocalls  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 4/4 Report: 12/12**2** FILER NAME Naranjo, Orlanda**3** ACCOUNT # (Ethics Commission filers)  
00058723

<b>4</b> Date  11/07/2006	<b>5</b> Payee name Sam's  <b>6</b> Payee address: City: State: Zip Code 4970 W. Hwy. 290 Austin, TX 78745	<b>7</b> Amount (\$)  \$425.07
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
Election Night Food / Supplies**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

<b>4</b> Date  11/08/2006	<b>5</b> Payee name Stephen F. Austin Hotel  <b>6</b> Payee address: City: State: Zip Code 701 Congress Ave. Austin, TX 78701	<b>7</b> Amount (\$)  \$572.56
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
Room Rental for Election Night**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	