

Original

ORIGINAL

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

6564

The JC/OH Instruction Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission filers) 2 Total pages filed: 5

3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR Judge ORLINDA MI L. NICKNAME LAST SUFFIX Naranjo

OFFICE USE ONLY Date Received Date Hand-Delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged FILED FOR RECORD 2007 JUL 16 PM 4:30 L.A. DEBAUVOIR CLERK COUNTY CLERK TRAVIS COUNTY TEXAS

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX APT. / SUITE CITY STATE ZIP CODE P.O. Box 2430 Austin TX 78768-2430 Charge of Address

5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION

6 CAMPAIGN TREASURER NAME MS / MRS / MR MR. Jeff MI E NICKNAME LAST SUFFIX Pusk

7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 910 La. Vaca St Austin TX 78701

8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 476-7600

9 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 COH - FR)

10 PERIOD COVERED Month Day Year 1 / 01 / 2007 THROUGH Month Day Year 6 / 30 / 2007

11 ELECTION ELECTION DATE Month Day Year ELECTION TYPE Primary Runoff General Special

12 OFFICE OFFICE HELD (if any): 419 District Ct. Judge 13 OFFICE SOUGHT (if known)

14 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 N/A Address / PO Box Apt / Suite # City State Zip Code

GO TO PAGE 2

ORIGINAL

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

15 C/OH NAME Judge Orlinda L. Naranjo 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S) This box is for notice of political expenditures by political committees to support the candidate / officeholder. ... COMMITTEE TYPE: GENERAL, SPECIFIC. COMMITTEE NAME, ADDRESS, CAMPAIGN TREASURER NAME, ADDRESS.

Table with 6 rows: 18 CONTRIBUTION TOTALS, EXPENDITURE TOTALS, CONTRIBUTION BALANCE, OUTSTANDING LOAN TOTALS. Columns: Description, Amount.

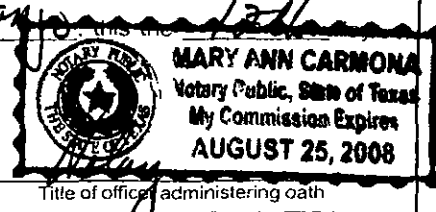
19 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder: Orlinda L. Naranjo

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Orlinda L. Naranjo on July 20, 2007, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Mary Ann Carmona. Print name of officer administering oath: MARY ANN CARMONA



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)

1 of 1

2 FILER NAME

Judge Or Linda L. Naranjo

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/19/07

5 Full name of contributor  out-of-state PAC (ID#:

Law Firm of Charles Soechting

7 Amount of contribution (\$)

\$2,000 -

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

107 Oak Shadow Dr  
San Marcos TX 78666

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

law

10 Contributor's job title

shareholder

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

N/A

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

Date

2/19/07

Full name of contributor  out-of-state PAC (ID#:

Juan Meza

Amount of contribution (\$)

\$100 -

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

2300 E. Cesar Chavez St.  
Austin TX 78702

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Business owner

Contributor's job title

owner

Contributor's employer/law firm

Juan In A Million

Law firm of contributor's spouse (if any)

N/A

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

Date

Full name of contributor  out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

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

If contributor 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 3

2 FILER NAME

Judge Orlanda Naranjo

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
1/15/07	Blues Specialists	\$525
	6 Payee address: City: State: Zip Code	
	12815 Armstrong Ave Austin 78753	

8 Purpose of payment (See instructions regarding type of information required.) Entertainment for Swearing In Party (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
1/19/07	El Sol y La Luna	\$1,300-
	6 Payee address: City: State: Zip Code	
	1224 S. Congress Ave Austin TX 78704	

Purpose of payment (See instructions regarding type of information required.) Catering for Swearing In Party (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
1/22/07	State Bar of N.M.	\$75.00
	6 Payee address: City: State: Zip Code	
	P.O. Box 2384 Santa Fe NM 87501	

Purpose of payment (See instructions regarding type of information required.) Dues (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
2/1/07	Natl. Asso. of Women Judges	\$200-
	6 Payee address: City: State: Zip Code	
	300 Newport Ave Williamsburg Va 23185	

Purpose of payment (See instructions regarding type of information required.) Dues (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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# LOANS (JUDICIAL)

# SCHEDULE E (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J):
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)
4 TOTAL OF UNITEMIZED LOANS:    ↗    ↗    ↗    ↗    ↗    ↗		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial institution?  Y            N	8 Lender address:    City:    State:    Zip Code	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		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 type="checkbox"/> none		
18 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	19 Name of guarantor  20 Guarantor address:    City:    State:    Zip Code	21 Amount Guaranteed (\$)
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: <b>2 of 3</b>
2 FILER NAME <b>Judge Or Linda Naranjo</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>2/22/07</b>	5 Payee name <b>Travis County Women Lawyer's Assn.</b>	7 Amount (\$) <b>\$40-</b>
6 Payee address: City: State: Zip Code <b>P.O. Box 684683 Austin TX 78768</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Dues</b> (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>3/01/07</b>	Payee name <b>Austin Bar Assn.</b>	Amount (\$) <b>\$150-</b>
Payee address: City: State: Zip Code <b>816 Congress Ave Ste 700 Austin TX 78701</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Foundation Dues</b> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>3/01/07</b>	Payee name <b>Girl Scouts</b>	Amount (\$) <b>\$100-</b>
Payee address: City: State: Zip Code <b>12012 Park Circle Austin TX 78753</b>		
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>5/4/07</b>	Payee name <b>State Bar of TX</b>	Amount (\$) <b>\$30-</b>
Payee address: City: State: Zip Code <b>1414 Colo. St. Austin TX 78701</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Litigation Section Dues</b> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>3 of 3</b>
2 FILER NAME <b>Judge Orlanda Naranjo</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>5/31/07</b>	5 Payee name <b>Travis County Women Lawyers' Foundation</b>	7 Amount (\$) <b>\$50-</b>
6 Payee address. City. State: Zip Code <b>P.O. Box 1386 Austin TX 78767</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Awards Luncheon</b> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>5/31/07</b>	Payee name <b>Travis County Juneteenth Celebration</b>	Amount (\$) <b>\$25-</b>
Payee address: City. State: Zip Code <b>314 W. 11th St Austin TX 78701</b>		
Purpose of payment (See instructions regarding type of information required.) <b>sponsorship</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>5/04/07</b>	Payee name <b>Travis County Cinco de Mayo</b>	Amount (\$) <b>\$25-</b>
Payee address: City. State: Zip Code <b>314 W. 11th St Austin TX 78701</b>		
Purpose of payment (See instructions regarding type of information required.) <b>sponsorship</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
	Payee address. City. State: Zip Code	
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

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