

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

15 C/OH NAME Judge Orlanda 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. 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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 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	\$ 2,076 ⁸⁷
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 42,586 ⁵⁶
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT

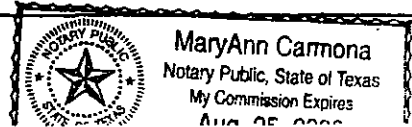
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Judge Orlanda L. Naranjo
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Orlanda Naranjo, this the 15th day of January, 20 08, to certify which, witness my hand and seal of office

Mary Ann Carmona Signature of officer administering oath
MARY ANN CARMONA Print name of officer administering oath
Notary Title of officer administering oath



POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <u>5</u> <u>1 of 5</u>
2 FILER NAME <u>Judge Or Linda Naranjo</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>10/8/07</u>	5 Payee name <u>Travis County Women Lawyers Assn Foundation</u>	7 Amount (\$) <u>\$150-</u>
6 Payee address; City; State; Zip Code <u>P. O. Box 1386 Austin TX 78767</u>		
8 Purpose of payment (See instructions regarding type of information required.) <u>Dues</u> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <u>10/8/07</u>	Payee name <u>Austin Bar Assn.</u>	Amount (\$) <u>\$150-</u>
Payee address; City; State; Zip Code <u>816 Cong. Ave Ste 700 Austin TX 78701</u>		
Purpose of payment (See instructions regarding type of information required.) <u>Follows Dues</u> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <u>10/9/07</u>	Payee name <u>Arance</u>	Amount (\$) <u>\$100-</u>
Payee address; City; State; Zip Code <u>2806 So. IH 35 Ste 160 Austin TX 78704</u>		
Purpose of payment (See instructions regarding type of information required.) <u>Lunchon</u> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <u>10/14/07</u>	Payee name <u>Dennis Garza Scholarship</u>	Amount (\$) <u>\$100-</u>
Payee address; City; State; Zip Code <u>1514 Homewood Circle TX Round Rock 78664</u>		
Purpose of payment (See instructions regarding type of information required.) <u>sponsorship for event</u> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office 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 5
2 FILER NAME Judge Orlinda Naranjo		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/10/07	5 Payee name Austin Tejanos	7 Amount (\$) \$20-
6 Payee address; City; State; Zip Code 2544 Stoutwood Cr Austin TX 78745		
8 Purpose of payment (See instructions regarding type of information required.) Dues <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 7/12/07	Payee name Austin Womens Political Caucus	Amount (\$) 65
Payee address; City; State; Zip Code P.O. Box 12383 Austin TX 78711		
Purpose of payment (See instructions regarding type of information required.) Dues <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 7/13/07	Payee name Hispanic Bar Assn. of Austin	Amount (\$) \$75
Payee address; City; State; Zip Code P.O. Box 12692 Austin TX 78711-2692		
Purpose of payment (See instructions regarding type of information required.) Dues <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 8/23/07	Payee name Ironworks BBQ	Amount (\$) \$166⁸⁷
Payee address; City; State; Zip Code 100 Red River Austin TX 78701		
Purpose of payment (See instructions regarding type of information required.) Luncheon for Nat. Council State Lts. <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> 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: 3 of 5
2 FILER NAME Judge Orlinda L. Naranjo		3 ACCOUNT # (Ethics Commission files)
4 Date 8/28/07	5 Payee name Austin Bar Foundation	7 Amount (\$) \$100-
6 Payee address; City; State; Zip Code 816 Congress Ave Ste 700 Austin TX 78701		
8 Purpose of payment (See instructions regarding type of information required.) Bar + Grill Ad <small>(If travel outside of Texas, complete Schedule T)</small>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/7/07	Payee name So. Austin Democrats	Amount (\$) \$50
Payee address; City; State; Zip Code P. O. Box 152592 Austin TX 78715		
Purpose of payment (See instructions regarding type of information required.) Yellow Dawg Democ. events sponsorship <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/7/07	Payee name Capital Area Democrats	Amount (\$) \$50-
Payee address; City; State; Zip Code P. O. Box 12962 Austin TX 78711		
Purpose of payment (See instructions regarding type of information required.) sponsorship <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/25/07	Payee name Hisp. Bar Asso. of Austin Foundation	Amount (\$) \$125-
Payee address; City; State; Zip Code P. O. Box 12692 Austin TX 78711-2692		
Purpose of payment (See instructions regarding type of information required.) Luncheon sponsorship <small>(If travel outside of Texas, complete Schedule T)</small>		** 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: 4 of 5
2 FILER NAME Judge Orlanda L. Naranjo		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/5/07	5 Payee name Austin Bar Asso. 6 Payee address; City; State; Zip Code 816 Cong. Ave Ste 700 Austin TX 78701	7 Amount (\$) \$15
8 Purpose of payment (See instructions regarding type of information required.) Litigation Dues (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 11/5/07	Payee name Univ of Democrats Payee address; City; State; Zip Code 100C West Dean Keeton SOC# 145 Austin TX 78212	Amount (\$) \$100-
Purpose of payment (See instructions regarding type of information required.) Sponsorship (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/13/07	Payee name Am. Inns of Ct. - Austin Robert Calvatian Payee address; City; State; Zip Code P.O. Box 684563 Austin TX 78768	Amount (\$) \$405-
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
Date 11/27/07	Payee name Peg Liedtke Payee address; City; State; Zip Code 1000 Guadalupe St. #300 Austin TX 78701	Amount (\$) \$30
Purpose of payment (See instructions regarding type of information required.) Xmas Luncheon for Dist. Ct staff (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: 5 of 5
2 FILER NAME Judge Orlanda L. Naranjo		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/21/07	5 Payee name State Bar of NM	7 Amount (\$) \$75
6 Payee address; City; State; Zip Code P.O. Box 92860 Santa Fe NM 87199		
8 Purpose of payment (See instructions regarding type of information required.) Dues <small>(If travel outside of Texas, complete Schedule T)</small>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/21/07	Payee name Travis County Dem Democratic Party	Amount (\$) \$300 -
Payee address; City; State; Zip Code P.O. Box 684263 Austin TX 78768		
Purpose of payment (See instructions regarding type of information required.) Filing Day Dinner <small>(If travel outside of Texas, complete Schedule T)</small>		9 ** Complete if direct expenditure to benefit C/OH ** 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>		9 ** Complete if direct expenditure to benefit C/OH ** 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>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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