

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

14 C/OH NAME Naranjo, Orlinda (The Honorable)

15 ACCOUNT # (Ethics Commission filers)
00058723

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political contributions accepted or political expenditures made 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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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)

\$ 0.00

EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,176.50

CONTRIBUTION BALANCE

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

\$ 36,748.16

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.

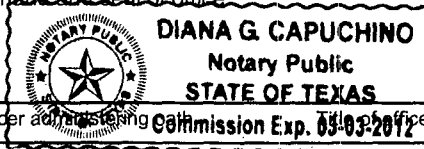
Judge Orlinda Naranjo
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Judge Orlinda Naranjo, this the 14th day of July, 2008, to certify which, witness my hand and seal of office

Diana G. Capuchino

Signature of officer administering oath



Print name of officer administering oath: **DIANA G. CAPUCHINO**
Notary Public
STATE OF TEXAS
Commission Exp. 03-03-2012

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 3 of 6
2 FILER NAME Naranjo, Orlinda (The Honorable)		3 ACCOUNT # (Ethics Commission filers) 00058723
4 Date 03/24/2008	5 Payee name Annie's List 6 Payee address; City; State; Zip Code P.O. Box 699 Austin, TX 78767	7 Amount (\$) \$100.00
8 Purpose of payment (See instructions regarding type of information required.) Luncheon (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/16/2008	Payee name Austin Bar Association Payee address; City; State; Zip Code 816 Congress Ave.,Ste. 700 Austin, TX 78701	Amount (\$) \$50.00
Purpose of payment (See instructions regarding type of information required.) Law Day (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/17/2008	Payee name Austin Tejano Democrats Payee address; City; State; Zip Code 2544 Stoutwood Circle Austin, TX 78745	Amount (\$) \$75.00
Purpose of payment (See instructions regarding type of information required.) Ad for Conference (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/10/2008	Payee name Capital Area Democrat Women Payee address; City; State; Zip Code P.O. Box 12962 Austin, TX 78711	Amount (\$) \$50.00
Purpose of payment (See instructions regarding type of information required.) Dues (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 4 of 6
2 FILER NAME Naranjo, Orlinda (The Honorable)		3 ACCOUNT # (Ethics Commission filers) 00058723
4 Date 04/24/2008	5 Payee name Cinco de Mayo Committee 6 Payee address; City; State; Zip Code 1000 Guadalupe Austin, TX 78701	7 Amount (\$) \$25.00
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship for Cinco de Mayo (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/24/2008	Payee name Jack Jenkins Debate Scholarship Payee address; City; State; Zip Code P.O. Box 5159 Austin, TX 78763	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Scholarship Fund (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/24/2008	Payee name National Association of Judges Payee address; City; State; Zip Code 300 Newpoint Avenue Williamsburg, VA 23185	Amount (\$) \$210.00
Purpose of payment (See instructions regarding type of information required.) Dues (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/07/2008	Payee name PART Payee address; City; State; Zip Code 1710 Barton Creek Austin, TX 78735	Amount (\$) \$35.00
Purpose of payment (See instructions regarding type of information required.) Dues (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 5 of 6
2 FILER NAME Naranjo, Orlinda (The Honorable)		3 ACCOUNT # (Ethics Commission filers) 00058723
4 Date 04/17/2008	5 Payee name PART 6 Payee address; City; State; Zip Code 1710 Barton Creek Austin, TX 78735	7 Amount (\$) \$35.00
8 Purpose of payment (See instructions regarding type of information required.) Fiesta Day Celebration (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/22/2008	Payee name Sam Biscoe Juneteenth Committee Payee address; City; State; Zip Code 314 W. 11th Austin, TX 78701	Amount (\$) \$25.00
Purpose of payment (See instructions regarding type of information required.) Sponsorship for Juneteenth Celebration (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/29/2008	Payee name State Bar of Texas Payee address; City; State; Zip Code P.O. Box 13007 Austin, TX 78711	Amount (\$) \$15.00
Purpose of payment (See instructions regarding type of information required.) Accreditation Fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/06/2008	Payee name State Bar of Texas Payee address; City; State; Zip Code P.O. Box 13007 Austin, TX 78711	Amount (\$) \$30.00
Purpose of payment (See instructions regarding type of information required.) Dues (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 6 of 6
2 FILER NAME Naranjo, Orlinda (The Honorable)		3 ACCOUNT # (Ethics Commission filers) 00058723
4 Date 03/05/2008	5 Payee name Task Force on Indigent Defense 6 Payee address; City; State; Zip Code P.O. Box 12066 Austin, TX 78711	7 Amount (\$) \$51.50
8 Purpose of payment (See instructions regarding type of information required.) Retreat for TFID (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/06/2008	Payee name Travis County Democratic Party Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Retirement of Chair Event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/10/2008	Payee name Travis County Women Lawyers Association Payee address; City; State; Zip Code P.O. Box 684683 Austin, TX 78760	Amount (\$) \$25.00
Purpose of payment (See instructions regarding type of information required.) Pathfinder Luncheon (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/16/2008	Payee name Travis County Women Lawyers Foundation Payee address; City; State; Zip Code P.O. Box 1386 Austin, TX 78767	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) Scholarship Luncheon Sponsorship (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: