

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

7008

**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: <div style="font-size: 2em; text-align: center;">7</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Judge FIRST: Onlinda MI: L. NICKNAME: Naranjo LAST: Naranjo SUFFIX:	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX: 1210 Nueces St APT / SUITE #: Austin TX 78701 CITY: Austin TX 78701 STATE: TX ZIP CODE: 78701		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (512) PHONE NUMBER: 854-4023 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Jeff FIRST: Jeff MI: E. NICKNAME: Rusk LAST: Rusk SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 520 Rusk Lane APT / SUITE #: Georgetown TX 78626 CITY: Georgetown TX 78626 STATE: TX ZIP CODE: 78626		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (512) PHONE NUMBER: 446-7600 EXTENSION:		
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year: 7 / 1 / 08 THROUGH Month Day Year: 12 / 31 / 08		
11 ELECTION	ELECTION DATE Month Day Year: 11 / 04 / 08	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) 419th District Court	13 OFFICE SOUGHT (if known)	
14 NOTICE OF 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: n/a Address / PO Box, Apt. / Suite #: City: State: Zip Code:		

GO TO PAGE 2

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

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

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 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
<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

\$ 4540-

CONTRIBUTION BALANCE

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

\$ 32,208 ¹⁶

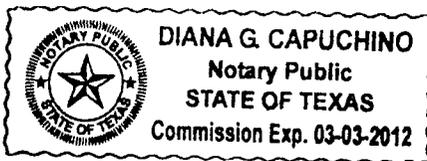
OUTSTANDING LOAN TOTALS

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 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 13th day of JANUARY, 2009, to certify which, witness my hand and seal of office.

Diana G. Capuchino
Signature of officer administering oath

Diana G. Capuchino
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:
195

2 FILER NAME
Judge Orlinda L. Naranjo

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/14/08

5 Payee name
Tx Center for the Judiciary
6 Payee address; City; State; Zip Code
1210 San Antonio
78401

7 Amount (\$)
\$55-

8 Purpose of payment (See instructions regarding type of information required.)
evidence seminar registration
(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
7/19/08

Payee name
South Austin Democrats
Payee address; City; State; Zip Code
P.O. Box 152592
Austin Tx 78715

Amount (\$)
\$50

Purpose of payment (See instructions regarding type of information required.)
sponership ad
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
9/10/08

Payee name
Capital Area Demo. Women
Payee address; City; State; Zip Code
P.O. Box 12962
Austin Tx 78711

Amount (\$)
\$60

Purpose of payment (See instructions regarding type of information required.)
luncheon sponership
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
9/22/08

Payee name
Tx. Asso. of District Ct. Judges
Payee address; City; State; Zip Code
P.O. Box 1748
Austin Tx 78767

Amount (\$)
\$20

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

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 Onlinda L. Naranjo* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>9/30/08</i>	5 Payee name <i>Austin Bar Assn.</i>	7 Amount (\$) <i>\$15-</i>
6 Payee address; City; State; Zip Code <i>816 Congress Ave Ste 700 Austin TX 78701</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Civil litigation dues</i> <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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Date <i>10/23/08</i>	Payee name <i>Travis County Democratic Party</i>	Amount (\$) <i>\$2500</i>
Payee address; City; State; Zip Code <i>P. O. Box 684263 Austin TX 78768</i>		

Purpose of payment (See instructions regarding type of information required.) <i>GO TV</i> <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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Date <i>11/10/08</i>	Payee name <i>Calvert Inns of Ct.</i>	Amount (\$) <i>\$405-</i>
Payee address; City; State; Zip Code <i>P. O. Box 684563 Austin TX 78768-4563</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Dues</i> <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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Date <i>11/13/08</i>	Payee name <i>Avance</i>	Amount (\$) <i>\$50-</i>
Payee address; City; State; Zip Code <i>2800 S. IH 35 Ste 160 Austin TX 78704</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Luncheon</i> <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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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:

3 of 5

2 FILER NAME

Judge Orlanda L. Naranjo

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/18/08

5 Payee name

Hispanic Women's Network of TX

7 Amount (\$)

\$100 -

6 Payee address; City; State; Zip Code

P.O. Box 1356
Austin TX 78767

8 Purpose of payment (See instructions regarding type of information required.)

health benefit sponsorship

(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

11/25/08

Payee name

Austin Bar Foundation

Amount (\$)

150

Payee address; City; State; Zip Code

816 Congress Ave Ste 700
Austin TX 78701

Purpose of payment (See instructions regarding type of information required.)

Founding Fellow

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11/25/08

Payee name

Mexiarte Museum

Amount (\$)

\$45 -

Payee address; City; State; Zip Code

419 Congress Ave
Austin TX 78701

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

12/2/08

Payee name

Peg Liedtke

Amount (\$)

\$25 -

Payee address; City; State; Zip Code

1000 Guadalupe St Dm 300
Austin TX 78701

Purpose of payment (See instructions regarding type of information required.)

staff Turkey Holiday Luncheon

(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:

4 of 5

2 FILER NAME

Judge Orlanda L. Naranjo

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/03/08

5 Payee name

Austin Women's Political Caucus

6 Payee address; City; State; Zip Code

P.O. Box 12383
Austin TX 78711

7 Amount (\$)

\$165

8 Purpose of payment (See instructions regarding type of information required.)

\$100 sponsorship + \$65 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

12/9/08

Payee name

El Sol y La Luna

Payee address; City; State; Zip Code

1224 S. Congress
Austin TX 78701

Amount (\$)

\$450 -

Purpose of payment (See instructions regarding type of information required.)

electrd women judges luncheon
(If travel outside of Texas, complete Schedule T)

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

Date

12/10/08

Payee name

TCWLA Scholarship Fund

Payee address; City; State; Zip Code

P.O. Box 1386
Austin TX 78767

Amount (\$)

\$100 -

Purpose of payment (See instructions regarding type of information required.)

Margaret Cooper Scholarship
(If travel outside of Texas, complete Schedule T)

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

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

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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 Of Linda Naranjo** 3 ACCOUNT # (Ethics Commission filers)

4 Date 10/14/08	5 Payee name Lulac Council 650	7 Amount (\$) \$ 100 -
	6 Payee address; City; State; Zip Code Austin TX 78758	

8 Purpose of payment (See instructions regarding type of information required.) educational Dennis Garza scholarship <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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Date 10/14/08	Payee name Hispanic Bar Asso. of Austin	Amount (\$) \$ 125 -
	Payee address; City; State; Zip Code P.O. Box 12692 Austin TX 78711	

Purpose of payment (See instructions regarding type of information required.) Hispanic Heritage Luncheon <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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Date 10/14/08	Payee name Natl. Women's Political Caucus	Amount (\$) \$ 125 -
	Payee address; City; State; Zip Code P.O. Box 50476 Wash DC 20091	

Purpose of payment (See instructions regarding type of information required.) Good Guys Good Gals Reception <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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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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