

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7149

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 5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
The Honorable Orlanda  
NICKNAME LAST SUFFIX  
Naranjo

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
1210 Nueces St.  
Austin, TX 78701

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  
520 Rusk Lane  
Georgetown, TX 78626

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  
01/01/2009 06/30/2009

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
 Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)  
District Judge District 419

12 OFFICE SOUGHT (if known)

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, 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 \$ 1,077.25

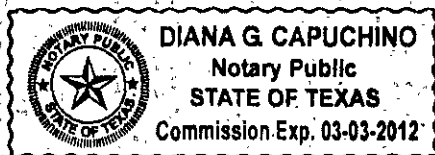
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 31,130.91

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.

*Orlinda L. Naranjo*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Orlinda L. Naranjo, this the 14<sup>th</sup> day of July, 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

Title of officer administering oath

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

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 3 of 5
2 FILER NAME Naranjo, Orlinda (The Honorable)		3 ACCOUNT # (Ethics Commission filers) 00058723
4 Date  05/16/2009	5 Payee name Austin Community Foundation  6 Payee address; City; State; Zip Code P.O. Box 5159 Austin, TX 78763	7 Amount (\$)  \$100.00
8 Purpose of payment (See instructions regarding type of information required.) Courtroom Art  (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  05/20/2009	Payee name Bruce Elfant Constable Ice Cream Social  Payee address; City; State; Zip Code P.O. Box 49051 Austin, TX 78765	Amount (\$)  \$50.00
Purpose of payment (See instructions regarding type of information required.) Family Drug Treatment 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  04/20/2009	Payee name Cinco de Mayo Committee  Payee address; City; State; Zip Code 1000 Guadalupe Austin, TX 78701	Amount (\$)  \$25.00
Purpose of payment (See instructions regarding type of information required.) 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:
Date  04/26/2009	Payee name La Voz Newspaper  Payee address; City; State; Zip Code P.O. Box 19457 Austin, TX 78760	Amount (\$)  \$227.25
Purpose of payment (See instructions regarding type of information required.) 2009 Hispanic Almanac - 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:

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

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
4 of 5**2** FILER NAME Naranjo, Orlinda (The Honorable)**3** ACCOUNT # (Ethics Commission filers)  
00058723

<b>4</b> Date 01/15/2009	<b>5</b> Payee name National Association of Women Judges	<b>7</b> Amount (\$) \$200.00
<b>6</b> Payee address; City; State; Zip Code 300 Newport Williamsburg, VA 23185		

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Dues	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date 06/02/2009	Payee name Sam Biscoe Special Community Events	Amount (\$) \$25.00
Payee address; City; State; Zip Code 1000 Guadalupe Austin, TX 78701		

Purpose of payment (See instructions regarding type of information required.) Juneteenth Celebration	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date 01/09/2009	Payee name State Bar of New Mexico	Amount (\$) \$75.00
Payee address; City; State; Zip Code P.O. Box 92860 Albuquerque, NM 87199		

Purpose of payment (See instructions regarding type of information required.) Dues	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date 01/15/2009	Payee name Travis County Women's Lawyer Association	Amount (\$) \$150.00
Payee address; City; State; Zip Code P.O. Box 1386 Austin, TX 78767		

Purpose of payment (See instructions regarding type of information required.) Fellows Contribution	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 5 of 5
2 FILER NAME Naranjo, Orlinda (The Honorable)		3 ACCOUNT # (Ethics Commission filers) 00058723
4 Date  04/15/2009	5 Payee name Travis County Women Lawyer's Association Foundation  6 Payee address; City; State; Zip Code P.O. Box 1386 Austin, TX 78767	7 Amount (\$)  \$85.00
8 Purpose of payment (See instructions regarding type of information required.) Contribution  (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  04/15/2009	Payee name Travis County Women Lawyers Association  Payee address; City; State; Zip Code P.O. Box 1386 Austin, TX 78767	Amount (\$)  \$40.00
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  05/14/2009	Payee name Travis County Women Lawyers Foundation  Payee address; City; State; Zip Code P.O. Box 1386 Austin, TX 78767	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) Community Award Banquet 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: