Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5501

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: 80

OFFICE USE ONLY

Date Received

2001 JAN 12 AM 10:34
COUNTY CLERK
TRAVIS COUNTY TEXAS
FILED AND RECORD

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MS | FIRST: Nancy | MI: W.
NICKNAME: ~~Hohengarten~~ | LAST: Hohengarten | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: PO Box 129 | APT / SUITE #: | CITY: Austin, | STATE: TX | ZIP CODE: 78767

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (512) | PHONE NUMBER: 474-9004 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MS | FIRST: Mina | MI: A
NICKNAME: | LAST: Brees | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 600 Congress Ave., Suite 2400, | APT / SUITE #: | CITY: Austin | STATE: TX | ZIP CODE: 78701

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512) | PHONE NUMBER: 391-6100 | EXTENSION:

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 C/OH - FR)

10 PERIOD COVERED

Month Day Year: 8 / 5 / 03 THROUGH Month Day Year: 12 / 31 / 03

11 ELECTION

ELECTION DATE Month Day Year: 3 / 9 / 03

ELECTION TYPE: ☑ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): Travis County Court at Law 5

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

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

15 C/OH NAME Nancy Hohengarten

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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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	$ 596.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 18,702.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ —
	4. **TOTAL POLITICAL EXPENDITURES**	$ 31,747.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$65,198.88

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.

EVONNE A. SINGH
MY COMMISSION EXPIRES
October 10, 2007

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Nancy Hohengarten, this the 9th day of January, 20 04, *to certify which, witness my hand and seal of office.*

Signature of officer administering oath	*Print name of officer administering oath*	*Title of officer administering oath*
	Evonne A. Singh	NOTARY

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: 34

2 FILER NAME: NANCY ROTHENGARTEN

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Full name of contributor ☐ out-of-state PAC ID# / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/01/03	ROBERT PATERSON 1904 NEWNING AVE AUSTIN, TX 78704	$100.00	

9 Contributor's principal occupation: UT Professor

10 Contributor's job title: Professor

11 Contributor's employer/law firm: N/A

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	Full name of contributor ☐ out-of-state PAC ID# / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/8/03	MICHAEL KLEIN 1111 W. 6TH ST., SUITE 300 AUSTIN, TX 78703	$100.00	

Contributor's principal occupation: ATTORNEY

Contributor's job title: ATTORNEY AT LAW

Contributor's employer/law firm: SMITH ROBERTSON ELLIOTT & GLEN LLP

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

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

Date	Full name of contributor ☐ out-of-state PAC ID# / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/3/03	JUN HIERT 1209 NEWNING AUSTIN, TX 78704	$250.00	

Contributor's principal occupation: UT Administration

Contributor's job title: Academic Advisor

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 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): 34

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC ID# / 6 Contributor address; City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/18/03	LAURIE R. EISERLOH 3900 AVE. C AUSTIN, TX 78751	$100.00	

9 Contributor's principal occupation: ATTORNEY

10 Contributor's job title: attorney

11 Contributor's employer/law firm: N/A

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	Full name of contributor ☐ out-of-state PAC ID# / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/18/03	WISEMAN, DURST, OWEN & COLVIN, PC 1004 WEST AVE. AUSTIN, TX 78701	$150.00	

Contributor's principal occupation: Attorneys

Contributor's job title:

Contributor's employer/law firm: WISEMAN, DURST, OWEN, & COLVIN, PC.

Law firm of contributor's spouse (if any)

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

Date	Full name of contributor ☐ out-of-state PAC ID# / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/21/03	DEATS & LEVY P.C. 1204 SAN ANTONIO AUSTIN, TX 78701	$100.00	

Contributor's principal occupation: LAWYERS

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 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): 34

2 FILER NAME: NANCY ROHINGARTEN

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC ID# / 6 Contributor address: City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/30/03	DAVID R. POOLE, PH.D. 4404 BURNET RD. AUSTIN, TX 78756	$100.00	

9 Contributor's principal occupation: PSYCHOLOGIST

10 Contributor's job title: DOCTOR OF PSYCHOLOGY

11 Contributor's employer/law firm:

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

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

Date	Full name of contributor ☐ out-of-state PAC ID# / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/25/03	CATHERINE M. BOONE 608 HARRIS AVE. AUSTIN, TX 78705	$100.00	

Contributor's principal occupation: U.T. PROFESSOR

Contributor's job title: UNIVERSITY PROFESSOR

Contributor's employer/law firm: U.T. AUSTIN

Law firm of contributor's spouse (if any): PETER TRUBOWITZ.

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

Date	Full name of contributor ☐ out-of-state PAC ID# / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/1/03	CYNTHIA GARDNER HAYES 111 SWIFT CURRENT TRL. AUSTIN, TX 78746-4355	$100.00	

Contributor's principal occupation: Attorney

Contributor's job title: Asst. City Attorney

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 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): 34

2 FILER NAME: NANCY ROTHENGARTEN

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Full name of contributor ☐ out-of-state PAC ID# / 6 Contributor address; City, State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/30/03	MICHAEL ABKOWITZ 8702 HONEYSUCKLE TRL. AUSTIN, TX 78759	$50.00	

9 Contributor's principal occupation: Financial Advisor

10 Contributor's job title: none

11 Contributor's employer/law firm:

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

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

Date	Full name of contributor ☐ out-of-state PAC ID# / Contributor address; City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/18/03	TED MELINA RAAB 6005 WOODVIEW AVE. AUSTIN, TX 78757	$50.00	

Contributor's principal occupation: Organizer

Contributor's job title: Unknown

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):

Date	Full name of contributor ☐ out-of-state PAC ID# / Contributor address; City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/20/03	MAUREEN POWERS 3503 HILLBROOK CIRCLE AUSTIN, TX 78731	$100.00	

Contributor's principal occupation: Attorney

Contributor's job title: Asst. Attorney General

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 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): 34

2 FILER NAME: NANCY FRIEDGARTEN

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Full name of contributor (☐ out-of-state PAC ID#) / 6 Contributor address; City, State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/1/03	LYDIA H. DEATS 3310 BIG BEND DR. AUSTIN, TX 78731	$100.00	

9 Contributor's principal occupation: teacher

10 Contributor's job title: retired teacher

11 Contributor's employer/law firm:

12 Law firm of contributor's spouse (if any): DEATS & LEVY - CRAIG DEATS

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

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/3/03	KRISTINA A. DAVIS-JONES 303 DUVAL ST. AUSTIN, TX 78751	$250.00	

Contributor's principal occupation: ATTORNEY

Contributor's job title: ATTORNEY AT LAW

Contributor's employer/law firm: LAW OFFICE OF KRIS DAVIS JONES

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

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

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/1/03	DAVID RANDELL 8805 SILVERARROW CIR. AUSTIN, TX 78759	$100.00	

Contributor's principal occupation: Attorney

Contributor's job title: Assistant Attorney General

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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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): 34

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC ID# 6 Contributor address; City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/2/03	DAN PROCTER 2109 KENWOOD AUSTIN, TX 78704	$500.00	

9 Contributor's principal occupation: journalist

10 Contributor's job title: Director, Texas Register

11 Contributor's employer/law firm:

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

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

Date	Full name of contributor ☐ out of state PAC ID# Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/3/03	STEPHEN E. EDWARDS 400 W. 14TH ST., SUITE 120 AUSTIN, TX 78701	$250.00	

Contributor's principal occupation: ATTORNEY

Contributor's job title: ATTORNEY AT LAW

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):

Date	Full name of contributor ☐ out-of-state PAC ID# Contributor address; City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/3/03	BRUCE S. FOX 404 W. 13TH ST., AUSTIN, TX 78701	$100.00	

Contributor's principal occupation: ATTORNEY

Contributor's job title: ATTORNEY AT LAW

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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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): 34

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC : ID#.	6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/3/03	LARRY SAUER	1004 WEST AVE. AUSTIN, TX 78701-2019	$250.00	

9 Contributor's principal occupation: LAWYER

10 Contributor's job title: ATTORNEY AT LAW

11 Contributor's employer/law firm

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

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

Date	Full name of contributor ☐ out-of-state PAC ID#	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/3/03	BETTY BLACKWELL	1306 NUECES ST., AUSTIN, TX 78701	$100.00	

Contributor's principal occupation: ATTORNEY

Contributor's job title: ATTORNEY AT LAW

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)

Date	Full name of contributor ☐ out-of-state PAC ID#	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/2/03	LLOYD LOCHRIDGE	919 CONGRESS AVE., AUSTIN, TX 78701	$100.00	

Contributor's principal occupation: ATTORNEY

Contributor's job title: ATTORNEY AT LAW

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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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): 34

2 FILER NAME: NANCY RICHTHOFEN

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Full name of contributor (☐ out-of-state PAC ID#) / 6 Contributor address; City, State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/6/03	JAMES ECHOLS 5402 MOUNTAIN CEDAR DR. AUSTIN, TX 78731	$50.00	

9 Contributor's principal occupation: none

10 Contributor's job title: none

11 Contributor's employer/law firm:

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

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

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address; City, State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/6/03	CAROLYN McFARLAND 4200 DUVAL ST. AUSTIN, TX 78751	$100.00	

Contributor's principal occupation: financial advisor

Contributor's job title: N/A

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):

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address; City, State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/01/03	WALTER TIMBERLAKE 2006 BOULDIN AVE. AUSTIN, TX 78704	$100.00	

Contributor's principal occupation: RETIRED

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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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): 34

2 FILER NAME: NANCY ROTHENGARTEN

3 ACCOUNT # (Ethics Commission files):

4 Date	5 Full name of contributor (☐ out-of-state PAC ID#)	6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/05/03	DAVID MATTAX	808 32ND ST. E AUSTIN, TX 78705	$250.00	

9 Contributor's principal occupation: ATTORNEY

10 Contributor's job title: Asst. Attorney General

11 Contributor's employer/law firm:

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

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

Date	Full name of contributor (☐ out-of-state PAC ID#)	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/8/03	CARY FERCHILL	2524 TANGLEWOOD TRL AUSTIN, TX 78703	$200.00	

Contributor's principal occupation: ATTORNEY

Contributor's job title: ATTORNEY

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):

Date	Full name of contributor (☐ out-of-state PAC ID#)	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/9/03	BEVERLY GRIFFITH	3711 TAYLORS DR. AUSTIN, TX 78703	$100.00	

Contributor's principal occupation: Former Elected Official

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 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): 34

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC ID#: / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/4/03	HANIS PINNELL I P.O. BOX 50038, AUSTIN, TX 78763	$250.00	

9 Contributor's principal occupation: Contractor

10 Contributor's job title: N/A

11 Contributor's employer/law firm:

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

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

Date	Full name of contributor ☐ out-of-state PAC ID#: / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/7/03	D. MICHAEL DODD 10201 VENITA COVE, AUSTIN, TX 78733	$100.00	

Contributor's principal occupation: Attorney

Contributor's job title: Attorney

Contributor's employer/law firm: Dodd & Batla

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

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

Date	Full name of contributor ☐ out-of-state PAC ID#: / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/4/03	ROBERT E. CANTU, M.D., P.A. AUSTIN, TX 78703 1717 W. 6TH ST, SUITE 440	$100.00	

Contributor's principal occupation: M.D.

Contributor's job title: DR.

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 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) 34

2 FILER NAME: NANCY FRIEDMANGARTEN

3 ACCOUNT # (Ethics Commission use only)

4 Date	5 Full name of contributor / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/8/03	TOM SELLERS 2102 WOODMONT AVE. AUSTIN, TX 78703	$50.00	

9 Contributor's principal occupation: lobbiest

10 Contributor's job title:

11 Contributor's employer/law firm:

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

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

Date	Full name of contributor / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/9/03	CHRISTINE MONZINGO 8804 SILVERWOOD COURT AUSTIN, TX 78759	$50.00	

Contributor's principal occupation: Attorney

Contributor's job title: Asst. Attorney General

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):

Date	Full name of contributor / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/4/03	RONALD TORREY 10912 JAMIE GLEN WAY AUSTIN, TX 78753	$100.00	

Contributor's principal occupation: Trash Hauler

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):

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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): 34

2 FILER NAME: NANCY ROTHENGARTEN

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Full name of contributor / 6 Contributor address: City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/6/03	JEANA LUNGWITZ 806 JOSEPHINE AUSTIN, TX 78704	$100.00	

9 Contributor's principal occupation: Attorney

10 Contributor's job title: Adjunct Professor UT Law

11 Contributor's employer/law firm:

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

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

Date	Full name of contributor / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/9/03	PAT MALONE 7309 CHIMNEY CORNERS AUSTIN, TX 78731	$100.00	

Contributor's principal occupation: ATTORNEY

Contributor's job title: ATTORNEY AT LAW

Contributor's employer/law firm: LAW OFFICE OF PAT MALONE

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

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

Date	Full name of contributor / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/9/03	CATHERINE GHIGLIERI 2300 CYPRESS POINT WEST AUSTIN, TX 78746	$100.00	

Contributor's principal occupation: Consultant

Contributor's job title: N/A

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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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): 34

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC ID#: / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
12/3/03	SANDRA R. NICHOLS AUSTIN, TX 78703-2704 2220 BONNIE RD,	$100.00	

9 Contributor's principal occupation: ATTORNEY

10 Contributor's job title: ATTORNEY AT LAW

11 Contributor's employer/law firm:

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

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

Date	Full name of contributor ☐ out-of-state PAC ID#: / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
12/3/03	ROSE ANN REESER AUSTIN, TX 78746 303 WESTHAVEN DR.	$50.00	

Contributor's principal occupation: ATTORNEY

Contributor's job title: ATTORNEY AT LAW

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):

Date	Full name of contributor ☐ out-of-state PAC ID#: / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
12/5/03	DIANE HEBNER 507 W. 7TH ST. AUSTIN, TX 78701	$50.00	

Contributor's principal occupation: ATTORNEY

Contributor's job title: ATTORNEY AT LAW

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 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): 34

2 FILER NAME: NANCY RICHENGARTEN

3 ACCOUNT # (Ethics Commission use only)

4 Date	5 Full name of contributor (☐ out-of-state PAC ID#) / 6 Contributor address: City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/19/03	ANN RENKLER 7006 EDGEFIELD DR. AUSTIN, TX 78731	$300.00	

9 Contributor's principal occupation: Admin. Asst.

10 Contributor's job title: Admin. Asst.

11 Contributor's employer/law firm:

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

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

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/17/03	AMY WRIGHT 4414 ROSEDALE AVE AUSTIN, TX 78756	$100.00	

Contributor's principal occupation: Attorney

Contributor's job title: Attorney

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):

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/5/03	ORR & OLAUSON 804 RIO GRANDE ST. AUSTIN, TX 78701	$500.00	

Contributor's principal occupation: ATTORNEYS

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 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): 34

2 FILER NAME: NANCY FICHENGARTEN

3 ACCOUNT # (Ethics Commission use):

4 Date	5 Full name of contributor (☐ out-of-state PAC ID#) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/9/03	BREE BUCHANAN 1510 EDGEWOOD AVE. AUSTIN, TX 78722	$100.00	

9 Contributor's principal occupation	10 Contributor's job title
Attorney	attorney at Law
11 Contributor's employer/law firm	**12 Law firm of contributor's spouse (if any)**

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

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/10/03	STACY SUITS 7807 DONCASTER AUSTIN, TX 78745	$50.00	

Contributor's principal occupation	Contributor's job title
Constable	Deputy Constable
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)

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/8/03	RONALD DEL VECCHIO 6002 BULL CREEK AUSTIN, TX 78757	$100.00	

Contributor's principal occupation	Contributor's job title
Attorney	attorney at Law
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 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): 34

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Full name of contributor ☐ Out-of-state PAC ID#	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/10/03	BONNIE LOCKHART	7206 FORTREE CV. AUSTIN, TX 78750	$100.00	

9 Contributor's principal occupation: Attorney

10 Contributor's job title: Attorney at Law

11 Contributor's employer/law firm:

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

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

Date	Full name of contributor ☐ Out-of-state PAC ID#	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/10/03	SHUDDE FATH	1005 BLUEBONNET LN AUSTIN, TX 78704	$50.00	

Contributor's principal occupation: RETIRED

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):

Date	Full name of contributor ☐ Out-of-state PAC ID#	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/10/03	ELIZABETH BROOKS	1010 MILAM AUSTIN, TX 78704	$100.00	

Contributor's principal occupation: Real Estate Broker

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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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): 34

2 FILER NAME: NANCY ROTHENGARTEN

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC ID# / 6 Contributor address: City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/10/03	LIZ CARMACK 808 JOSEPHINE AUSTIN, TX 78704	$100.00	

9 Contributor's principal occupation: state employee

10 Contributor's job title:

11 Contributor's employer/law firm:

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

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

Date	Full name of contributor ☐ out-of-state PAC ID# / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/10/03	TOM NUCKOLS 2309 FARNSWOOD CIR. AUSTIN, TX 78704	$50.00	

Contributor's principal occupation: Attorney

Contributor's job title: Asst. County Attorney

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):

Date	Full name of contributor ☐ out-of-state PAC ID# / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/10/03	DENISE DONNELLY P.O. BOX 12241 AUSTIN, TX 78711	$50.00	

Contributor's principal occupation: state employee

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 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): 34

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Full name of contributor ☐ Out-of-state PAC ID# / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/10/03	"BOB" ROBERT SMITH 6311 LATIGO PASS AUSTIN, TX 78749	$250.00	

9 Contributor's principal occupation: Attorney

10 Contributor's job title: Attorney

11 Contributor's employer/law firm:

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

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

Date	Full name of contributor ☐ Out-of-state PAC ID# / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/7/03	KATHY CLARK 4214 DEEPWOODS DR. AUSTIN, TX 78731	$150.00	

Contributor's principal occupation: Retired

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):

Date	Full name of contributor ☐ Out-of-state PAC ID# / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/10/03	MARY WOLF 7633 ROCKPOINT DR. AUSTIN, TX 78731	$100.00	

Contributor's principal occupation: Attorney

Contributor's job title: Attorney

Contributor's employer/law firm:

Law firm of contributor's spouse (if any): Graves, Dougherty

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 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): 34

2 FILER NAME: NANCY RICHARDSON

3 ACCOUNT # (if applicable)

4 Date	5 Full name of contributor (Contributor's PAC ID#)	6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution (description if applicable)
12/5/03	BETTIE NAYLOR & ASSOCIATES	1122 COLORADO SUITE 207 AUSTIN, TX 78701	$50.00	

9 Contributor's principal occupation: Consultant

10 Contributor's job title:

11 Contributor's employer/law firm:

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

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

Date	Full name of contributor (Contributor's PAC ID#)	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution (description if applicable)
12/13/03	PAUL C. HUDSON	427 BRADY LN. AUSTIN, TX 78746	$100.00	

Contributor's principal occupation: Real Estate

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):

Date	Full name of contributor (Contributor's PAC ID#)	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution (description if applicable)
12/14/03	MARIAN L. COTHRAN	3437 BRUNSWICK RD. LEXINGTON, KY 40503	$100.00	

Contributor's principal occupation: Teacher

Contributor's job title: Professor

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 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) 34

2 FILER NAME
NANCY HOHENGARTEN

3 ACCOUNT [illegible]

4 Date	5 Full name of contributor	7 Amount of contribution ($)	8 In-kind contribution (description if applicable)
12/18/03	BEVERLY GRIFFITH 6 Contributor address, City, State, Zip Code: 3711 TAYLORS DR. AUSTIN, TX 78703	$100.00	

9 Contributor's principal occupation: Former Elected Official

10 Contributor's job title:

11 Contributor's employer/law firm:

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

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

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution (description if applicable)
12/14/03	WILLIAM HOHENGARTEN Contributor address, City, State, Zip Code: 1807 CALIFORNIA ST. NW, APT. 306 WASHINGTON, D.C. 20009-1828	$100.00	

Contributor's principal occupation: Attorney

Contributor's job title: Attorney

Contributor's employer/law firm: Jenner & Block

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

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

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution (description if applicable)
12/18/03	LAW OFFICE OF SCOTT A. YOUNG Contributor address, City, State, Zip Code: 600 W. 12TH ST. AUSTIN, TX 78701	$100.00	

Contributor's principal occupation: ATTORNEY

Contributor's job title: attorney

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 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): 34

2 FILER NAME: NANCY ROTHENGARTEN

3 ACCOUNT # (Ethics Commission files):

4 Date	5 Full name of contributor ☐ out-of-state PAC ID# / 6 Contributor address: City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/8/03	SHAUNESSY LAW FIRM, PC 114 WEST 7TH ST, SUITE 1000 AUSTIN, TX 78701	$100.00	

9 Contributor's principal occupation: ATTORNEYS

10 Contributor's job title:

11 Contributor's employer/law firm:

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

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

Date	Full name of contributor ☐ out-of-state PAC ID# / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/3/03	Jeff Trigger 3106 LOOKOUT LN. AUSTIN, TX 78746-1430	$100.00	

Contributor's principal occupation: Hotel Management

Contributor's job title: Hotelier

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):

Date	Full name of contributor ☐ out-of-state PAC ID# / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/11/03	ANTHONY HALEY 815 BRAZOS ST. SUITE 200 AUSTIN, TX 78701	$100.00	

Contributor's principal occupation: ATTORNEY

Contributor's job title: LAWYER - ATTORNEY AT LAW

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 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): 11

2 FILER NAME: NANCY HOHENGARTEN

3 ADDED JUDICIAL Schedule Pages: 34

4 Date	5 Full name of contributor	6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/22/03	R. JAMES GEORGE, JR.	114 W. 7TH ST., STE. 1100 AUSTIN, TX 78701	$150.00	

9 Contributor's principal occupation: ATTORNEY

10 Contributor's job title:

11 Contributor's employer/law firm: George & Donaldson

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

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

Date	Full name of contributor	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/20/03	LAW OFFICE OF TRACY D. CLUCK	7101 HWY 71 WEST #220 AUSTIN, TX 78735	$100.00	

Contributor's principal occupation: ATTORNEY

Contributor's job title: ATTORNEY AT LAW

Contributor's employer/law firm: Mathews

Law firm of contributor's spouse (if any): MALITOS & ASSOC'S. PC

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

Date	Full name of contributor	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/18/03	COL. KENNETH G. LINGLE	9823 GEMINI DR. SAN ANTONIO, TX 78217	$100.00	

Contributor's principal occupation: RETIRED MILITARY

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 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): 34

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (ethics commission use)

4 Date	5 Full name of contributor (out-of-state PAC ID#)	6 Contributor address; City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/29/03	SUSAN HENRICKS	2805 BRIDLE PATH AUSTIN, TX 78703	$250.00	

9 Contributor's principal occupation: Attorney

10 Contributor's job title: attorney

11 Contributor's employer/law firm: Hull Henricks & McRae

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

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

Date	Full name of contributor (out-of-state PAC ID#)	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/29/03	JANET L. HAMILTON	2114 INDIAN TRAIL AUSTIN, TX 78703	$500.00	

Contributor's principal occupation: ATTORNEY

Contributor's job title: ATTORNEY AT LAW

Contributor's employer/law firm: Akin Gump

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

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

Date	Full name of contributor (out-of-state PAC ID#)	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/29/03	SCOTT, DOUGLAS & McCONNICO	600 CONGRESS AVE., 15TH FLOOR AUSTIN, TX 78701-2589	$500.00	

Contributor's principal occupation: ATTORNEYS

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 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): 34

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (since January 1, 1991):

4 Date	5 Full name of contributor (Out-of-state PAC: Date)	6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/23/03	MUNSCH HARDT KOPF & HARR	600 CONGRESS AVE., SUITE 2900 AUSTIN, TX 78701-2978	$250.00	

9 Contributor's principal occupation: ATTORNEYS at Law

10 Contributor's job title: LAWYER

11 Contributor's employer/law firm:

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

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

Date	Full name of contributor (Out-of-state PAC: Date)	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/29/03	HERMAN, HOWRY, & BREEN, L.L.P.	1900 PEARL ST. AUSTIN, TX 78705-5408	$500.00	

Contributor's principal occupation: ATTORNEYS

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):

Date	Full name of contributor (Out-of-state PAC: Date)	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/24/03	BRADLEY SEALS	4611 MADRONA AUSTIN, TX 78731-5229	$250.00	

Contributor's principal occupation: Attorney

Contributor's job title:

Contributor's employer/law firm: Neuberger & Barron

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 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): 34

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission use)

4 Date	5 Full name of contributor (Out-of-state PAC: Dir)	6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/25/03	KAY JOHNSONIUS	1510 ASHWOOD RD. AUSTIN, TX 78722	$100.00	

9 Contributor's principal occupation: Attorney

10 Contributor's job title: Attorney

11 Contributor's employer/law firm: State of Texas

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

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

Date	Full name of contributor (Out-of-state PAC: Dir)	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/20/03	PATRICIA MURPHY	No. 15 Pillow RD. AUSTIN, TX 78745-2638	$100.00	

Contributor's principal occupation: Real Estate

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):

Date	Full name of contributor (Out-of-state PAC: Dir)	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/23/03	CHARLES O. GRIGSON	604 W. 12TH ST. AUSTIN, TX 78701	$300.00	

Contributor's principal occupation: LAWYER

Contributor's job title: ATTORNEY AT LAW

Contributor's employer/law firm: solo practice

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 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): 34

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Full name of contributor	6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/29/03	MINTON, BURTON, FOSTER & COLLINS	1100 GUADALUPE ST AUSTIN, TX 78704	$500.00	

9 Contributor's principal occupation: ATTORNEYS

10 Contributor's job title:

11 Contributor's employer/law firm:

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

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

Date	Full name of contributor	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/16/03	VIVIAN S. BALLARD	1304 NEWNING AVE. AUSTIN, TX 78704	$250.00	

Contributor's principal occupation: ATTORNEY

Contributor's job title: ATTORNEY AT LAW

Contributor's employer/law firm: none

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

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

Date	Full name of contributor	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/22/03	JADE MEEKER	11708 UPLANDS ~~RIDGE DR.~~ AUSTIN, TX 78738	$50.00	

Contributor's principal occupation: LAWYER

Contributor's job title: Asst. District Attorney

Contributor's employer/law firm: District Attorney

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 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): 34

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (if any):

4 Date	5 Full name of contributor	6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/30/03	W. STEPHEN BENESH	419 TOM SAWYER RD. DRIPPING SPRINGS, TX 78620	$100.00	

9 Contributor's principal occupation: ATTORNEY

10 Contributor's job title: ATTORNEY AT LAW

11 Contributor's employer/law firm: BRACEWELL & PATTERSON

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

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

Date	Full name of contributor	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/30/03	ANN KITCHEN	2401 BRIARGROVE AUSTIN, TX 78704	$125.00	

Contributor's principal occupation: ATTORNEY

Contributor's job title:

Contributor's employer/law firm: Nan Gent

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

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

Date	Full name of contributor	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/31/03	CHRISTOPHER K. GUNTER, PC	600 W. 9TH ST. AUSTIN, TX 78701-2212	$1,000.00	

Contributor's principal occupation: Lawyer law firm

Contributor's job title: ATTORNEY AT LAW

Contributor's employer/law firm: Law Office of Chris Gunter

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 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): 34

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (if applicable):

4 Date	5 Full name of contributor	6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/25/03	JANET SHELTON	4 TIMBERGREEN CR. DENTON, TX 76205	$250.00	

9 Contributor's principal occupation: accountant

10 Contributor's job title: CPA

11 Contributor's employer/law firm:

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

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

Date	Full name of contributor	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/8/03	MAGGI MILLER	4711 FIELDSTONE DR. AUSTIN, TX 78735	$50.00	

Contributor's principal occupation: N/A

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):

Date	Full name of contributor	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/16/03	BETTY BLACKWELL	1206 NUECES AUSTIN, TX 78701	$150.00	

Contributor's principal occupation: Attorney

Contributor's job title:

Contributor's employer/law firm: Law Office of Betty Blackwell

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 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) 34

2 FILER NAME
NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission use)

4 Date	5 Full name of contributor (Out-of-state PAC ID#)	6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/22/03	HENDLER LAW FIRM, P.C.	816 CONGRESS AVE., SUITE 1230 AUSTIN, TX 78701	$250.00	

9 Contributor's principal occupation: ATTORNEYS

10 Contributor's job title:

11 Contributor's employer/law firm:

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

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

Date	Full name of contributor (Out-of-state PAC ID#)	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/26/03	TON S. WAINWRIGHT	3915 BECKER AVE. AUSTIN, TX 78751	$100.00	

Contributor's principal occupation: Economist

Contributor's job title: Senior Consulting Economist

Contributor's employer/law firm: Marsh & McLennan

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

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

Date	Full name of contributor (Out-of-state PAC ID#)	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/29/03	MERICA & BOURLAND P.C. OPR.	400 W. 15TH ST., SUITE 600 AUSTIN, TX 78701	$200.00	

Contributor's principal occupation: ATTORNEYS at law

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 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): 34

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (PAC Committees only)

4 Date	5 Full name of contributor	6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/29/03	SCOTT C. SMITH	1204 NUECES AUSTIN, TX 78701	$100.00	

9 Contributor's principal occupation: ATTORNEY

10 Contributor's job title:

11 Contributor's employer/law firm:

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

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

Date	Full name of contributor	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/31/03	VIRGINIA ABNEW	1204 CASTLE HILL AUSTIN, TX 78703	$100.00	

Contributor's principal occupation: ATTORNEY

Contributor's job title: ATTORNEY

Contributor's employer/law firm:

Law firm of contributor's spouse (if any): HERRING & IRWIN

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

Date	Full name of contributor	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/31/03	JOSEPH A. TURNER	11217 FITZHUGH RD. AUSTIN, TX 78736	$500.00	

Contributor's principal occupation: ATTORNEY

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 34

2 FILER NAME: NANCY HOHENGARTEN

3 ID / Date / Page / Line

4 Date	5 Full name of contributor	6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/31/03	BUFFORD & GONZALEZ, LLP	P.O. BOX 684566 AUSTIN, TX 78768	$100.00	

9 Contributor's principal occupation: ATTORNEYS AT LAW

10 Contributor's job title: LAWYERS

11 Contributor's employer/law firm:

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

13 If contributor is a child, law firm of parents (if any):

Date	Full name of contributor	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/30/03	KENT C. ANSCHUTZ	1012 RIO GRANDE AUSTIN, TX 78701	$100.00	

Contributor's principal occupation: ATTORNEY

Contributor's job title: ATTORNEY AT LAW

Contributor's employer/law firm:

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

If contributor is a child, law firm of parents (if any):

Date	Full name of contributor	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/1/03	JADE MEEKER	11708 UPLANDS RIDGE DR AUSTIN, TX 78738	$50.00	

Contributor's principal occupation: LAWYER

Contributor's job title: ATTORNEY

Contributor's employer/law firm:

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

If contributor is a child, law firm of parents (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 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: 34

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission use)

4 Date	5 Full name of contributor (☐ out-of-state PAC ID#) / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/10/03	DR. ROBERT CANTU 1717 W. 6TH, SUITE 440 AUSTIN, TX 78703	$25.00	

9 Contributor's principal occupation: Doctor

10 Contributor's job title: Dr.

11 Contributor's employer/law firm:

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

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

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/11/03	MARK McCRINMON 900 RIO GRANDE AUSTIN, TX 78701	100.00	

Contributor's principal occupation: Attorney

Contributor's job title: Attorney

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):

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/18/03	SCOTT MOORE 2507 STRATFORD DR. AUSTIN, TX 78746	$50.00	

Contributor's principal occupation: Attorney

Contributor's job title:

Contributor's employer/law firm: Law Office of Scott Moore

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 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): 2

2 FILER NAME: NANCY RICHENGARTEN

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC ID#)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/10/03	WYN NELLE LEETH	1102 SOUTHWOOD AUSTIN, TX 78704		FOOD $100.00

9 Contributor's principal occupation: STATE OF TEXAS EMPLOYEE

10 Contributor's job title:

11 Contributor's employer/law firm: ATTORNEY GENERAL OF TX

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

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

Date	Full name of contributor (☐ out-of-state PAC ID#)	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/10/03	DANIEL ROSS	1104 SAN ANTONIO AUSTIN, TX 78701		DONATED HOUSE FOR FUND RAISER $1,325.00

Contributor's principal occupation: ATTORNEY

Contributor's job title: ATTORNEY AT LAW

Contributor's employer/law firm: DANIEL ROSS & ASSOCIATES

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

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

Date	Full name of contributor (☐ out-of-state PAC ID#)	Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/14/03	EMILY MILLER	4701 A RED BLUFF AUSTIN, TX 78702		CATERING - DESSERT TRAY $92.44

Contributor's principal occupation: CATERER

Contributor's job title: CARTERER

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total number Schedule A: 2

2 FILER NAME: NANCY RICHENGARTEN

3 ACCOUNT [illegible]

4 Date	5 Full name of contributor	6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 Pledge contribution (description if applicable)
12/10/03	QUINCY ERICKSON	4203 RAMSEY AUSTIN, TX 78756	$609.33	

9 Contributor's principal occupation: Caterer

10 Contributor's job title:

11 Contributor's employer/law firm:

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

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

Date	Full name of contributor	Contributor address, City, State, Zip Code	Amount of contribution ($)	Pledge contribution (description if applicable)
12/10/03	LEON GRIZZARD	1102 RIO GRANDE AUSTIN, TX 78701	$400.00	MUSIC

Contributor's principal occupation: LAWYER

Contributor's job title: ATTORNEY AT LAW

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):

Date	Full name of contributor	Contributor address, City, State, Zip Code	Amount of contribution ($)	Pledge contribution (description if applicable)

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.

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B(J): 2

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission files):

4 TOTAL OF UNITEMIZED PLEDGES: $

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
11-20-03	GAIL PAPERMASTER 111 CONGRESS AVE., SUITE 2200 AUSTIN, TX 78701	$100.00	

10 Pledgor's principal occupation: ATTORNEY

11 Pledgor's job title: ATTORNEY AT LAW

12 Pledgor's employer/law firm: BRACEWELL & PATTERSON

13 Law firm of pledgor's spouse (if any):

14 If pledgor is a child, law firm of parent(s) (if any):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
12-1-03	DEBORAH HISER 98 SAN JACINTO, SUITE 1300 AUSTIN, TX 78701	$100.00	

Pledgor's principal occupation: ATTORNEY

Pledgor's job title: ATTORNEY AT LAW

Pledgor's employer/law firm: BROWN McCARROLL

Law firm of pledgor's spouse (if any):

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

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
11-20-03	Jennifer Brannon 300 W. 6th Suite 2100, Austin 78701	100.00	

Pledgor's principal occupation: Attorney

Pledgor's job title: Attorney

Pledgor's employer/law firm: Akin Gump

Law firm of pledgor's spouse (if any):

If pledgor 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.

LOANS (JUDICIAL)

SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E(J): 1

2 FILER NAME: Nancy Hohengarten

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan: 8-15-03

7 Name of lender: Bank of America ☐ out-of-state PAC (ID#:)

9 Loan Amount ($): 65,000*

6 Is lender a financial institution? (Y) N

8 Lender address: City: State: Zip Code: 901 Main St. 67th Floor Dallas, TX 75202 Texas Main Office

10 Interest rate: 6.103 %

11 Maturity date: 8-15-2018

12 Lender's Principal Occupation: Bank

13 Lender's Job Title: N/A

14 Lender's Employer/Law Frim: N/A

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: Residence at 4114 Ave H, Austin, TX 78751 ☐ none

18 GUARANTOR INFORMATION ☐ 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 Frim

25 Law Firm of guarantor's spouse (if any)

26 If guarantor is child, law firm of parent(s) (if any)

* Actual loan amount was $70,000 but $5,000 went to personal account. The loan was a personal loan and $65,000 was deposited to the campaign

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: 39

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
9/16/03	HISPANIC BAR ASSOC. OF TX 701 W. 51ST ST. STE W-615 AUSTIN, TX 78714	$ 40.00

8 Purpose of payment (See instructions regarding type of information required.): NON-PROFIT FUND RAISER

9 -- 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 ($)
9/17/03	TRAVIS COUNTY WOMEN LAWYERS ASSOC. P.O. BOX 684683 AUSTIN, TX 78768	$ 15.00

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

-- 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 ($)
9/18/03	TCBA CIVIL APPELLATE 816 CONGRESS #700 AUSTIN, TX 78701	$ 15.00

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

-- 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 ($)
9/25/03	AUSTIN YOUNG LAWYERS 816 CONGRESS #700 AUSTIN, TX 78701	$ 10.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 39

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/24/03	JEFFREY EDDINS 1500 JULIET AUSTIN, TX 78704	$250.00

8 Purpose of payment (See instructions regarding type of information required.): WEB SIGHT CREATOR

9 -- 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 ($)
11/5/03	TCBA FAMILY LAW 816 CONGRESS # 700 AUSTIN, TX 78701	$14.00

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

-- 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 ($)
10/4/03	LEADERSHIP AUSTIN P.O. BOX 684189 AUSTIN, TX 78768-4189	$145.00

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

-- 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 ($)
10/30/03	FRY'S ELECTRONIC 12707 N. MOPAC EXPRESSWAY AUSTIN, TX 78727	$72.51

Purpose of payment (See instructions regarding type of information required.): ROUTER NETWORK CABLE

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 39

2 FILER NAME: Nancy Hohengarten

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
10/6/03	DAVID BUTTS 1914 PATTON LN. AUSTIN, TX 78723	$500.00

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

9 -- Complete if direct expenditure to benefit C/OH -- Cand date / Officeholder name / Office sought / Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/7/03	GLEN MAXEY 510 E. RIVERSIDE DR. #E 203 -- AUSTIN TX 78704	$5,000.00

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

-- 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 ($)
9/4/03	AATE -- U.T. -- AUSTIN NETWORKING U.T. -- AUSTIN TX 78705	$23.00

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

-- 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 ($)
10/31/03	LA PRENSA P.O. BOX 6504, AUSTIN TX 78762	$200.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 39

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission use)

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
10/30/03	MIKE RABB 6910 HART LN. #802 AUSTIN, TX 78731	$200.00

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
WAGES	

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
10/2/03	VERVE PUBLISHING P.O. BOX 431143 PONTIAC, MI 48341	$20.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
DOMAIN NAME INTERNET	

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
11/6/03	OFFICE MAX 901 W. 5TH ST. AUSTIN, TX 78703	$16.23

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
COMPUTER MOUSE	

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	-- 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: 39

2 FILER NAME Nancy Hohengarten

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/6/03	WynNelle Leeth 1102 Southwood Rd. Austin, Tx 78704	$70.00

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

9 -- 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 ($)
10/30/03	Glen Maxey 52 E. Riverside Dr #203 78704	$500.00

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

-- 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 ($)
11/4/03	David Butts 1914 Patton Ln. Austin, Tx 78723	$500.00

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

-- 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 ($)
10/31/03	Marcus Rice 1218 C Windsor 78703	$560.00

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

-- 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: 39

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
10/21/03	FRY'S ELECTRONIC 12707 N. MOPAC EXPRESSWAY AUSTIN, TX 78727	$72.51

8 Purpose of payment (See instructions regarding type of information required.): ROUTER NETWORK CABLE

9 -- 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 ($)
10/14/03	FRY'S ELECTRONIC 12707 N. MOPAC EXPRESSWAY AUSTIN, TX 78727	$71.41

Purpose of payment (See instructions regarding type of information required.): ROUTER NETWORK CABLE

-- 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 ($)
10/14/03	T. MOBILE P.O. BOX 742596 CINCINNATI, OH 45274-2596	$31.53

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

-- 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 ($)
10/20/03	KINKOS 2901 MEDICAL ARTS AUSTIN, TX 78705	$1.30

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

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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 39

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/17/03	MARGARET GOMEZ CAMPAIGN P.O. BOX 3232 AUSTIN, TX 78764-9998	$25.00

8 Purpose of payment (See instructions regarding type of information required.): CAMPAIGN FUND RAISER

9 -- 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 ($)
10/25/03	CENTRAL AUSTIN DEMOCRATS 1501 BARTON SPRINGS RD #233 AUSTIN, TX 78704	$100.00

Purpose of payment (See instructions regarding type of information required.): PAT CROWLEY FUNDRAISER

-- 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 ($)
10/29/03	RON DAVIS CAMPAIGN 1224 E. 12TH ST. AUSTIN, TX 78702	$35.00

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN FUND RAISER

-- 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 ($)
10/16/03	MIKE RAAB 6910 HART LN. #802 78731	$200.00

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

-- 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: 39

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
10/30/03	VERVE HOSTING P. O. BOX 431143 PONTIAC, MI 48341	$5.00

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

9 -- 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 ($)
10/27/03	SUZI'S KITCHEN - N.S. 7858 SHOAL CREEK BLVD. AUSTIN, TX 78757	$19.78

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

-- 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 ($)
10/28/03	THREADGILLS - S.A. 301 W. RIVERSIDE DR. AUSTIN, TX 78704	$24.95

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

-- 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 ($)
11/4/03	Z' TEJAS GRILL 1110 W. 6TH ST. AUSTIN, TX 78703	$39.79

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

-- 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: 39

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/03	TCBA ADMINISTRATIVE LAW SCHOOL 816 CONGRESS #700 AUSTIN, TX 78701	$15.00

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

9 -- 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 ($)
10/22/03	TCBA SOLO/SMALL FIRM 816 CONGRESS AVE. #700 AUSTIN, TX 78701	$15.00

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

-- 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 ($)
10/3/03	SOUTH AUSTIN DEMOCRATS P.O. BOX 152592 AUSTIN, TX 78715	$10.00

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

-- 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 ($)
10/30/03	CHECK MARK TYPESETTING 3217 N. IH 35 AUSTIN, TX 78722	$201.35

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

-- 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: 39

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/5/03	SBC P.O. BOX 630047 DALLAS, TX 75263	$90.61

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

9 -- 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 ($)
10/23/03	BANK OF AMERICA 1308 BOSTON AVE. NEDERLAND, TX 77627-4091	$552.61

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

-- 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.)

-- 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.)

-- 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: 39

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City, State: Zip Code	7 Amount ($)
12/2/03	CHECKS IN THE MAIL P.O. BOX 350060 NEW BRAUNFELS, TX	$ 26.94

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

9 -- 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 ($)
11/24/03	U.S. POSTAGE SERVICE MAIN STATION AUSTIN, TX 78710	$1,107.48

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

-- 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 ($)
11/16/03	OFFICE DEPOT 816 TIRADO ST. AUSTIN, TX 78752	$ 49.73

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

-- 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.):

-- 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: 39

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission Filer)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/22/03	OFFICE MAX #377 907 W. 5TH ST. AUSTIN, TX 78703	$62.77

8 Purpose of payment (See instructions regarding type of information required.): PRINTER RIBBON, ETC.

9 -- 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 ($)
10/24/03	MARCUS RICE 3218 C WINDSOR AUSTIN, TX 78703	$640.00

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

-- 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 ($)
10/4/03	SOUTHWESTERN BELL P.O. BOX 630047 DALLAS, TX 75263-0047	$60.06

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

-- 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 ($)
10/6/03	AMAZON.COM WWW.AMAZON.COM COULD NOT LOCATE A PHYSICAL ADDRESS	$151.47

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

-- 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: 39

2 FILER NAME: Nancy Hohengarten

3 ACCOUNT # (Ethics Commission Filer)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/9/03	TCBA TECHNOLOGY SECT 816 CONGRESS AVE # 700 – 78701	$30.00

8 Purpose of payment (See instructions regarding type of information required.): NON-PROFIT LUNCHEON

9 -- 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 ($)
10/9/03	TCBA CIVIL LITIGATION 816 CONGRESS AVE # 700 – 78701	$19.00

Purpose of payment (See instructions regarding type of information required.): NON-PROFIT LUNCHEON

-- 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 ($)
10/11/03	AUSTIN WOMENS POLITICAL CAUCUS P.O. BOX 12383 AUSTIN, TX 78711	$10.00

Purpose of payment (See instructions regarding type of information required.): FUND RAISER HISPANIC NETWORK

-- 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 ($)
10/14/03	AUSTIN REVITALIZATION 1105 NAVASOTA ST AUSTIN TX 78702	$100.00

Purpose of payment (See instructions regarding type of information required.): VICTORY GRILL NON-PROFIT FUNDRAISER

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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 39

2 FILER NAME Nancy Hohengarten

3 ACCOUNT # (Ethics Commission use only)

4 Date	5 Payee name / 6 Payee address: City, State: Zip Code	7 Amount ($)
11/05/03	BREED & CO 718 W. 29TH ST. AUSTIN, TX 78705	$2.12

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

9 -- 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 ($)
10/31/03	LEON T. BARISH 1409 W. 6TH ST 78703	$5.25

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

-- 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.)

-- 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.)

-- 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: 39

2 FILER NAME: NANCY HUTCHON BARTON

3 ACCOUNT # (Ethics Commission use)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/3/03	SHADY GROVE 1624 BARTON SPRINGS RD. AUSTIN, TX 78704	$16.82

8 Purpose of payment (See instructions regarding type of information required.): LUNCH WITH DENISE DONELLY

9 ** 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 ($)
11/25/03	BALLET EAST 3111 GARWOOD ST. AUSTIN, TX 78702	$100.00

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

** 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 ($)
11/20/03	STATE BAR & RESTAURANT 600 W. 6TH ST. AUSTIN, TX 78701	$15.30

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

** 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 ($)
11/5/03	MARCUS RICE 3218 C WINDSOR AUSTIN, TX 78703	$200.00

Purpose of payment (See instructions regarding type of information required.): WEB DESIGN - MARCUS RICE

** 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: 39

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission Use):

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
12/31/03	VERVE HOSTING P.O. BOX 431143 PONTIAC, MI 48341	$ 5.00

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

9 -- 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 ($)
12/31/03	SBC P.O. BOX 13326 AUSTIN, TX 78711-3326	$ 145.40

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

-- 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 ($)
12/31/03	T. MOBILE P.O. BOX 742596 CINCINNATI, OH 45274-2596	$ 63.06

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

-- 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 ($)
12/22/03	U.S. POST OFFICE DOWNTOWN STATION AUSTIN, TX 78701-2924	$ 74.00

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

-- 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: 39

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission use)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
11/23/03	HEB - CENTRAL MARKET 1000 E. 41ST ST AUSTIN, TX 78751	$5.82

8 Purpose of payment (See instructions regarding type of information required.): MAILING - FOOD FOR VOLUNTEERS

9 -- 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 ($)
12/2/20	SBC P.O. BOX 630047 DALLAS, TX 75263	$113.69

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

-- 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 ($)
11/20/03	GREATER AUSTIN HISPANIC CHAMBER MEMBERSHIP 3000 S IH 35 AUSTIN, TX 78704	$25.00

Purpose of payment (See instructions regarding type of information required.): MEMBERSHIP/LUNCHEON

-- 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 ($)
11/20/03	WHOLE FOODS 601 N. LAMAR, SUITE 100 AUSTIN, TX 78703	$21.63

Purpose of payment (See instructions regarding type of information required.): WINE FOR FUND RAISER

-- 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: 39

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
11/6/03	WynNelle Leeth 1102 Southwood Rd. Austin, TX 78704	$70.00

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

9 -- 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 ($)
11/11/03	True Light Day Care 1300 Fort Branch Blvd. Austin, TX 78721	$35.00

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

-- 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 ($)
11/13/03	TCBA Litigation 816 Congress Ave., #700 Austin, TX 78701	$25.00

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

-- 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 ($)
12/8/03	TCBA Business 816 Congress Ave., #700 Austin, TX 78701	$15.00

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

-- 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: 39

2 FILER NAME: Nancy Hohengarten

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
8/28/03	OFFICE MAX 901 W. 5TH ST. AUSTIN, TX 78703	$ 46.68

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

9 -- 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 ($)
9/6/03	MARGO LLARK CAMPAIGN 5106 EVERGREEN CIRCLE AUSTIN, TX 78731	$ 25.00

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN FUND RAISER

-- 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 ($)
10/3/03	SOUTH AUSTIN DEMOCRATS P.O. BOX 152590 AUSTIN, TX 78715	$ 200.00

Purpose of payment (See instructions regarding type of information required.): YELLER DAWG FUND RAISER

-- 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 ($)
10/13/03	TRAVIS COUNTY DEMOCRATIC PARTY P.O. BOX 684263 - 78768	$ 150.00

Purpose of payment (See instructions regarding type of information required.): PARTY WITH PARTY - FUND RAISER

-- 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: 39

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission use only)

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
11/20/03	ALLEN HOUSE 1104 SAN ANTONIO AUSTIN, TX 78701	$ 175.00

8 Purpose of payment (See instructions regarding type of information required.): CLEAN-UP fee

9 -- Complete if direct expenditure to benefit C/OH -- Cand date / Officeholder name / Office sought / Office held

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
11/28/03	AUSTIN CHAMBE OF COMMERCE LEADERSHIP AUSTIN P.O. BOX 684189 AUSTIN, TX 78767	$ 116.00

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

-- 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 ($)
12/6/03	NAACP AUSTIN 1704 E. 12TH ST. AUSTIN TX 78702	$ 80.00

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

-- 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 ($)
12/8/03	TRAVIS COUNTY BAR ASSN. 816 CONGRESS AVE., #700 AUSTIN, TX 78701	$ 100.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 39

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
11/17/03	VERVE HOSTING P. O. BOX 431143 PONTIAC, MI 48341	$15.00

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

9 -- 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 ($)
11/10/03	LEON BARISH 1409 W. 6TH A AUSTIN, TX 78703	$5.25

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

-- 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 ($)
12/2/03	CITY OF AUSTIN 124 W 8TH ST. AUSTIN, TX 78701	$15.00

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

-- 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 ($)
12/10/03	KINKOS 327 CONGRESS AVE., SUITE 100. AUSTIN, TX 78701	$21.11

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

-- 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: 39

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
12/2/03	MIKE PARR 6910 HART LN., # 802 AUSTIN, TX 78731	$179.70

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

9 -- 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 ($)
12/1/03	VERVE HOSTING P.O. BOX 431143 PONTIAC, MI 48341	$5.00

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

-- 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.):

-- 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.):

-- 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: 39

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
12/2/03	OFFICE RENT – LEAGUE ASSN. 1409 W. 6TH ST. AUSTIN, TX 78703	$ 550.00

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

9 -- 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 ($)
11/6/03	OFFICE MAX 907 W. 5TH ST. AUSTIN, TX 78703	$ 16.23

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

-- 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 ($)
11/18/03	MIKE RAAB 6910 HART LN., #802 AUSTIN, TX 78731	$ 179.70

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

-- 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 ($)
12/1/03	CECILIA CROSSLEY 3100 CATALINA DR. AUSTIN, TX 78741	$ 639.62

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

-- 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: 39

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # Ethics Commission Filers

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
11/6/03	FOUR SEASONS HOTEL 98 SAN JACINTO BLVD. AUSTIN, TX 78701	$5.00

8 Purpose of payment (See instructions regarding type of information required.): PARKING FOUR SEASONS HOTEL

9 -- 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 ($)
12/16/03	U.S. POST OFFICE DOWNTOWN STATION AUSTIN, TX 78701-2924	$37.00

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

-- 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 ($)
12/15/03	OFFICE MAX 907 W. 5TH ST. AUSTIN, TX 78703	$18.39

Purpose of payment (See instructions regarding type of information required.): CALENDAR - SUPPLIES

-- 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 ($)
11/21/03	WORLEY PRINTING CO. 3217 NORTH IH 35 AUSTIN, TX 78722	$2,748.47

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

-- 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: 39

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/10/03	7-ELEVEN 408 W. 15TH ST AUSTIN, TX 78701-1625	$7.12

8 Purpose of payment (See instructions regarding type of information required.): ICE FOR DRINKS AT FUND RAISER

9 -- 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 ($)
11/12/03	CHECK MARK TYPESETTING 3217 N. IH 35 AUSTIN, TX 78722	$303.10

Purpose of payment (See instructions regarding type of information required.): PRINT BUMPER STICKERS

-- 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 ($)
12/4/03	DENNY'S CLASSIC DINER 1601 N. HIGHWAY 35 AUSTIN, TX 78702	$15.86

Purpose of payment (See instructions regarding type of information required.): BREAKFAST - ADA HARRIN

-- 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 ($)
11/25/03	U.S. POSTAL SERVICE DOWNTOWN STATION AUSTIN, TX 78701-2924	$42.40

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

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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 39

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission Filer)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
12/30/03	OFFICE DEPOT 2101 SOUTH LAMAR AUSTIN, TX 78704	$ 20.50

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

9 -- 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 ($)
11/5/03	GONZALO BARRIENTOS CAMPAIGN P.O. BOX 12246 AUSTIN, TX 78711	$75.00

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

-- 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 ($)
12/11/03	MIKE RAAB 6910 HART LN # 802 AUSTIN, TX 78731	$179.70

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

-- 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 ($)
12/25/03	PAYPAL P.O. BOX 45950 OMAHA, NE 68145-0950	$10.45

Purpose of payment (See instructions regarding type of information required.): Fee for Online Contributions

-- 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: 39

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/9/03	COSTCO 10401 RESEARCH BLVD. AUSTIN, TX 78759	$159.52

8 Purpose of payment (See instructions regarding type of information required.): DRINKS FOR FUND RAISER

9 -- 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 ($)
11/23/03	OFFICE DEPOT 2101 SOUTH LAMAR AUSTIN, TX 78704	$10.72

Purpose of payment (See instructions regarding type of information required.): OFFICE SUPPLIES - GLUE STICK

-- 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 ($)
12/3/03	LEON BARISH 1409 W. 6TH ST. AUSTIN, TX 78703	$9.15

Purpose of payment (See instructions regarding type of information required.): OFFICE SUPPLIES - COPIES

-- 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.)

-- 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: 39

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
11/28/03	GLEN MAXEY 512 E. RIVERSIDE DR AUSTIN, TX 78704	$500.00

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

8 ** Complete if direct expenditure to benefit C.O.H. ** Candidate / Officeholder name / Office sought / Office held

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
12/1/03	DAVID BUTTS 1914 PATTON LN. AUSTIN, TX 78723	$500.00

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

** Complete if direct expenditure to benefit C.O.H. ** Candidate / Officeholder name / Office sought / Office held

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
12/1/03	RINDY-MILLER-BATES MEDIA 501 N IH 35 AUSTIN, TX 78702	$2,500.00

Purpose of payment (See instructions regarding type of information required.): CONSULTING-MEDIA

** Complete if direct expenditure to benefit C.O.H. ** Candidate / Officeholder name / Office sought / Office held

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
12/17/03	SUMAT STAFFING 501 S. CONGRESS SUITE 309 AUSTIN, TX 78704	$30.00

Purpose of payment (See instructions regarding type of information required.): SERVER AT FUNDRAISER

** Complete if direct expenditure to benefit C.O.H. ** Candidate / Officeholder name / Office sought / Office held

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 39

2 FILER NAME: NANCY HOHONGARTEN

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
11/17/03	T-MOBILE P.O. BOX 742596 CINCINNATI, OH 45274-2596	$52.48

8 Purpose of payment (See instructions regarding type of information required.): OFFICE - PHONE

9 -- 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 ($)
11/17/03	BANK OF AMERICA 501 CONGRESS AVE. AUSTIN, TX 78701	$552.61

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN LOAN PAYMENT

-- 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 ($)
11/12/03	AMAZON.COM ON LINE ADDRESS ONLY WWW.AMAZON.COM MNBA AMERICA AMAZON.COM P.O. BOX 15026 WELMINGTON, DE	$159.47

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

-- 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 ($)
12/10/03	AMUSE BOUCHE CATERING 2703 MARIA ANNA RD. AUSTIN, TX 78703	$369.05

Purpose of payment (See instructions regarding type of information required.): CATERING FOR FUND RAISER

-- 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: 39

2 FILER NAME: Nancy Hohengarten

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/26/02	YOUNG WOMEN'S ALLIANCE P.O. BOX 684612 - 78761	$25.00

8 Purpose of payment (See instructions regarding type of information required.): COCKTAIL PARTY NON-PROFIT FUND RAISER

9 -- 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 ($)
10/11/02	NEW MELISSIONS FOUND 1430 COLLIER ST. 78704	$65.00

Purpose of payment (See instructions regarding type of information required.) FUND RAISER NON-PROFIT EVENT

-- 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 ($)
10/3/2	SAFE PLACE P.O. BOX 19454, AUSTIN, TX 78760	$40.00

Purpose of payment (See instructions regarding type of information required.) NON-PROFIT FUND RAISER

-- 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 ($)
10/9/02	TRAVIS COUNTY BAR ASSOC 816 CONGRESS #700, AUSTIN TX 78701	$20.00

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

-- 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: 39

2 FILER NAME: Nancy Hohengarten

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
11/4/03	TARGET 5300 S. Mopac 78745	$2.63

8 Purpose of payment (See instructions regarding type of information required.): BASKET FOR COOKIES

9 -- 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 ($)
11/3/03	U.S. POST OFFICE DOWNTOWN STATION AUSTIN, TX 78701-2924	$14.00

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

-- 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 ($)
11/3/03	OFFICE MAX 901 W. 5TH AUSTIN, TX 78703	$6.37

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

-- 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 ($)
11/1/03	MNBA AMERICA P.O. BOX 15019 WILMINGTON, DE	$16.63

Purpose of payment (See instructions regarding type of information required.): MACHAUGH CAMP TX DEMO PARTY

-- 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: 39

2 FILER NAME: Nancy Hohengarten

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/17/03	Worley Printing 3217 N. IH 35 Austin, Tx 78722	$1,044.19

8 Purpose of payment (See instructions regarding type of information required.): Push Cards, Letters, etc.

9 -- 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 ($)
9/12/03	Paper Place 4001 N. Lamar #540 Austin, Tx 78756	$29.68

Purpose of payment (See instructions regarding type of information required.): Thank You Notes

-- 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 ($)
9/16/03	Jeffrey N. Eddins 1500 Juliet Austin Tx 78704	$500.00

Purpose of payment (See instructions regarding type of information required.): Website Design & Production

-- 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 ($)
9/30/03	City of Austin 1111 Rio Grande St. Austin, Tx 78701	$25.00

Purpose of payment (See instructions regarding type of information required.): Parking Meter Card

-- 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: 39

2 FILER NAME: Nancy Hohengarten

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/5/03	TRAVIS COUNTY CLERK P.O. BOX 1748 AUSTIN, TX 78767	$6.60

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

9 -- 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 ($)
8/20/03	GLEN MAXEY 512 E. RIVERSIDE DR #203 78704	$500.00

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

-- 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 ($)
9/9/03	DAVID BUTTS 1914 PATTON LN AUSTIN, TX 78723	$500.00

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

-- 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 ($)
10/3/03	GLEN MAXEY 512 E. RIVERSIDE DR. #203 78704	$500.00

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

-- 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: 39

2 FILER NAME: Nancy Hohengarten

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/25/03	PETER STAATS DESIGN STUDIO 1150 SAN BERNARD, AUSTIN, TX 78702	$255.00

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

9 -- 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 ($)
9/2/03	U.S. POST OFFICE DOWNTOWN STATION AUSTIN, TX 78701-2924	$37.00

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

-- 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 ($)
9/1/03	SOUTHWESTERN BELL CORP. P.O. BOX 630047 DALLAS, TX 75263-0047	$87.84

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

-- 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 ($)
9/5/03	PAPER PLACE 4001 N. LAMAR #540 AUSTIN, TX 78756	$8.25

Purpose of payment (See instructions regarding type of information required.): THANK YOU NOTES

-- 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: 39

2 FILER NAME: Nancy Hohengarten

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
10/23/03	CITY OF AUSTIN PARKING CARD 1111 RIO GRANDE ST. AUSTIN TX 78701	$ 40.00

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

9 -- 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 ($)
10/3/03	LEACHEL ASSOCIATES 1409 W. 6TH 78703	$ 275.00

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

-- 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 ($)
11/4/03	LEACHEL ASSOCIATES 1409 W. 6TH 78703	$ 275.00

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

-- 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 ($)
8/20/03	BANK OF AMERICA 501 CONGRESS AVE, AUSTIN, TX 78701	$ 43.50

Purpose of payment (See instructions regarding type of information required.): OFFICE SUPPLIES-CHECKS

-- 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. 39

2 FILER NAME Nancy Hohengarten

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/24/03	WOMEN'S ADVOCACY PROJECT P.O. BOX 833 AUSTIN, TX 78767	$250.00

8 Purpose of payment (See instructions regarding type of information required.): NON-PROFIT FUND RAISER

9 -- 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 ($)
9/5/03	AUSTIN YOUNG LAWYERS 816 CONGRESS AVE #700 AUSTIN, TX 78701	$350.00

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

-- 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 ($)
9/8/03	AUSTIN YOUNG LAWYERS 816 CONGRESS AVE. SUITE #700 AUSTIN, TX 78701	$100.00

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

-- 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 ($)
9/14/03	WYNNELLE LEETH 1102 SOUTHWOOD RD. AUSTIN, TX 78701	$25.00

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

-- 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: 39

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/14/03	SIERRA CLUB 54 CHICON AUSTIN, TX 78701	$15.00

8 Purpose of payment (See instructions regarding type of information required.): EVENT - HOLIDAY PARTY

9 -- 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 ($)
12/15/03	N X NW DEMOCRATS % JOE COMSTOCK 11420 PYRENEESE DR. AUSTIN, TX 78759	$10.00

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

-- 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 ($)
12/22	GLEN MAXEY 512 E. RIVERSIDE DR. #203 AUSTIN, TX 78704	$280.00

Purpose of payment (See instructions regarding type of information required.): TICKETS FOR SIGNS

-- 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 ($)
12/22/03	CHECK MARK TYPESETTING 3217 N IH 35 AUSTIN, TX 78722	$2,098.83

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 39

2 FILER NAME: Nancy Hohengarten

3 ACCOUNT # (Ethics Commission Filer)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/26/03	CRIMSON RESTAURANT 407 COLORADO 78701	$25.00

8 Purpose of payment (See instructions regarding type of information required.): WOMEN & WINE EVENT

9 -- 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 ($)
9/3/03	TRAVIS COUNTY BAR ASSOC. 816 CONGRESS #700, AUSTIN TX 78701	$20.00

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

-- 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 ($)
9/5/03	AUSTIN YOUNG LAWYERS 816 CONGRESS #700 78701	$20.00

Purpose of payment (See instructions regarding type of information required.): BAR & GRILL – FUND RAISER

-- 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 ($)
9/11/03	CAPITAL AREA DEMOCRATIC WOMEN P.O. BOX 12962 AUSTIN, TX 78711	$11.00

Purpose of payment (See instructions regarding type of information required.): LUNCHEON NON-PROFIT FUNDRAISER

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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 39

2 FILER NAME: NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission use):

4 Date	5 Payee name / 6 Payee address; City, State, Zip Code	7 Amount ($)
12/8/03	PAYPAL P.O. BOX 45950 OMAHA, NE 68145-0950	$1.75

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

9 -- 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 ($)
12/30/03	GLEN MAXEY 512 E. RIVERSIDE DR. # 203 AUSTIN, TX 78704	$500.00

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

-- 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.):

-- 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.):

-- 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 MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule G: 1

2 FILER NAME: Nancy Hohengarten

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure	8 Amount ($)	Reimbursement from political contributions intended
8/20/03	Star Bar 600 W. 6th Austin, TX 78701	Beverages for meeting	$29.25	☑
8/8/03	United States Post Office Downtown Station, Austin TX 78701	Post Office Box and key	65.00	☑
11/16/03	HEB Hancock Center Austin TX 78757	Food Supplies	28.87	☑
12/7/03	Bookstop 4001 N. Lamar #300, Austin, TX 78756	Greeting Cards	24.90	☑
				☐

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule L: 1

2 FILER NAME Nancy Hohengarten

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION	4 Name of lender: Bank of America 5 Lender address; City; State; Zip Code: 901 Main St., 67th Floor, Tx Main Office, Dallas, TX 75202
GUARANTOR INFORMATION ☐ not applicable	6 Name of guarantor 7 Guarantor address; City; State; Zip Code
LENDER INFORMATION	Name of lender Lender address; City; State; Zip Code
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor Guarantor address; City; State; Zip Code
LENDER INFORMATION	Name of lender Lender address; City; State; Zip Code
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor Guarantor address; City; State; Zip Code
LENDER INFORMATION	Name of lender Lender address; City; State; Zip Code
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor Guarantor address; City; State; Zip Code

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