

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT** **5610**

**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:

3 CANDIDATE / OFFICEHOLDER NAME

(MS) MRS / MR FIRST MI
Nancy W.
NICKNAME LAST SUFFIX
Hohengarten

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE # CITY STATE ZIP CODE
P.O. Box 129 Austin TX 78767

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 474-9004

6 CAMPAIGN TREASURER NAME

(MS) MRS / MR FIRST MI
Mina A.
NICKNAME LAST SUFFIX
Brees

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY STATE ZIP CODE
600 Congress Avenue Austin TX 78701

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 391-4100

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 Month Day Year
1 / 1 / 04 THROUGH 1 / 29 / 04

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
3 / 9 / 04 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
N/A

13 OFFICE SOUGHT (if known)

Trans Co. 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

OFFICE USE ONLY

DATE RECEIVED: FEB -9 PM 02

DATE HAND-DELIVERED OR DATE POSTMARKED:

RECEIPT #

AMOUNT

DATE PROCESSED

DATE IMAGED

TRAVIS COUNTY RECORDS

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 1,070.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 8699.25

EXPENDITURE TOTALS

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

\$ 210.00

4. TOTAL POLITICAL EXPENDITURES

\$ 8,781.58

CONTRIBUTION BALANCE

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

\$ —

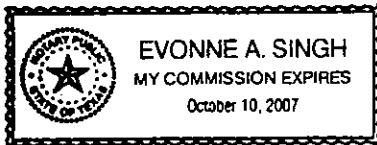
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 65,000.00

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.



Nancy Hohengarten
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 February, 2007, to certify which, witness my hand and seal of office.

Evonne A. Singh
Signature of officer administering oath

Evonne A. Singh
Print name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

**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). 12	
2 FILER NAME Nancy Hohenbarten		3 ACCOJNT # : Ethics Commission file #:	
4 Date 1/1/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) CHRIS PORBANDT & ASSOCIATES, PLLC	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City, State; Zip Code 505 E. HUNTLAND DR, Suite 270 AUSTIN, TX 78752			
9 Contributor's principal occupation ATTORNEYS		10 Contributor's job title ATTORNEYS 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 1/5/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MARY A. KEEVEY	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code 2701 VERDE VISTA AUSTIN, TX 78703			
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY AT LAW	
Contributor's employer/law firm DR. IS. DAUBERTY, HEARON & MOODY		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 1/3/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) LISA L. KIMBALL	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code 199 PLEASANT ST., UNIT 3 BROOKLINE, MA 02446			
Contributor's principal occupation Marketing/Publishing		Contributor's job title Senior Sponsoring Editor	
Contributor's employer/law firm Houghton Mifflin		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):	12
2 FILER NAME NANCY HOHENGARTEN		3 ACCOUNT # (Ethics Commission #)	
4 Date 1/28/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# LINDA ICEHNER - RAMIREZ	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code 1103 NUECES ST. AUSTIN, TX 78701		\$270.00	
9 Contributor's principal occupation Lawyer		10 Contributor's job title ATTORNEY AT LAW	
11 Contributor's employer/law firm Self Employed		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 <input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/8/04	RIPPY, WHITLOW, RANC & HINSS, LLP Contributor address: City, State, Zip Code 1301 NUECES ST. AUSTIN, TX 78701	\$250.00	
Contributor's principal occupation LAW FIRM		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 <input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/27/04	KEITH TANIGUCHI Contributor address: City, State, Zip Code 3900 MANHACCA RD. AUSTIN, TX 78704	\$100.00	
Contributor's principal occupation LAWYER		Contributor's job title ATTORNEY AT LAW	
Contributor's employer/law firm SELF EMPLOYED		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): 12	
2 FILER NAME NANCY HOHENGARTEN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/9/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GRANGER & MUELLER, P.C. 6 Contributor address; City, State; Zip Code 605 W. 10TH ST AUSTIN, TX 78701-2042	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation LAW FIRM		10 Contributor's job title	
11 Contributor's employer/law firm GRANGER & MUELLER		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 11/7/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KELLIE BAILEY Contributor address; City, State; Zip Code 11100 EDGELOMB CT AUSTIN, TX 78737	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor's principal occupation LAWYER		Contributor's job title ATTORNEY AT LAW	
Contributor's employer/law firm Brown McCarroll LLP		Law firm of contributor's spouse (if any) Brown McCarroll	
If contributor is a child, law firm of parent(s) (if any)			
Date 11/2/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARY R. DONSBACH Contributor address; City, State; Zip Code 5005 GLENCOE CR AUSTIN, TX 78745-1744	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor's principal occupation HOME MAKER		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)			
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**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): **12**

2 FILER NAME
NANCY HONENBARTEN

3 ACCOUNT # (Ethics Commission files)

4 Date: **1/14/04**
5 Full name of contributor: **MYRA Mc DANIEL**
6 Contributor address: City, State Zip Code: **3910 KNOLLWOOD AUSTIN, TX 78731**

7 Amount of contribution (\$): **\$100.00**
8 In-kind contribution description (if applicable)

9 Contributor's principal occupation: **Attorney**

10 Contributor's job title: **Attorney at Law**

11 Contributor's employer/law firm: **Bickerstaff, Heath, Smiley etc.**

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

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

Date: **1/12/04**
Full name of contributor: **BROWN & CARLS, L.L.P.**
Contributor address: City, State, Zip Code: **106 E. 6TH ST, SUITE 550 AUSTIN, TX 78701**

Amount of contribution (\$): **\$250.00**
In-kind contribution description (if applicable)

Contributor's principal occupation: **LAW FIRM**

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: **1/14/04**
Full name of contributor: **Brown McCarroll**
Contributor address: City, State, Zip Code: **111 CONGRESS AVE, SUITE 1400 AUSTIN, TX 78701**

Amount of contribution (\$): **\$500.00**
In-kind contribution description (if applicable)

Contributor's principal occupation: **LAW FIRM**

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): 12

2 FILER NAME

NANCY HENDERGARTEN

3 ACCOUNT # (Ethics Commission filer)

4 Date

1/22/04

5 Full name of contributor out-of-state PAC #IC#

D. BRYAN CASE, JR.

6 Contributor address: City, State, Zip Code

3139 MONTWOOD TRAIL
AUSTIN, TX 78748

7 Amount of contribution (\$)

\$150.00

8 In-kind contribution description (if applicable)

9 Contributor's principal occupation

Attorney

10 Contributor's job title

Assistant District Attorney

11 Contributor's employer/law firm

N/A

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

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

Date

1/16/04

Full name of contributor out-of-state PAC #IC#

MARIA LUISA FLORES

Contributor address: City, State, Zip Code

P.O. Box 40969
AUSTIN, TX 78704

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor's principal occupation

ATTORNEY

Contributor's job title

ATTORNEY

Contributor's employer/law firm

HENDLER LAW FIRM

Law firm of contributor's spouse (if any)

HENDLER LAW FIRM

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

Date

1/20/04

Full name of contributor out-of-state PAC #IC#

MARY KELLER

Contributor address: City, State, Zip Code

2100 EXPOSITION BLVD.
AUSTIN, TX 78703

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor's principal occupation

Lawyer

Contributor's job title

ATTORNEY AT LAW

Contributor's employer/law firm

YORK KELLER & FIELD

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): **12**

2 FILER NAME
Nancy HOHENGARTEN

3 ACCOUNT # (Ethics Commission filers)

4 Date: **1/28/04**
5 Full name of contributor out-of-state PAC #IC#: **GOLDSMITH & BOGISCH, L.L.P.**
6 Contributor address: City: State: Zip Code
**609 CASTLE RIDGE RD, STE. 317
AUSTIN, TX 78746**

7 Amount of contribution (\$): **\$100.00**
8 In-kind contribution description (if applicable)

9 Contributor's principal occupation
LAW FIRM

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: **1/23/04**
Full name of contributor out-of-state PAC #IC#: **FULBRIGHT & JAWORSKI, L.L.P.**
Contributor address: City: State: Zip Code
**TEXAS COMMITTEE
1301 MCKINNEY, SUITE 5100
HOUSTON, TX 77010**

Amount of contribution (\$): **\$250**
In-kind contribution description (if applicable)

Contributor's principal occupation
LAW FIRM

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: **1/28/04**
Full name of contributor out-of-state PAC #IC#: **ALEXANDER & Assoc., ATTORNEYS**
Contributor address: City: State: Zip Code
**1307 EAST 38 1/2
AUSTIN, TX 78722**

Amount of contribution (\$): **\$100.00**
In-kind contribution description (if applicable)

Contributor's principal occupation
LAW FIRM

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)
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The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule A (J): 12
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2 FILER NAME Nancy Hohenbarten	3 ACCOUNT # (Ethics Commission files)
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4 Date 1/22/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Rusk Law Firm, PC 6 Contributor address: City, State: Zip Code JEFF RUSK 910 LAVACA AUSTIN, TX 78701	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
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9 Contributor's principal occupation ATTORNEY	10 Contributor's job title ATTORNEY
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11 Contributor's employer/law firm RUSK LAW FIRM, PC	12 Law firm of contributor's spouse (if any)
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13 If contributor is a child, law firm of parent(s) (if any)

Date 1/20/04	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# DAYNA L. BLAZEY Contributor address: City, State: Zip Code 1402 FOXWOOD COVE AUSTIN, TX 78704	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
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Contributor's principal occupation ATTORNEY	Contributor's job title ASST DA
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Contributor's employer/law firm N/A	Law firm of contributor's spouse (if any)
-----------------------------------------------	-------------------------------------------

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

Date 1/17/04	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# THERESE RUFFING Contributor address: City, State: Zip Code 5512 OAKWOOD COVE, SUITE 181 AUSTIN, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
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Contributor's principal occupation ATTORNEY	Contributor's job title CONSULTANT & COUNSELOR AT LAW
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Contributor's employer/law firm SELF-EMPLOYED	Law firm of contributor's spouse (if any)
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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): 12

2 FILER NAME
NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission files)

4 Date: 1/3/04
5 Full name of contributor: ELIZABETH A. WRIGHT
 out-of-state PAC ID#
6 Contributor address, City, State, Zip Code:
944 LAKE FRANKLIN DR.
WINNSBORO, TX 75494

7 Amount of contribution (\$): \$100.00
8 In-kind contribution description (if applicable):

9 Contributor's principal occupation: retired

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: 1/16/04
Full name of contributor: SHARON SHAWN JAMAIL
 out-of-state PAC ID#
Contributor address, City, State, Zip Code:
3002 A MAYWOOD CIRCLE
AUSTIN, TX 78703

Amount of contribution (\$): \$100.00
In-kind contribution description (if applicable):

Contributor's principal occupation: ATTORNEY

Contributor's job title: ATTORNEY AT LAW

Contributor's employer/law firm: SELF EMPLOYED

Law firm of contributor's spouse (if any)

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

Date: 1/2/04
Full name of contributor: IRA L. DAVIS
 out-of-state PAC ID#
Contributor address, City, State, Zip Code:
1012 RIO GRANDE
AUSTIN, TX 78701

Amount of contribution (\$): \$100.00
In-kind contribution description (if applicable):

Contributor's principal occupation: ATTORNEY

Contributor's job title

Contributor's employer/law firm: SELF EMPLOYED

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

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 (include this) **12**

2 FILER NAME
NANCY HORNIGARTEN

3 ACCOUNT NUMBER (if any)

4 Date **12/31/03** 5 Full name of contributor **JOSEPH A. TURNER**
6 Contributor address **11217 FITZHUGH RD. AUSTIN, TX 78736**

7 Amount of contribution (\$) **\$500.00** 8 In-kind contribution (description if applicable)

9 Contributor's principal occupation
LAWYER

10 Contributor's occupation
ATTORNEY AT LAW

11 Contributor's employer/law firm
SELF-EMPLOYED

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

13 Contributor is a child, law firm or parent(s) (if any)

Date **12/30/03** Full name of contributor **KENT C. ANSCHUTZ**
Contributor address **1012 RIO GRANDE AUSTIN, TX 78701**

Amount of contribution (\$) **\$100.00** In-kind contribution (description if applicable)

Contributor's principal occupation
LAWYER

Contributor's occupation
ATTORNEY AT LAW

Contributor's employer/law firm
SELF-EMPLOYED

Law firm or contributor's spouse (if any)

Contributor is a child, law firm or parent(s) (if any)

Date Full name of contributor Contributor address City State Zip Code

Amount of contribution (\$) In-kind contribution (description if applicable)

Contributor's principal occupation

Contributor's occupation

Contributor's employer/law firm

Law firm or contributor's spouse (if any)

Contributor is a child, law firm or 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): 12	
2 FILER NAME NANCY HOHENSARTEN		3 ACCOUNT # (Ethics Commission file#)	
4 Date 1/20/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# JENNIFER R. BRANNEN	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 6204 HARROGATE DR., 1212 AUSTIN, TX 78759			
9 Contributor's principal occupation LAWYER		10 Contributor's job title ATTORNEY AT LAW	
11 Contributor's employer/law firm AKIN GUMP STRAUSS HAUER & FELD		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 1/17/04	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# SHERYL COLE	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 4304 TARKWOOD RD. AUSTIN, TX 78722-1120			
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY AT LAW	
Contributor's employer/law firm COLE & POWELL, P.C.		Law firm of contributor's spouse (if any) COLE & POWELL, P.C.	
If contributor is a child, law firm of parent(s) (if any)			

Date 1/21/04	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# BETTY BLACKWELL	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1306 NUECES ST. AUSTIN, TX 78701			
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY AT LAW	
Contributor's employer/law firm SELF-EMPLOYED		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): **12**

2 FILER NAME
Nancy Thompson

3 ACCOUNT # (Ethics Commission file):

4 Date: **1-2-04**
5 Full name of contributor: **Buford & Gonzales**
6 Contributor address: City, State, Zip Code
**P.O. Box 684566
AUSTIN, TX 78768**

7 Amount of contribution (\$): **\$100.00**
8 In-kind contribution description (if applicable):

9 Contributor's principal occupation:
MAKUPAN

10 Contributor's job title:
ATTORNEY (NATHAN) Law Firm

11 Contributor's employer/law firm:
BUFORD & GONZALEZ, LLP

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

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

Date: **1-2-04**
Full name of contributor: **Virginia A New**
Contributor address: City, State, Zip Code
**1204 CASTLE HILL
AUSTIN, TX 78703**

Amount of contribution (\$): **\$100.00**
In-kind contribution description (if applicable):

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):
HEARD & IRWIN, LLP

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

Date: **1-2-04**
Full name of contributor: **Scott C. Smith**
Contributor address: City, State, Zip Code
**1304 Nueces
AUSTIN, TX 78701**

Amount of contribution (\$): **\$100.00**
In-kind contribution description (if applicable):

Contributor's principal occupation:
LAWYER

Contributor's job title:
ATTORNEY

Contributor's employer/law firm:
SELF-EMPLOYED

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.

PLEGGED CONTRIBUTIONS (JUDICIAL)	SCHEDULE B (J)
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The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule B(J):
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2 FILER NAME Nancy HOHENGARTEN	3 ACCOUNT # (Ethics Commission filers)
------------------------------------------	----------------------------------------

4 TOTAL OF UNITEMIZED PLEDGES: = = = = = =	\$
--------------------------------------------------------------------------	----

5 Date 1/28/04	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC ID# SHANNON NOBLE	8 Amount of pledge (\$) \$100.00	9 In-kind description (if applicable)
7 Pledgor address: City: State: Zip Code 2808 ROCK TERR DR AUSTIN TX 78704			

10 Pledgor's principal occupation Attorney	11 Pledgor's job title Attorney AT LAW
------------------------------------------------------	--------------------------------------------------

12 Pledgor's employer/law firm SELF-EMPLOYED	13 Law firm of pledgor's spouse (if any)
--------------------------------------------------------	------------------------------------------

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

Date 1/21/04	Full name of pledgor <input type="checkbox"/> out-of-state PAC ID# AMIE RODNICK	Amount of pledge (\$) \$100.00	In-kind description (if applicable)
Pledgor address: City: State: Zip Code 3017 HATLEY DR AUSTIN TX 78746			

Pledgor's principal occupation Lawyer	Pledgor's job title Attorney AT LAW
-------------------------------------------------	-----------------------------------------------

Pledgor's employer/law firm SELF-EMPLOYED	Law firm of pledgor's spouse (if any)
-----------------------------------------------------	---------------------------------------

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

Date 1/22/04	Full name of pledgor <input type="checkbox"/> out-of-state PAC ID# PERRY LORENZ	Amount of pledge (\$) \$500.00	In-kind description (if applicable)
Pledgor address: City: State: Zip Code 3703 RIVER RD AUSTIN TX 78703			

Pledgor's principal occupation REALTOR/Developer	Pledgor's job title Real Estate Developer
------------------------------------------------------------	-----------------------------------------------------

Pledgor's employer/law firm Self employed	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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The instruction guide explains how to complete this form.

1 Total pages (including this) **12**

2 FILER NAME

Nancy Hohen Garten

3 FIDUCIARY (Ethics Commission form)

4 Date

5 Full name of contributor out-of-state PAC, etc.

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

DAVID CARLTON HUGHES

6 Contributor address City State Zip Code

**6836 AUSTIN CENTER BLVD.
STE. 245
AUSTIN, TX 78731**

\$1,159.25

9 Contributor's principal occupation

LAWYER

10 Contributor's job title

ATTORNEY AT LAW

11 Contributor's employer/law firm

SELF-EMPLOYED

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, etc.

Amount of contribution (\$)

In-kind contribution description (if applicable)

1-15-04

Sarah L. Anderson

Contributor address City State Zip Code

**1707 Stamford Austin TX
78703**

\$100

Contributor's principal occupation

attorney

Contributor's job title

Atty

Contributor's employer/law firm

N/A

Law firm of contributor's spouse (if any)

Burns, Anderson, Jurg & Brenne

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

Date

Full name of contributor out-of-state PAC, etc.

Amount of contribution (\$)

In-kind contribution description (if applicable)

1-13-04

Thomas Glenn Jones

Contributor address City State Zip Code

**2902 Clarice Ct
Austin TX 78757**

\$100.00

Contributor's principal occupation

Software Engineer

Contributor's job title

Software Engineer

Contributor's employer/law firm

BMC Software

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 EXPENDITURES	SCHEDULE F
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule F 10
-----------------------------------------------------------	----------------------------------------------------------------------------------

2 FILER NAME NANCY HOHENBARTEN	3 ACCOUNT # (Ethics Commission Form)
------------------------------------------	--------------------------------------

4 Date 1/12/04	5 Payee name U.S. POSTAL SERVICE		7 Amount (\$) \$ 197.14
6 Payee address: City, State, Zip Code BULK MAIL STATION AUSTIN, TX 78710			

8 Purpose of payment (See instructions regarding type of information required.) BULK RATE MAILING	9 -- Complete if direct expenditure to benefit C.O.H. -- Candidate / Officer/owner name Office sought Office held
-------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------

Date	Payee name		Amount (\$)
	T-MOBILE		
Payee address: City, State, Zip Code P.O. Box 742596 CINCINNATI, OH 45274-2596			
			\$ 53.66

Purpose of payment (See instructions regarding type of information required.) TELEPHONE	-- Complete if direct expenditure to benefit C.O.H. -- Candidate / Officer/owner name Office sought Office held
---------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------

Date	Payee name		Amount (\$)
	HEB		
Payee address: City, State, Zip Code 2400 S. CONGRESS AUSTIN, TX 78704			
			\$ 21.06

Purpose of payment (See instructions regarding type of information required.) FOOD	-- Complete if direct expenditure to benefit C.O.H. -- Candidate / Officer/owner name Office sought Office held
----------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------

Date	Payee name		Amount (\$)
	LOWE'S		
Payee address: City, State, Zip Code 8000 SHOAL CREEK BLVD AUSTIN, TX 78757			
			\$ 130.25

Purpose of payment (See instructions regarding type of information required.) T-POSTS FOR SIGNS	-- Complete if direct expenditure to benefit C.O.H. -- Candidate / Officer/owner name Office sought Office held
-----------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES	SCHEDULE F
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The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 10
-----------------------------------------------------------	-------------------------------------

2 FILER NAME NANCY HANENGARTEN	3 ACCOUNT # (Ethics Commission Form)
------------------------------------------	--------------------------------------

4 Date 1/2/04	5 Payee name DAVID BUTTS	7 Amount (\$) \$ 250.00 ✓
6 Payee address: City, State, Zip Code 1914 PATTON LN AUSTIN TX 78723		

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

Date 1/2/04	Payee name ADA HARTEN	Amount (\$) \$ 200.00 ✓
Payee address: City, State, Zip Code 1700 MEANDER DR. AUSTIN TX 78721		

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 1/29/04	Payee name GLEN MAXEY	Amount (\$) \$ 1,000.00 ✓
Payee address: City, State, Zip Code 512 E. RIVERSIDE DR., SUITE 203 AUSTIN TX 78704		

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 1/29/04	Payee name GLEN MAXEY	Amount (\$) \$ 250.00 ✓
Payee address: City, State, Zip Code 512 E. RIVERSIDE DR., # 203 AUSTIN TX 78704		

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
--------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

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. **10**

2 FILER NAME

NANCY HOHENGARTEN

3 ACCOUNT # - Ethics Commission use

4 Date

5 Payee name

7 Amount (\$)

LEACHEL ASSOCIATES

6 Payee address: City: State: Zip Code

1409 W. 6TH ST.

1/5/04

AUSTIN, TX 78703

55000

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

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officer name Office account Office phone

RENT-OFFICE

Date

Payee name

Amount (\$)

CECILIA CROSSLEY

Payee address: City: State: Zip Code

3100 CATALINA DR.

1/2/04

AUSTIN TX 78741

\$ 639.62

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

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officer name Office account Office phone

ROLL CHECK

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

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

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officer name Office account Office phone

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

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

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officer name Office account Office phone

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: **10**

2 FILER NAME

Nancy Hohenbarten

3 ACCOJNT # (Ethics Commission Use)

4 Date

5 Payee name

7 Amount (\$)

OFFICEMAX

6 Payee address: City: State: Zip Code

907 WEST 5TH ST.

1/24/04 AUSTIN, TX 78703

\$45.44

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

OFFICE SUPPLIES

Date

Payee name

Amount (\$)

McLoys

Payee address: City: State: Zip Code

13324 HIGHWAY 71 WEST

1/19/04 Austin, TX 78735

\$212.47

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

BUILDING MATERIALS (SIGNS)

Date

Payee name

Amount (\$)

AUSTIN AREA HERITAGE COUNCIL

Payee address: City: State: Zip Code

101 W. 6TH ST.

1/23/04 AUSTIN, TX 78701

\$15.00

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

MLK CELEBRATION

Date

Payee name

Amount (\$)

BLACK WOMEN'S POLITICAL CAUCUS

Payee address: City: State: Zip Code

3013 13TH ST E

1/25/04 AUSTIN, TX 78702

\$100.00

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

Political Ad

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 **10**

2 FILER NAME

NANCY HOHENBARTEN

3 ACCOUNT # Ethics Commission Use

4 Date

5 Payee name

7 Amount (\$)

BANK OF AMERICA

6 Payee address: City: State: Zip Code

P.O. Box 25118

1/5/04 Tampa, FL 33622-5118

\$552.61

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

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

BILL PAYMENT-BANK LOAN

Date Payee name

BANK OF AMERICA

Payee address: City: State: Zip Code

P.O. Box 25118

1/2/04 TAMPA, FL 33622

\$552.61

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

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

BILL PAYMENT-BANK LOAN

Date Payee name

PAUPAL

Payee address: City: State: Zip Code

P.O. Box 45950

1/26/04 OMAHA, NE 68145-0950

\$15.00

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

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

FEE FOR ANNUAL CONTRIBUTIONS

Date Payee name

VERVE PUBLISHING

Payee address: City: State: Zip Code

P.O. Box 431143

1/2/04 Pontiac, MI 48341

\$5.00

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

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

INTERNET HOST

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

10

2 FILER NAME

Nancy Hohenkarten

3 ACCOUNT # Ethics Commission

4 Date

5 Payee name

TRAVIS COUNTY DEMOCRATIC PARTY

6 Payee address: City: State: Zip Code

P.O. Box 684263

1/10/04 AUSTIN, TX 78768

7 Amount (\$)

\$120.00 ✓

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

FILING DAY DINNER

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officer/holder name Office sought Office held

Date

Payee name

TRAVIS COUNTY DEMOCRATIC PARTY

Payee address: City: State: Zip Code

P.O. Box 684263

1/17/10 AUSTIN, TX 78768

Amount (\$)

\$40.00 ✓

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

FILING DAY DINNER

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

Date

Payee name

LEON BARISH

Payee address: City: State: Zip Code

1409 W. 6TH ST.

1/5/04 AUSTIN, TX 78703

Amount (\$)

\$56.40 ✓

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

COPIES

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

Date

Payee name

KINKOS

Payee address: City: State: Zip Code

327 CONGRESS AVE.

1/27/04 AUSTIN, TX 78701

Amount (\$)

\$44.92 ✓

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

POSTER BOARD

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officer/holder 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 10

2 FILER NAME

NAUCY HOHENGARTEN

3 ACCOUNT # (See instructions)

4 Date

5 Payee name

7 Amount (\$)

HOME DEPOT

6 Payee address City State Zip Code

7211 N IH 35

1/17/04 AUSTIN, TX 78752

\$209.29 ✓

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

9 Complete direct expenditure to benefit (C) or Candidate / Officeholder name

SIGN BLOOD MATERIALS

Date

Payee name

Amount (\$)

U. S. POSTAL SERVICE

Payee address City State Zip Code

DOWNTOWN STATION

1/13/04 AUSTIN, TX 78701-2924

\$74.00 ✓

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

Complete direct expenditure to benefit (C) or Candidate / Officeholder name

2-Rolls OF STAMPS

Date

Payee name

Amount (\$)

U.S. POSTAL SERVICE

Payee address City State Zip Code

DOWNTOWN STATION

1-14-04 AUSTIN TX 78701-2924

\$126.00 ✓

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

Complete direct expenditure to benefit (C) or Candidate / Officeholder name

PAID FOR P.O. BOX

Date

Payee name

Amount (\$)

HEB

Payee address City State Zip Code

2400 S. Congress Ave

1/15/04 Austin, TX 78704

\$9.47 ✓

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

Complete direct expenditure to benefit (C) or Candidate / Officeholder name

Food

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 **10**

2 FILER NAME

NANCY HOHENBARTEN

3 ACCOUNT # (Candidate Committee)

4 Date

5 Payee name

7

Amount (\$)

U.S. POSTAL SERVICE

6 Payee address: City, State, Zip Code

DOWNTOWN STATION

1/2/04

AUSTIN, TX 78701-2924

\$ 111.00

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

9 -- Complete if direct expenditure to benefit DCH --
Candidate / Officeholder name Title / Office

STAMPS

Date

Payee name

Amount (\$)

KINKOS

Payee address: City, State, Zip Code

327 CONGRESS AVE, SUITE 100

1/2/04

AUSTIN, TX 78701

\$21.11

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

-- Complete if direct expenditure to benefit DCH --
Candidate / Officeholder name Title / Office

COPIES

Date

Payee name

Amount (\$)

OFFICE MAX

Payee address: City, State, Zip Code

907 WEST 5TH ST.

1/2/04

AUSTIN, TX 78703

\$6.37

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

-- Complete if direct expenditure to benefit DCH --
Candidate / Officeholder name Title / Office

OFFICE SUPPLIES

Date

Payee name

Amount (\$)

Payee address: City, State, Zip Code

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

-- Complete if direct expenditure to benefit DCH --
Candidate / Officeholder name Title / Office

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 10

2 FILER NAME NANCY HOHENGARTEN

3 ACCOUNT # (See instructions regarding)

4 Date 5 Payee name 6 Payee address: City: State: Zip Code U.S. POSTAL SERVICE MAIN STATION 1/26/04 AUSTIN, TX 78710

7 Amount (\$) \$302.81 ✓

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

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Offender name Office / Seat Office / Seat

Bulk MAILINGS

4 Date 5 Payee name 6 Payee address: City: State: Zip Code WORLEY PRINTING 3217 NORTH IH 35 1/22/04 AUSTIN, TX 78722

7 Amount (\$) \$963.69 ✓

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

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Offender name Office / Seat Office / Seat

PRINTING FLYERS ETC.

4 Date 5 Payee name 6 Payee address: City: State: Zip Code CHECKMARK TYPESETTING 3217 N. IH 35 1/22/04 AUSTIN, TX 78722

7 Amount (\$) \$1,534.91 ✓

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

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Offender name Office / Seat Office / Seat

YARD SIGNS

4 Date 5 Payee name 6 Payee address: City: State: Zip Code H.E.B. Food/Drugs 2508 E. RIVERSIDE DR. 1/24/04 AUSTIN, TX 78741

7 Amount (\$) \$6.68

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

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Offender name Office / Seat Office / Seat

FOOD

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

10

2 FILER NAME

NANCY HOHEN GARTEN

3 ACCOUNT # (Budgetary Control #)

4 Date

5 Payee name

7

Amount (\$)

H.E.B. FOOD & DRUG

6 Payee address: City, State, Zip Code

7025 VILLAGE CENTER DR

1/24/04 AUSTIN, TX 78731

\$1.49

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

9 Complete if direct expenditure to benefit C.O.P. Candidate / Officeholder name Office subject Other subject

Food

Date

Payee name

Amount (\$)

OFFICE MAX

6 Payee address: City, State, Zip Code

907 WEST 5TH ST.

1/27/04 AUSTIN, TX 78703

\$67.09

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

9 Complete if direct expenditure to benefit C.O.P. Card date / Officeholder name Office subject Other subject

MAILING LABELS

Date

Payee name

Amount (\$)

OFFICE MAX

6 Payee address: City, State, Zip Code

907 WEST 5TH ST.

1/20/04 AUSTIN, TX 78703

\$19.49

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

9 Complete if direct expenditure to benefit C.O.P. Candidate / Officeholder name Office subject Other subject

COPIES

Date

Payee name

Amount (\$)

U.S. POSTAL SERVICE

6 Payee address: City, State, Zip Code

DOWNTOWN STATION

1/21/04 AUSTIN, TX 78701-2924

\$74.00

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

9 Complete if direct expenditure to benefit C.O.P. Candidate / Officeholder name Office subject Other subject

STAMPS

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):

2 FILER NAME

NANCY HOHENGARTEN

3 ACCOUNT # (Ethics Commission form):

4 Date

5 Payee name

HOME DEPOT

6 Payee address: City: State: Zip Code

7211 N. IH 35 SERVICE RD. NORTHBOND
AUSTIN, TX 78752

8 Amount (\$)

\$ 7.64

7 Purpose of expenditure

1/18/04

SIGN BUILDING

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

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 Hehenger

3 ACCOUNT # (Ethics Commission files)

LENDER INFORMATION

4 Name of lender

Bank of America

5 Lender address: City: State: Zip Code

901 Main St. 6th floor Dallas TX 75202

GUARANTOR INFORMATION

6 Name of guarantor

NA

7 Guarantor address: City: State: Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address: City: State: Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address: City: State: Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address: City: State: Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address: City: State: Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address: City: State: Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address: City: State: Zip Code

not applicable

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED