

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5888

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: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR (M) FIRST: Nancy MI: W. NICKNAME: Hbengarten LAST: Hbengarten SUFFIX:	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE PO Box 129 Austin, TX 78767 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: (512) 554-6428		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR (M) FIRST: Mina MI: A. NICKNAME: Brees LAST: Brees SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 600 Congress, Suite 2900, Austin, TX 78701		
8 CAMPAIGN TREASURER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: (512) 391-6109		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 9th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10 / 24 / 04 12 / 31 / 04		
11 ELECTION	ELECTION DATE: Month Day Year ELECTION TYPE: 11 / 2 / 04 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any): Travis County Court at Law 5	13 OFFICE SOUGHT (if known):	
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: <input type="checkbox"/> 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)

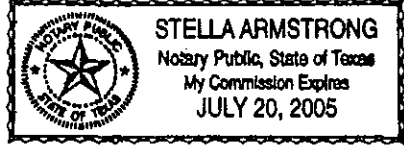
This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2120.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 19116.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12,125.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 65,384.97

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 10th day of January, 20 05, to certify which, witness my hand and seal of office.

Stella Armstrong
Signature of officer administering oath

Stella Armstrong
Print name of officer administering oath

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): 5	
2 FILER NAME Nancy Hohengarten		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10-25-04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Valenti	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10074 Circleview Dr. Austin, TX 78733			
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer/law firm Jackson Walker		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 10-25-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen B. Edwards	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 400 W. 14th Suite 120 Austin, TX 78701			
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 10-27-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul J. Dunham	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10050 Great Hills Trail, Unit 112 Austin, TX 78759			
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Dunham & Rogers		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): **5**

2 FILER NAME **Nancy Hohengarten**

3 ACCOUNT # (Ethics Commission filers)

4 Date **10-26-04**
 5 Full name of contributor out-of-state PAC (ID#: _____)
Brian Hoark
 6 Contributor address; City; State; Zip Code
**812 San Antonio, Suite 305
 Austin, TX 78701**

7 Amount of contribution (\$) **300.00**
 8 In-kind contribution description (if applicable)

9 Contributor's principal occupation **Attorney**

10 Contributor's job title

11 Contributor's employer/law firm **Self**

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

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

Date **10-28-04**
 Full name of contributor out-of-state PAC (ID#: _____)
Lopez & Urrutia
 Contributor address; City; State; Zip Code
**611 So. Congress, Suite 340
 Austin, TX 78704**

Amount of contribution (\$) **200.00**
 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 **10-26-04**
 Full name of contributor out-of-state PAC (ID#: _____)
Granger & Mueller
 Contributor address; City; State; Zip Code
**605 W. 10th
 Austin, TX 78701**

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
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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): **5**

2 FILER NAME **Nancy Hohengarten**

3 ACCOUNT # (Ethics Commission filers)

4 Date **11-14-04**
 5 Full name of contributor out-of-state PAC (ID#: _____)
Raul Gonzalez
 6 Contributor address: City, State, Zip Code
**2707 Carnation Lane
 Austin, TX 78704**

7 Amount of contribution (\$) **50.00**
 8 In-kind contribution description (if applicable)

9 Contributor's principal occupation **Attorney**

10 Contributor's job title **Attorney**

11 Contributor's employer/law firm **Travis Co. District Atty**

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

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

Date **12-8-04**
 Full name of contributor out-of-state PAC (ID#: _____)
Karen Sonleitner
 Contributor address: City, State, Zip Code
**1712 Pasadena Dr.
 Austin, TX 78757**

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

Contributor's principal occupation **County Commissioner**

Contributor's job title **same**

Contributor's employer/law firm **Travis County**

Law firm of contributor's spouse (if any)

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

Date **11-17-04**
 Full name of contributor out-of-state PAC (ID#: _____)
Leigh Bonnet
 Contributor address: City, State, Zip Code
**2000 Cullen Ave No. 29
 Austin, TX 78757**

Amount of contribution (\$) **50.00**
 In-kind contribution description (if applicable)

Contributor's principal occupation **Attorney**

Contributor's job title **Attorney**

Contributor's employer/law firm **Self**

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): **5**

2 FILER NAME **Nancy Hohengarten**

3 ACCOUNT # (Ethics Commission filers)

4 Date **11-30-04**

5 Full name of contributor out-of-state PAC (ID# _____)
Lynne Whittington

7 Amount of contribution (\$) **20.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**3401 Clawson Rd.
Austin, TX 78704**

9 Contributor's principal occupation **office work**

10 Contributor's job title **Office Specialist**

11 Contributor's employer/law firm **Travis County**

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

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

Date **12-23-04**

Full name of contributor out-of-state PAC (ID# _____)
Chad Williams

Amount of contribution (\$) **50.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**4902 Beverly Hills Dr.
Austin, TX 78731**

Contributor's principal occupation **computer technology**

Contributor's job title **web content developer**

Contributor's employer/law firm **IBM**

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# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

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.

POLITICAL EXPENDITURES

SCHEDULE F

The *INSTRUCTION GUIDE* explains how to complete this form. 1 Total pages Schedule F: **4**

2 FILER NAME **Nancy Hohengarten** 3 ACCOUNT # (Ethics Commission filers)

4 Date 11-3-04	5 Payee name Driskill Hotel	7 Amount (\$) 2,238.54
6 Payee address, City, State, Zip Code ** 604 Brazos Austin, TX 78701		

8 Purpose of payment (See instructions regarding type of information required.) Election Night Party	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11-2-04	Payee name HEB	Amount (\$) 22.67
Payee address, City, State, Zip Code 1000 E. 41st Austin, TX 78751		

Purpose of payment (See instructions regarding type of information required.) Refreshments	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11-23-04	Payee name T Mobile	Amount (\$) 79.14
Payee address, City, State, Zip Code P.O. Box 790047 St. Louis, MO 63179		

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
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Date 10-25-04	Payee name T Mobile	Amount (\$) 76.27
Payee address, City, State, Zip Code P.O. Box 790047 St. Louis, MO 63179		

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
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **4**

2 FILER NAME **Nancy Hohengarten** 3 ACCOUNT # (Ethics Commission filers)

4 Date 10-25-04	5 Payee name Kinko's	7 Amount (\$) 1.15
6 Payee address: City: State: Zip Code ** 2901 Medical Arts Austin, TX 78705		

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
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Date 10-29-04	Payee name Bank of America	Amount (\$) 1.20
Payee address: City: State: Zip Code PO Box 25118 Tampa FL 33622		

Purpose of payment (See instructions regarding type of information required.) Bank charge	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11-2-04	Payee name Kinko's	Amount (\$) 1.23
Payee address: City: State: Zip Code 2901 Medical Arts Austin, TX 78705		

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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Date 11-10-04	Payee name Bank of America	Amount (\$) 594.20
Payee address: City: State: Zip Code PO Box 25118 Tampa FL 33622		

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
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **4**

2 FILER NAME **Nancy Hohengarten** 3 ACCOUNT # (Ethics Commission tiers)

4 Date 11-24-04	5 Payee name Dana Belts	7 Amount (\$) 15,000.00
6 Payee address; City; State; Zip Code ** 1914 Patton Lane Austin, TX 78723		

8 Purpose of payment (See instructions regarding type of information required.) Campaign Consulting	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12-3-04	Payee name Verve Publishing	Amount (\$) 5.00
Payee address; City; State; Zip Code PO Box 431143 Pontiac MI 48341		

Purpose of payment (See instructions regarding type of information required.) Internet Hosting	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12-10-04	Payee name Bank of America	Amount (\$) 594.20
Payee address; City; State; Zip Code PO Box 2518 Tampa FL 33622		

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
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Date 12-17-04	Payee name Glen Maxey	Amount (\$) 500.00
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.) Database Access	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **4**

2 FILER NAME **Nancy Hohengarten**

3 ACCOUNT # (Ethics Commission filers)

4 Date
11-2-04

5 Payee name
Verve Publishing
6 Payee address: City, State, Zip Code
**PO Box 431143
Pontiac MI 48341**

7 Amount (\$)
5.00

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

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 (\$)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule K: 1

2 FILER NAME

Nancy Hohenyarten

3 ACCOUNT # (Ethics Commission filers):

4 Date

10-27-04

5 Payor name

Public Storage, Inc

8 Amount (\$)

133.20

6 Payor address; City; State; Zip Code

*PO Box 25035
Glendale, CA 91201*

7 Reason for credit

termination of storage space lease

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

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 Hohen garten

3 ACCOUNT # (Ethics Commission filers)

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

not applicable

7 Guarantor address:

City:

State:

Zip Code

LENDER INFORMATION

Name of lender

Lender address:

City:

State:

Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address:

City:

State:

Zip Code

LENDER INFORMATION

Name of lender

Lender address:

City:

State:

Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address:

City:

State:

Zip Code

LENDER INFORMATION

Name of lender

Lender address:

City:

State:

Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address:

City:

State:

Zip Code

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