

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

6451

**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:

15

3 CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR FIRST Nancy M. NICKNAME LAST Hohengarten SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Record # Amount

Date Processed

Date Imaged

TRAVIS COUNTY CLERK

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
PO Box 1748 Austin, TX 78767

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 554-6428

6 CAMPAIGN TREASURER NAME

MS/MRS/MR FIRST Lawrence M. NICKNAME LAST Sawyer SUFFIX Jr.

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
1004 West Avenue Austin TX 78701

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 479-5017

9 REPORT TYPE

- January 15
- 30th day before election
- Runoff
- 15th day after campaign treasurer appointment (officeholder only)
- July 15
- 5th day before election
- Exceeded \$500 limit
- Final report (Attach JC/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
7 / 1 / 06 THROUGH 12 / 31 / 06

11 ELECTION

ELECTION DATE: Month Day Year 11 / 7 / 06
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
Travis County Court at Law 5

13 OFFICE SOUGHT (if known)
same

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 expenditures. --

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 Use)

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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

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

\$

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

\$4545.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$2406.25

CONTRIBUTION BALANCE

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

\$7668.11

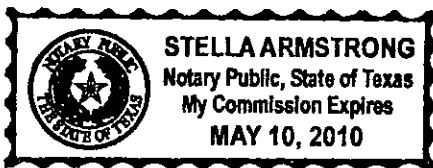
OUTSTANDING LOAN TOTALS

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

\$ —

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Nancy Hohengarten
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said

Nancy Hohengarten this the 18th day

of January, 2009, 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

Notary
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) 10	
2 FILER NAME Nancy Hehengarten		3 ACCOUNT # (Ethics Commission files)	
4 Date 7-3-06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Minton Burton Foster & Collins	7 Amount of contribution (\$) 750.00	8 In-kind contribution on description (if applicable)
6 Contributor address City, State, Zip Code 1100 Guadalupe Austin, TX 78701			
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 7-3-06	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Jody Sims	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 312 San Antonio, Suite 103 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 7-1-06	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# George Cofey	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 3306 Gentry Dr. Austin, TX 78746			
Contributor's principal occupation Non-Profit Director		Contributor's job title Advisory Corp. Partnership Director	
Contributor's employer/law firm Earth Share of Texas		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). 10	
2 FILER NAME Nancy Hohengarten		3 ACCOUNT # (Ethics Commission #)	
4 Date 7-1-06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Will Holgate	7 Amount of contribution (\$) 150.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 5837 B Hiline Rd. Austin, TX 78734			
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 7-1-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Sandra Nicolas	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 3220 Bonnie Rd. Austin, TX 78703			
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Tx Dept. of Ins.		Law firm of contributor's spouse (if any)	
if contributor is a child, law firm of parent(s) (if any)			

Date 7-1-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Vivan Cano	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 504 W. 7th 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)			

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): 10	
2 FILER NAME Nancy Hengarten		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7-1-06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gilbert Martinez	7 Amount of contribution (\$) 150.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code PO Box 42436 Austin, TX 78704			
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 7-1-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elsie Craven	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1112 Cripple Creek Dr. Austin, TX 78758			
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 7-1-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frank Bryan	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 106 E. 6th, Suite 900 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)			

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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): 10	
2 FILER NAME Nancy Hohengarten		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7-1-06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Sylvester Ruffin	7 Amount of contribution (\$) 75.00	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code 1606 Viki Lynn Ct. Pflugerville TX 78660			
9 Contributor's principal occupation Private Investigator		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 7.3.06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Gregg Knaupe	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 4860 Calhoun Canyon Loop Austin, TX 78735			
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Texas Hospital Association		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 7.3.06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Jerald Finney	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code P.O. Box 1346 Austin TX 78767			
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)			

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): 10	
2 FILER NAME: Nancy Hohengarten		3 ACCOUNT # (Ethics Commission #):	
4 Date: 7.3.06	5 Full name of contributor: <input checked="" type="checkbox"/> in-state PAC (ID#): Mary A. Keeney	7 Amount of contribution (\$): 100.00	8 In-kind contribution description (if applicable):
6 Contributor address: City: State: Zip Code 2701 Verde Vista Austin, TX 78703			
9 Contributor's principal occupation: Attorney		10 Contributor's job title: Attorney	
11 Contributor's employer/law firm: Graves Deucherty Heaton & Moody		12 Law firm of contributor's spouse (if any): 1	
13 If contributor is a child, law firm of parent(s) (if any):			
Date: 7.3.06	Full name of contributor: <input checked="" type="checkbox"/> in-state PAC (ID#): Granger E. Mueller	Amount of contribution (\$): 250.00	In-kind contribution description (if applicable):
Contributor address: City: State: Zip Code 605 W. 10th Austin, TX 78701			
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: 7.5.06	Full name of contributor: <input checked="" type="checkbox"/> in-state PAC (ID#): Richard Hoffman	Amount of contribution (\$): 100.00	In-kind contribution description (if applicable):
Contributor address: City: State: Zip Code 500 W. 16th Suite 103 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):			
<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). 10	
2 FILER NAME <i>Nancy Hengarten</i>		3 ACCOUNT # (Ethics Commission #)	
4 Date <i>7-3-06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Franklin Scott Spears</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>901 Mopac S., Suite 420 Austin, TX 78746</i>			
9 Contributor's principal occupation <i>Attorney</i>		10 Contributor's job title	
11 Contributor's employer/law firm <i>Arenson & Spears</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>7-5-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Kuhn Doyle & Kuhn</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>603 W. 8th Austin, TX 78701</i>			
Contributor's principal occupation <i>law firm</i>		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 <i>7-1-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Jeanette Kinard</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>1200 Valley View Wimberley, TX 78676</i>			
Contributor's principal occupation <i>Attorney</i>		Contributor's job title	
Contributor's employer/law firm <i>Self</i>		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): 10	
2 FILER NAME Nancy Hohengarten		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7-1-06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Michael Abke witz	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6702 Honeysuckle Trail Austin, TX 78759			
9 Contributor's principal occupation Retirement planner		10 Contributor's job title Regional Director	
11 Contributor's employer/law firm Great WestLife		12 Law firm of contributor's spouse (if any) none	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 7-1-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Robert Horns	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2402 Bluffview Dr. Austin, TX 78704			
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 7-5-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) John McKenzie	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1405 Cometrail Austin, TX 78724			
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)			

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): 10	
2 FILER NAME Nancy Hengarten		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7-5-06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Burke	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 18410 FM 969 Manor, TX 78653			
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 7-5-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phillip Presse	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 819 1/2 W. 11th St. 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 7-3-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Betty Blackwell	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1306 Nueces 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)

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): 10	
2 FILER NAME Nancy Hengarten		3 ACCOUNT # (Ethics Commission file)	
4 Date 7-2-06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Sandra Wilson	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code 1405 Foxwood Cove Austin, TX 78704		(If travel outside of Texas, complete Schedule T)	
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 7-1-06	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Cecilia Crossley	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 3100 Catalina Dr. Austin, TX 78741		(If travel outside of Texas, complete Schedule T)	
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 7-2-06	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Christopher Morgan	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 8812 Tallwood Dr. #89 Austin, TX 78759		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Self		Law firm of contributor's spouse (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)	10
2 FILER NAME Nancy Hohengarten		3 ACCOUNT # (Ethics Commission #)	
4 Date 7-5-06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Lopez & Urrutia	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 801. W. Oltorf Austin, TX 78704		250.00	
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 7-5-06	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Robert Cantu	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1717 W. 6th Suite 440 Austin, TX 78703		250.00	
Contributor's principal occupation Psychiatrist		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 7-3-06	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# EG Morris	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 608 W. 12th Suite B Austin, TX 78701		250.00	
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)			

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: **3**

2 FILER NAME **Nancy Hohenegarten**

3 ACCOUNT # (Ethics Commission filers)

4 Date **9-2-06** 5 Payee name **Hispanic Bar Assoc. Austin**
 6 Payee address: City: State: Zip Code
**P.O. Box 12692
 Austin, TX 78711-2692**

7 Amount (\$)
40.00

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 **9-2-06** Payee name **New Milestones Foundation**
 Payee address: City: State: Zip Code
**1430 Collier St.
 Austin, TX 78704**

Amount (\$)
250.00

Purpose of payment (See instructions regarding type of information required.)
Charity / Luncheon Sponsor

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

Date **9-11-06** Payee name **NXNW Democrats**
 Payee address: City: State: Zip Code
**PO Box 29446
 Austin, TX 78755**

Amount (\$)
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 **9-11-06** Payee name **West Austin Democrats**
 Payee address: City: State: Zip Code
**PO Box 50064
 Austin, TX 78763**

Amount (\$)
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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME Nancy Henengarten

3 ACCOUNT # (Place Commission F.ers)

4 Date 7-15-06

5 Payee name Verve Hosting

7 Amount (\$) 10.00

6 Payee address: PO Box 431143
Austin TX Pontiac MI 48341

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 7-15-06

Payee name Austin Young Lawyers Foundation

Amount (\$) 56.25

Payee address: 816 Congress Avenue
Austin, TX 78701

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

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

Date 7-31-06

Payee name Austin Tejano Democrats

Amount (\$) 20.00

Payee address: 5704 Shoal Creek
Austin, TX 78757

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

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

Date 8-31-06

Payee name AFL-CIO TEXAS

Amount (\$) 115.00

Payee address: PO Box 12727
Austin, TX 78711

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

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: 3
2 FILER NAME Nancy Hohengarten		3 ACCOUNT # (Ethics Commission files)
4 Date 10-3-06	5 Payee name Travis County Democratic Party	7 Amount (\$) 1,500
6 Payee address: City: State: Zip Code P.O. Box 684263 Austin, TX 78768		
8 Purpose of payment (See instructions regarding type of information required.) Coordinated Campaign Share		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11-10-06	Payee name Lulac Council	Amount (\$) 100.00
Payee address: City: State: Zip Code 700 Lavaca St #510 Austin TX 78701		
Purpose of payment (See instructions regarding type of information required.) Scholarship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11-10-06	Payee name University Democrats	Amount (\$) 100.00
Payee address: City: State: Zip Code 1000 W. Dean Keeton, SOC #145 Austin TX 78712		
Purpose of payment (See instructions regarding type of information required.) Scholarship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7-1-06	Payee name Nancy Hohengarten	Amount (\$) 195.00
Payee address: City: State: Zip Code PO Box 1748 Austin, TX 78767		
Purpose of payment (See instructions regarding type of information required.) reimbursement for stamps		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED