

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

6577

The JC/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT#
(Ethics Commission filers)

2 Total pages filed: 4

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

PO Box 1748
Austin, TX 78767

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) ~~37~~ 554 - 6428

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Lawrence

NICKNAME

LAST

SUFFIX

Larry Saver Jr.

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

1004 West Ave. 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
- 6th day before election
- Exceeded \$500 limit
- Final report (Attach COH - FR)

10 PERIOD COVERED

Month Day Year
1 / 1 / 07 THROUGH 6 / 30 / 07

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)
Travis Co. 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

additional pages

GO TO PAGE 2

OFFICE USE ONLY
FOR RECORD
JUL 18 PM 4:20
CLERK
COUNTY CLERK
COUNTY TEXAS

Receipt # Amount
Date Processed
Date Imaged

**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 **

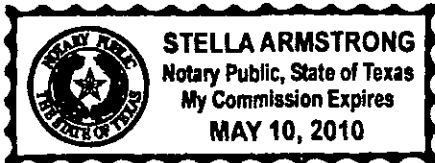
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ N/A
	4. TOTAL POLITICAL EXPENDITURES	\$ 615.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7053.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A

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 13th day of July, 2007 to certify which, witness my hand and seal of office.

[Signature] Stella Armstrong
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **2**

2 FILER NAME **Nancy Hohengarten**

3 ACCOUNT # (Ethics Commission filers)

4 Date
1-17-07

5 Payee name
Capital Area Democratic Women

6 Payee address; City; State; Zip Code
**PO Box 12962
Austin, TX 78711**

7 Amount (\$)
50.00

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

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

Date
3.31.07

Payee name
Central Texas Democratic Forum

Payee address; City; State; Zip Code
**1105 W. 12th St
Austin TX 78703**

Amount (\$)
120.00

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
4.21.07

Payee name
Vietnamese American Heritage Foundation

Payee address; City; State; Zip Code
**PO Box 29354
Austin, TX 78755**

Amount (\$)
100.00

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
4.22.07

Payee name
Margaret Gomez

Payee address; City; State; Zip Code
PO Box 1748 Austin TX 78767

Amount (\$)
25.00

Purpose of payment (See instructions regarding type of information required.)
Cinco de Mayo Contribution

** 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: **2**

2 FILER NAME **Nancy Hohengarten**

3 ACCOUNT # (Ethics Commission filers)

4 Date **4-25-07**

5 Payee name **Travis County Democratic Party**

7 Amount (\$) **250.00**

6 Payee address; City, State; Zip Code
PO Box 684263, Austin, TX 78768

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

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

Date **5-16-07**

Payee name **Sam Biscoe Special Projects**

Amount (\$) **25.00**

Payee address; City, State; Zip Code
PO Box 1748, Austin, TX 78767

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

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

Date **5-16-07**

Payee name **Hyde Park Neighborhood Assoc**

Amount (\$) **25.00**

Payee address; City, State; Zip Code
PO Box 49427 Austin TX 78765

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 **6-28-07**

Payee name **Austin Tejano Democrats**

Amount (\$) **20.00**

Payee address; City, State; Zip Code
5704 Shoal Creek Austin TX 78757

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