

**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)

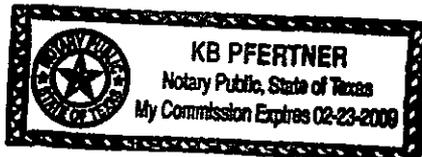
** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they 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	\$ NONE
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ NONE
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ itemized
	4. TOTAL POLITICAL EXPENDITURES	\$ 107.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6935.
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ Na

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 15 day of January 2008, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
KB Pfertner Print name of officer administering oath
NOTARY Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form. 1 Total pages Schedule F: 1

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

4 Date <u>8-17-07</u>	5 Payee name <u>Open Door Preschool</u>	7 Amount (\$) <u>\$15.00</u>
6 Payee address: City, State, Zip Code <u>3804 Cherrywood Austin, TX 78722</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Donation</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date <u>8-17-07</u>	Payee name <u>Austin Bar Foundation</u>	Amount (\$) <u>\$67.50</u>
Payee address: City, State, Zip Code <u>816 Congress Ave. Suite 700 Austin, TX 78701</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Program Advertisement</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date <u>9-1-07</u>	Payee name <u>Capitol Area Progressive Democrats</u>	Amount (\$) <u>\$10.00</u>
Payee address: City, State, Zip Code <u>PO Box 801 Austin, TX 78767</u>		

Purpose of payment (See instructions regarding type of information required.) <u>membership dues</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date <u>9-22-07</u>	Payee name <u>West Austin Democrats</u>	Amount (\$) <u>\$15.00</u>
Payee address: City, State, Zip Code <u>PO Box 50064 Austin, TX 78763</u>		

Purpose of payment (See instructions regarding type of information required.) <u>membership dues</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 .. 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

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