

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

6882

**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: 4	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST Nancy MI W		OFFICE USE ONLY		
	NICKNAME LAST SUFFIX Hohengarten		Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1748 Austin, TX 78767		Date Hand-delivered or Date Postmarked		
	AREA CODE PHONE NUMBER EXTENSION (512) 554 - 6428		Receipt # Amount 45 63.00		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR <input checked="" type="radio"/> FIRST Lawrence MI		Date Processed		
	NICKNAME LAST SUFFIX Larry Saver		Date Imaged		
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1004 West Avenue Austin TX 78701				
	AREA CODE PHONE NUMBER EXTENSION (512) 479 - 5017				
7 CAMPAIGN TREASURER ADDRESS (Residence or business)					
8 CAMPAIGN TREASURER PHONE					
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year 01 / 01 / 08 THROUGH Month Day Year 06 / 30 / 08				
11 ELECTION	ELECTION DATE Month Day Year / / 		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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					

GO TO PAGE 2

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
1-14-08

5 Payee name
Tejano Democrats

7 Amount (\$)
75.00

6 Payee address; City; State; Zip Code

**5704 Shoal Creek
Austin TX 78757**

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

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

(If travel outside of Texas, complete Schedule T)

Date
2-9-08

Payee name
Capitol Area Democratic Women

Amount (\$)
25.00

Payee address; City; State; Zip Code

**PO Box 12962
Austin, TX 78711**

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

(If travel outside of Texas, complete Schedule T)

Date
4-18-08

Payee name
Margaret Gomez

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.)
Cinco de Mayo Celebration

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

(If travel outside of Texas, complete Schedule T)

Date
5-15-08

Payee name
Travis Co Women Lawyers Foundation

Amount (\$)
125.00

Payee address; City; State; Zip Code

**PO Box 684547
Austin TX 78768**

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

Luncheon Sponsor

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

(If travel outside of Texas, complete Schedule T)

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
5-15-08

5 Payee name
Sam Biscoe
6 Payee address; City; State; Zip Code
P.O. Box 1748
Austin, TX 78767

7 Amount (\$)
25.00

8 Purpose of payment (See instructions regarding type of information required.)
Juneteenth Celebration
(If travel outside of Texas, complete Schedule T)

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

Date
6-24-08

Payee name
NXNW Democrats
Payee address; City; State; Zip Code
P.O. Box 29446
Austin, TX 78755

Amount (\$)
10.00

Purpose of payment (See instructions regarding type of information required.)
Membership Dues
(If travel outside of Texas, complete Schedule T)

** 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.)
(If travel outside of Texas, complete Schedule T)

** 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.)
(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**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

\$ 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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 285.00

CONTRIBUTION BALANCE

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

\$ 6685.61

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.

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 9 day of July, 2008, to certify which, witness my hand and seal of office.

Shonna Castillo

Signature of officer administering oath

Shonna Castillo

Print name of officer administering oath

notary public

Title of officer administering oath

