

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7018

**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:
6

3 CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR MS FIRST Nancy MI W.
NICKNAME LAST SUFFIX

Hohengarten

OFFICE USE ONLY

Date Received

RECEIVED
 CLERK
 TEXAS
 JAN 14 PM 3:49
 2008 RECORD

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 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 Larry MI
NICKNAME LAST SUFFIX

Saver

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 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year MONTH DAY YEAR

7 / 1 / 08 THROUGH 12 / 31 / 08

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)
Judge, Travis Co CL5

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

**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 contributions accepted or political expenditures made 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	\$ 41800 5480.16
	4. TOTAL POLITICAL EXPENDITURES	\$ 4805.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1815.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 8 day of Jan, 2009, to certify which, witness my hand and seal of office.

Shonna Castillo Shonna Castillo notary public
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: **3**

2 FILER NAME *Nancy Hohengarten*

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>7-20-08</i>	5 Payee name <i>Austin Tejano Democrats</i>	7 Amount (\$) <i>20.00</i>
6 Payee address; City, State; Zip Code <i>2544 Stoutwood Circle Austin, TX 78745</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>dues membership</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <i>8-9-08</i>	Payee name <i>Central Market</i>	Amount (\$) <i>112.53</i>
Payee address; City, State; Zip Code <i>4001 Lamar Blvd., Austin, TX 78756</i>		

Purpose of payment (See instructions regarding type of information required.) <i>gift - flowers</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	--

Date <i>8-17-08</i>	Payee name <i>Capital Area Democratic Women</i>	Amount (\$) <i>30.00</i>
Payee address; City, State; Zip Code <i>PO Box 12962 Austin TX 78711</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Event admission membership dues</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <i>9-11-08</i>	Payee name <i>West Austin Democrats</i>	Amount (\$) <i>10.00</i>
Payee address; City, State; Zip Code <i>PO Box 50064 Austin, TX 78763</i>		

Purpose of payment (See instructions regarding type of information required.) <i>membership dues</i>	-- 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: **3**

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

4 Date 9-30-08	5 Payee name Travis County Democratic Party	7 Amount (\$) 3500.00
6 Payee address; City; State; Zip Code PO Box 684263 Austin, TX 78768		

8 Purpose of payment (See instructions regarding type of information required.) Share of overhead expenses	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10-1-08	Payee name Dennis Garza, Lulac Council 650	Amount (\$) 100.00
Payee address; City; State; Zip Code 1514 Homewood Circle Austin TX 78664		

Purpose of payment (See instructions regarding type of information required.) Donation to Scholarship	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11-3-08	Payee name Sandra Ritz	Amount (\$) 58.76
Payee address; City; State; Zip Code 902 Rio Grande St. Austin TX 78701		

Purpose of payment (See instructions regarding type of information required.) Reimbursement for beverages	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12-3-08	Payee name David Terrell	Amount (\$) 300.00
Payee address; City; State; Zip Code 2600 Howellwood Austin, TX 78748		

Purpose of payment (See instructions regarding type of information required.) BBQ for party	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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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 filers)

4 Date

5 Payee name

7 Amount (\$)

12-10-08

Orlinda Naranjo

75.00

6 Payee address; City; State; Zip Code

*PO Box 1748
Austin TX 78767*

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

Reimbursement for luncheon costs

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

12-11-08

Susan Jackson

100.00

Payee address; City; State; Zip Code

901 W. 9th St Austin TX 78703

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

Sponsor of Christmas Day for Project Recovery

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Amount (\$)

Payee address; City; State; Zip Code

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

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 1

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

4	Date	5 Payee name <i>Driskill Hotel</i>	8	Amount (\$)
		6 Payee address; City; State; Zip Code <i>604 Brazos St. Austin, TX 78701</i>		<i>502.62</i>
		7 Purpose of expenditure <i>Electron Night Reception</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name <i>Costco</i>	Amount (\$)
	Payee address; City; State; Zip Code <i>10401 Research Blvd Austin, TX 78759</i>	<i>168.78</i>
	Purpose of expenditure <i>Food + Drink for reception</i> (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

8/15/08	Dicky 3 Sgt	City 3	Commissary
8/15/08	Commissary	John F	Co. to the State
8/15/08	Donovan	Jessad / King	Betty / Emma
8/15/08	Full	Do Vetter	Finagle

8/28/08	Maria Reyna		TCCC Finance
	Factor		McWhorn

~~_____~~

To: Jessica
 From: Melissa

10/22/08	Opera Taylor-Gutierrez	Dist Clerk-Crim	D Vittitow-Cr
10/22/08	Robert Shoppell	Procl	Com
10/22/08	AUDIENCE		10/22/08

12-11-08	County Central Law #5		Law Library
1-12-08	County Clerk Elections	Airport Blvd	Nancy Holt
			Court #5

2009 JAN 14 PM 3:44
 CLERK
 TEXAS