

JUDICIAL CANDIDATE / OFFICEHOLDER 7121
CAMPAIGN FINANCE REPORT

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: <div style="font-size: 2em; text-align: center;">5</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <input type="checkbox"/> FIRST: Nancy MI: W NICKNAME: LAST: Hohengarten SUFFIX:	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received: 2009 APR -5 PM 2:30 Date Hand-delivered or Date Postmarked: 2009 APR -5 PM 2:30 Receipt #: Amount: Date Processed: Date Imaged: </div>	
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		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: (512) 554-6428		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <input checked="" type="checkbox"/> FIRST: Larry MI: W 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 Ave., Austin, TX 78701		
8 CAMPAIGN TREASURER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: (512) 479-5017		
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 THROUGH Month Day Year 1 / 1 / 09 THROUGH 6 / 30 / 09		
11 ELECTION	ELECTION DATE Month Day Year 3 / ? / 10	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Travis Co. Court at Law 5	13 OFFICE SOUGHT (if known) same	
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:		

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**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)

additional pages

** 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. **

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	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	\$ - NA -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - NA -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1125.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 325.58
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.



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 1st day of July, 2009, to certify which, witness my hand and seal of office.

Melissa Ann Moreno Melissa Ann Moreno
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 2/24/09	5 Payee name Capital Area Progressive Dems 6 Payee address; City; State; Zip Code	7 Amount (\$) 50.00
8 Purpose of payment (See instructions regarding type of information required.) (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 2/28/09	Payee name Capital Area Democratic Women Payee address; City; State; Zip Code	Amount (\$) 25.00
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 3/5/09	Payee name New Milestones Foundation Payee address; City; State; Zip Code	Amount (\$) 150.00
Purpose of payment (See instructions regarding type of information required.) non-profit fundraiser (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/12/09	Payee name Central Market Payee address; City; State; Zip Code	Amount (\$) 84.44
Purpose of payment (See instructions regarding type of information required.) Food for meeting (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		

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
3-20-09

5 Payee name
Diana Kern
6 Payee address; City; State; Zip Code
237 Lonesome Dove
Cedar Creek, TX 78612

7 Amount (\$)
100.00

8 Purpose of payment (See instructions regarding type of information required.)
T-Shirts for Project Recovery
(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
5-7-09

Payee name
Austin Bar Association
Payee address; City; State; Zip Code

Amount (\$)
55.00

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

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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: <u>1</u>
2 FILER NAME <u>Nancy Hohengarten</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>1/31/09</u>	5 Payee name <u>Costco #681</u>	8 Amount (\$) <u>51.41</u>
	6 Payee address; City; State; Zip Code <u>Highway 183 / Research Blvd Austin, TX</u>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure <u>Jury refreshments / supplies</u> (If travel outside of Texas, complete Schedule T)	
Date <u>2/28/09</u>	Payee name <u>Sears</u>	Amount (\$) <u>498.70</u>
	Payee address; City; State; Zip Code <u>Hancock Center Austin TX 78751</u>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <u>Refridgerator for Chambers + Staff</u> (If travel outside of Texas, complete Schedule T)	
Date <u>5/8/09</u>	Payee name <u>Asti Trattona</u>	Amount (\$) <u>42.81</u>
	Payee address; City; State; Zip Code <u>408C E. 43rd Austin, TX 78751</u>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <u>lunch for intern C. Marian</u> (If travel outside of Texas, complete Schedule T)	
Date <u>4/29/09</u>	Payee name <u>2 Tejas</u>	Amount (\$) <u>67.98</u>
	Payee address; City; State; Zip Code <u>1110 W. 6th Austin, TX 78703</u>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <u>lunch for staff - admin asst. day</u> (If travel outside of Texas, complete Schedule T)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED