

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

7239

**FORM JC/OH  
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT#</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>  <div style="font-size: 2em; text-align: center;">13</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS/MRS/MR <input checked="" type="radio"/> FIRST <u>Nancy</u> MI <u>W</u> NICKNAME LAST SUFFIX <u>Hohengarten</u>		<b>OFFICE USE ONLY</b> Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>PO Box 1748</u> <u>Austin, TX 78767</u>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <u>(512) 554-6428</u>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS/MRS/MR <input checked="" type="radio"/> FIRST <u>Larry</u> MI <u>W</u> NICKNAME LAST SUFFIX <u>Saver Jr.</u>		
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1004 West Avenue, Austin, TX 78701</u>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <u>(512) 479-5017</u>		
<b>9 REPORT TYPE</b>	<input checked="" 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 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)		
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year <u>7 / 1 / 09</u> <u>12 / 31 / 09</u>		
<b>11 ELECTION</b>	ELECTION DATE    ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <u>3 / 2 / 10</u>		
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <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**

**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. \*\*

COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	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 \$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 4950

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$

4. TOTAL POLITICAL EXPENDITURES \$ 3316.87

**CONTRIBUTION BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1950.03

**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.



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, 20 10, to certify which, witness my hand and seal of office.

Marivel Garza  
Signature of officer administering oath

Marivel Garza  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): **6**

2 FILER NAME **Nancy Hohengarten**

3 ACCOUNT # (Ethics Commission filars)

4 Date **9-18-09** 5 Full name of contributor  out-of-state PAC (ID#:  
**Betty Blackwell**

7 Amount of contribution (\$) **500** 8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code  
**1306 Nueces  
Austin, TX 78701**

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation **Attorney**

10 Contributor's job title **Attorney**

11 Contributor's employer/law firm **Self**

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date **9-23-09** Full name of contributor  out-of-state PAC (ID#:  
**Mark McCrimmon**  
Contributor address: City: State: Zip Code  
**704 W. 9th  
Austin, TX 78701**

Amount of contribution (\$) **125.00** In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation **Attorney**

Contributor's job title **Attorney**

Contributor's employer/law firm **n/a**

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date **9-23-09** Full name of contributor  out-of-state PAC (ID#:  
**John Nate Stark**  
Contributor address: City: State: Zip Code  
**307 Rio Bravo Rd  
Georgetown, TX 78628**

Amount of contribution (\$) **125.00** In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation **Attorney**

Contributor's job title **Attorney**

Contributor's employer/law firm **n/a**

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): **6**

2 FILER NAME **Nancy Hohengarten**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**9/13/09**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Gerald Smith**

7 Amount of contribution (\$)  
**100.00**

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code  
**611 W. 14th  
Austin, TX 78701**

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation  
**Attorney**

10 Contributor's job title  
**Attorney**

11 Contributor's employer/law firm  
**Law Office of Jamie Bologna**

12 Law firm of contributor's spouse (if any)  
**None**

13 If contributor is a child, law firm of parent(s) (if any)

Date  
**9/11/09**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Bruce Fox**

Amount of contribution (\$)  
**250.00**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
**404 W. 13th  
Austin TX 78701**

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation  
**Attorney**

Contributor's job title  
**Attorney**

Contributor's employer/law firm  
**self**

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date  
**9-16-09**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Brian Roark**

Amount of contribution (\$)  
**250.00**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
**1307 West Ave  
Austin, TX 78701**

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation  
**Attorney**

Contributor's job title  
**Attorney**

Contributor's employer/law firm  
**self**

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <b>6</b>	
2 FILER NAME <b>Nancy Hohengarten</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/8/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Law Office of Sandra Ritz</b>	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code <b>902 Rio Grande Austin, TX 78701</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>Attorney</b>		10 Contributor's job title <b>Attorney</b>	
11 Contributor's employer/law firm <b>Law Office of Sandra Ritz</b>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <b>9/8/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>David Sheppard</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>700 Lavaca, Suite 1550 Austin, TX 78701</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>	
Contributor's employer/law firm <b>self</b>		Law firm of contributor's spouse (if any) <b>none</b>	
If contributor is a child, law firm of parent(s) (if any)			

Date <b>9/9/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jorge Pineda</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>2211 S. IH 35, Suite 107 Austin, TX 78741</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>	
Contributor's employer/law firm <b>Jorge Pineda &amp; Assoc.</b>		Law firm of contributor's spouse (if any) <b>none</b>	
If contributor is a child, law firm of parent(s) (if any)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): **6**

2 FILER NAME **Nancy Hohengarten**

3 ACCOUNT # (Ethics Commission filers)

4 Date **9/8/09**

5 Full name of contributor  out-of-state PAC (ID#) **Dunham & Rogers**

7 Amount of contribution (\$) **1000.00**

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code  
**1800 Guadalupe  
Austin, TX 78701**

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation **Law firm**

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date **9/8/09**

Full name of contributor  out-of-state PAC (ID#) **Joseph A. Turner**

Amount of contribution (\$) **250.00**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
**11217 Fitzhugh Rd  
Austin, TX 78736**

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation **Attorney**

Contributor's job title **Attorney**

Contributor's employer/law firm **Joe Turner & Assoc.**

Law firm of contributor's spouse (if any) **none**

If contributor is a child, law firm of parent(s) (if any)

Date **9/8/09**

Full name of contributor  out-of-state PAC (ID#) **Orr & Olarson**

Amount of contribution (\$) **250.00**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
**804 Rio Grande  
Austin, TX 78701**

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation **law firm**

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <b>6</b>	
2 FILER NAME <b>Nancy Hohengarten</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9-24-09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gunter &amp; Bennett</b>	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>600 W. 9th St Austin, TX 78701</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>law firm</b>		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <b>9-29-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Butford &amp; Gonzalez</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO Box 684566 Austin, TX 78768</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Law firm</b>		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <b>See below</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Minton, Burton Foster &amp; Collins</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1100 Guadalupe Austin, TX 78701</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>law firm</b>		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p>Check was received approximately Oct '09 but misplaced. Error discovered and new check sent in January 2010.</p> <p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <b>6</b>	
2 FILER NAME <b>Nancy Hohengarten</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>11/19/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Antonio Wehnes</b>	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1602 E. 7th St. Austin, TX 78702</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>attorney</b>		10 Contributor's job title <b>attorney</b>	
11 Contributor's employer/law firm <b>self</b>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <b>10-9-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Scott Smith</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1309 Nueces Austin, TX 78701</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>attorney</b>		Contributor's job title <b>attorney</b>	
Contributor's employer/law firm <b>self</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL EXPENDITURES**

**SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: **4**

2 FILER NAME **Nancy Henengarten**

3 ACCOUNT # (Ethics Commission files)

4 Date  
**12/21/09**

5 Payee name  
**Amy Manor**

7 Amount (\$)  
**144.00**

6 Payee address, City, State, Zip Code  
**17809 Greener Cove  
Pflugerville, TX 78660**

8 Purpose of payment (See instructions regarding type of information required.)  
**Voter ID Verification**  
(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  
**12/22/09**

Payee name  
**TransCo. Democratic Party**

Amount (\$)  
**1500.00**

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

Purpose of payment (See instructions regarding type of information required.)  
**JBR Dinner + election share**  
(If travel outside of Texas, complete Schedule T)

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

Date  
**11/17/09**

Payee name  
**Amazon**

Amount (\$)  
**80.99**

Payee address, City, State, Zip Code  
**Amazon.com  
Lexington, KY**

Purpose of payment (See instructions regarding type of information required.)  
**Office Coffee Pot**  
(If travel outside of Texas, complete Schedule T)

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

Date  
**7/8/09**

Payee name  
**USAA**

Amount (\$)  
**7.51**

Payee address, City, State, Zip Code  
**10750 McDermott Fwy  
San Antonio, TX 78288**

Purpose of payment (See instructions regarding type of information required.)  
**checks for checking acct.**  
(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.

4

2 FILER NAME *Nancy Honengarter*

3 ACCOUNT # (Ethics Commission filers)

4 Date  
*10-15-09*

5 Payee name  
*Us Post Office*

7 Amount (\$)  
*15.84*

6 Payee address, City, State, Zip Code  
*4300 Speedway  
Austin TX 78751*

8 Purpose of payment (See instructions regarding type of information required.)  
*Stamps*  
(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  
*10/18/09*

Payee name  
*West Austin Democrats*  
Payee address, City, State, Zip Code  
*PO Box 50064  
Austin, TX 78763*

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  
*10/23/09*

Payee name  
*Worley Printing*  
Payee address, City, State, Zip Code  
*3217 No. 11+35  
Austin TX 78722*

Amount (\$)  
*339.91*

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

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

Date  
*11/11/09*

Payee name  
*University Democrats*  
Payee address, City, State, Zip Code  
*SOC # 145, 100-C  
W. Dean Keaton  
Univ. of Texas, Austin TX 78712*

Amount (\$)  
*75.00*

Purpose of payment (See instructions regarding type of information required.)  
*Event Sponson*  
(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: **4**

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

4 Date <b>7/14/09</b>	5 Payee name <b>Austin Teyano Democrats</b>	7 Amount (\$) <b>10.00</b>
6 Payee address: City: State: Zip Code <b>2544 Stoutwood Circle Austin, TX 78745</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>membership dues</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
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Date <b>9/7/09</b>	Payee name <b>NAMI Austin</b>	Amount (\$) <b>35.00</b>
Payee address: City: State: Zip Code <b>PO Box 302398 Austin, TX 78703</b>		

Purpose of payment (See instructions regarding type of information required.) <b>membership dues</b> <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <b>9/21/09</b>	Payee name <b>United East Austin Coalition</b>	Amount (\$) <b>25.00</b>
Payee address: City: State: Zip Code <b>1511 Haskeil Austin TX 78702</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Event Sponsorship</b> <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <b>10/4/09</b>	Payee name <b>Breast Cancer Emergency Service Fund</b>	Amount (\$) <b>50.00</b>
Payee address: City: State: Zip Code <b>Seton Hospital Cancer Care Team Austin TX</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Event Sponsor</b> <small>(If travel outside of Texas, complete Schedule T)</small>	-- 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: **4**

2 FILER NAME **Nancy Honengarten**

3 ACCOUNT # (Ethics Commission tiers)

4 Date  
**12/17**

5 Payee name  
**David Terrell**  
6 Payee address: City State Zip Code  
**2600 Howellwood way  
Austin, TX 78748**

7 Amount (\$)  
**430.00**

8 Purpose of payment (See instructions regarding type of information required.)  
**Catering CAP Party  
A Staff Party**  
(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  
**12/18/09**

Payee name  
**Transco. Women Lawyers**  
Payee address: City State Zip Code  
**PO Box 684683  
Austin, TX 78768**

Amount (\$)  
**400.00**

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

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

Date  
**12/12/09**

Payee name  
**Nancy Honengarten**  
Payee address: City State Zip Code  
**PO Box 1748  
Austin, TX 78767**

Amount (\$)  
**93.62**

Purpose of payment (See instructions regarding type of information required.)  
**Party Supplies Reimbursement**  
(If travel outside of Texas, complete Schedule T)

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

Date  
**12/21/09**

Payee name  
**New Milestone Foundation**  
Payee address: City State Zip Code

Amount (\$)  
**100.00**

Purpose of payment (See instructions regarding type of information required.)  
**Project Recovery Holiday Fund**  
(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  
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  
12/12/09

5 Payee name  
Costco  
6 Payee address: City: State; Zip Code  
10401 Research Blvd  
Austin TX 78759

8 Amount (\$)  
55.48

7 Purpose of expenditure  
party supplies  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date  
12/12/09

Payee name  
HEB  
Payee address: City: State; Zip Code  
1000 E. 41st  
Austin, TX 78751

Amount (\$)  
38.14

Purpose of expenditure  
party supplies  
(If travel outside of Texas, complete Schedule T)

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)

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)

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)

Reimbursement from political contributions intended

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