

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
7412 COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <span style="font-size: 2em; font-family: cursive;">10</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> MRS / MR	FIRST <span style="font-size: 1.5em; font-family: cursive;">Nancy</span>	MI <span style="font-size: 1.5em; font-family: cursive;">W</span>
	NICKNAME	LAST <span style="font-size: 1.5em; font-family: cursive;">Hohengarten</span>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	<span style="font-size: 1.5em; font-family: cursive;">PO Box 1748 Austin TX 78767</span>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <span style="font-size: 1.5em; font-family: cursive;">(512)</span>	PHONE NUMBER <span style="font-size: 1.5em; font-family: cursive;">554-6428</span>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> MR	FIRST <span style="font-size: 1.5em; font-family: cursive;">Lawrence</span>	MI
	NICKNAME	LAST <span style="font-size: 1.5em; font-family: cursive;">Saver</span>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <span style="font-size: 1.5em; font-family: cursive;">1004 West Avenue Austin TX 78701</span>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <span style="font-size: 1.5em; font-family: cursive;">(512)</span>	PHONE NUMBER <span style="font-size: 1.5em; font-family: cursive;">479-5017</span>	EXTENSION
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 <span style="font-size: 1.5em; font-family: cursive;">1 / 1 / 10</span>	THROUGH	Month Day Year <span style="font-size: 1.5em; font-family: cursive;">6 / 30 / 10</span>
11 ELECTION	ELECTION DATE Month Day Year <span style="font-size: 1.5em; font-family: cursive;">11 / 2 / 10</span>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any) <span style="font-size: 1.5em; font-family: cursive;">TransCoCourt at Law 5</span>		13 OFFICE SOUGHT (if known) <span style="font-size: 1.5em; font-family: cursive;">same</span>
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		

OFFICE USE ONLY

Date Received: JUL 15 PM 3:37

Date Hand-delivered: \_\_\_\_\_ Date Postmarked: \_\_\_\_\_

Receipt # \_\_\_\_\_ Amount \_\_\_\_\_

Date Processed \_\_\_\_\_

Date Imaged \_\_\_\_\_

FOR RECORD

CLERK

TARRANT COUNTY TEXAS

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

15 C/OH NAME

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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)

\$ 250.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2112.66

CONTRIBUTION BALANCE

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

\$ 392.90

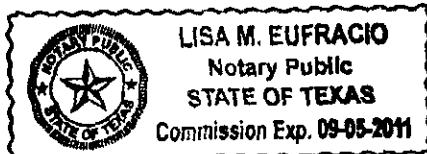
OUTSTANDING LOAN TOTALS

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.



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 13th day of July, 20 10, to certify which, witness my hand and seal of office.

*Lisa M. Eufrazio*  
Signature of officer administering oath

Lisa M. Eufrazio  
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): <u>1</u>	
2 FILER NAME <u>Nancy Hohengarten</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <del>11/10</del>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <del>1000.00</del>	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation		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 <u>5-10-10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jamie Balagier</u> Contributor address; City; State; Zip Code <u>PO Box 360 Manor, TX 78653</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor's principal occupation <u>attorney</u>		Contributor's job title <u>attorney</u>	
Contributor's employer/law firm <u>self</u>		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#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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 SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>4</b>		2 FILER NAME <b>Nancy Hohengarten</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>1-5-10</b>		5 Payee name <b>Austin Tejano Democrats</b>			
6 Amount (\$) <b>125</b>		7 Payee address; City; State; Zip Code <b>2544 Stoutwood Cr, Austin, TX 78745</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Advertising</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Program Ad</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>1-6-10</b>		Payee name <b>Travis County Women Lawyers Ass'n</b>			
Amount (\$) <b>25</b>		Payee address; City; State; Zip Code <b>PO Box 684683 Austin TX 78768</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Event expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>luncheon food</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>1-28-10</b>		Payee name <b>Capital Area Progressive Democrats</b>			
Amount (\$) <b>10</b>		Payee address; City; State; Zip Code <b>PO Box 2456 Austin, TX 78768</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>fee</b>		Description (If travel outside of Texas, complete Schedule T) <b>membership dues</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>2-3-10</b>		Payee name <b>Leadership Austin</b>			
Amount (\$) <b>125</b>		Payee address; City; State; Zip Code <b>1609 Shoal Creek, Suite 202, Austin, TX 78701</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>fees</b>		Description (If travel outside of Texas, complete Schedule T) <b>membership dues</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>4</b>		2 FILER NAME <b>Nancy Hohengarten</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4-19-10</b>		5 Payee name <b>Art Creation and Production</b>			
6 Amount (\$) <b>115.00</b>		7 Payee address; City; State; Zip Code <b>224 Coquille Lane Madisonville, LA 70477</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Other</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Posters for Court Chambers</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4-16-10</b>		Payee name <b>Margaret Gomez</b>			
Amount (\$) <b>25.00</b>		Payee address; City; State; Zip Code <b>PO Box 1748, Austin TX 78767</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Event Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Cinco de Mayo County Festival</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5-10-10</b>		Payee name <b>Shady Grove</b>			
Amount (\$) <b>62.42</b>		Payee address; City; State; Zip Code <b>1624 Barton Springs Rd Austin, TX 78704</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Gift/Award/Memorial</b>		Description (If travel outside of Texas, complete Schedule T) <b>Intern going away lunch</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5-11-10</b>		Payee name <b>Arrowhead Custom Framing</b>			
Amount (\$) <b>350.00</b>		Payee address; City; State; Zip Code <b>4113 Grada Lupe, Austin, TX 78751</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Other</b>		Description (If travel outside of Texas, complete Schedule T) <b>Poster framing for Chambers</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>4</b>		2 FILER NAME <b>Nancy Hohengarten</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>2-28-10</b>		5 Payee name <b>Capitol Area Asian American Democrats</b>			
6 Amount (\$) <b>50.00</b>		7 Payee address; City; State; Zip Code <b>P.O. Box 4560 Austin, TX 78765</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Solicitation/Fundraising Exp</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>sponsorship</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4-19-10</b>		Payee name <b>French Quarter Festival</b>			
Amount (\$) <b>52.50</b>		Payee address; City; State; Zip Code <b>400 No. Peters St, Suite 205 New Orleans, LA 70130</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Other</b>		Description (If travel outside of Texas, complete Schedule T) <b>poster for Court Chambers</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4-19-10</b>		Payee name <b>Art 4 Now Inc</b>			
Amount (\$) <b>81.00</b>		Payee address; City; State; Zip Code <b>1508 Edwards Ave, Suite #H New Orleans, LA 70123</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Other</b>		Description (If travel outside of Texas, complete Schedule T) <b>posters for Court Chambers</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4-19-10</b>		Payee name <b>Gumbos Restaurant</b>			
Amount (\$) <b>102.60</b>		Payee address; City; State; Zip Code <b>710 Colorado suite 100 Austin TX 78701</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Gift/Award/Memorial</b>		Description (If travel outside of Texas, complete Schedule T) <b>staff Appreciation lunch</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>1</u>		2 FILER NAME <u>Nancy Hohengarten</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>5-11-10</u>		5 Payee name <u>South Austin Democrats</u>			
6 Amount (\$) <u>20.00</u>		7 Payee address; City; State; Zip Code <u>PO Box 152592, Austin, TX 78715</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>fee</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>membership dues</u>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>7-12-10</u>		Payee name <u>Costco</u>			
Amount (\$) <u>13.45</u>		Payee address; City; State; Zip Code <u>10401 Research Blvd, Austin, TX 78759</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Food/Beverage</u>		Description (If travel outside of Texas, complete Schedule T) <u>drinks for jurors</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>1-28-10</u>		Payee name <u>Threadgills Restaurant</u>			
Amount (\$) <u>48.76</u>		Payee address; City; State; Zip Code <u>301 W. Riverside Austin TX 78704</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Food/Bererage</u>		Description (If travel outside of Texas, complete Schedule T) <u>Court meeting</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>2-19-10</u>		Payee name <u>Avenue Gallery</u>			
Amount (\$) <u>587.41</u>		Payee address; City; State; Zip Code <u>1510 So. Congress Austin, TX 78704</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Other</u>		Description (If travel outside of Texas, complete Schedule T) <u>Framing for Courtroom Posters</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Nancy Hohengarten</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>6-16-10</i>	5 Payee name <i>Arrowhead Custom Framing</i>	
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>357.95</i>	7 Payee address; City; State; Zip Code <i>4113 Guadalupe Austin, TX 78751</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Other</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Framing for Posters Chambers</i>
Date <i>1-9-10</i>	Payee name <i>Costco</i>	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>21.57</i>	Payee address; City; State; Zip Code <i>10401 Research Blvd. Austin, TX 78759</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <i>drinks for jurors</i>
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



**CREDITS (optional)**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: **2**

2 FILER NAME **Nancy Honengarten**

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payor name	6 Payor address; City; State; Zip Code	7 Reason for credit	8 Amount (\$)
2-17-10	USAA	10750 McDermott Hwy, San Antonio, TX 78288	debit card rebate	.24
2-17-10	USAA	above	Interest	.13
3-19-10	USAA	above	debit card rebate	2.94
3-19-10	USAA	above	interest	.09

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CREDITS (optional)**

**SCHEDULE K**

The instruction Guide explains how to complete this form.

1 Total pages Schedule K: **2**

2 FILER NAME **Nancy Hohen Garten**

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payor name	6 Payor address; City; State; Zip Code	7 Reason for credit	8 Amount (\$)
4-20-10	USAA	10750 McDermott Fwy San Antonio, TX 78288	debit card rebate	1.76
4-20-10	USAA	10750 McDermott Fwy, San Antonio, TX 78288	Interest pd	.07
5-19-10	USAA	10750 Mc Dermott Fwy, San Antonio TX 78288	debit card rebate	2.06
1-20-10	USAA	above	debit card rebate	.13
1-20-10	USAA	above	Interest pd	.16

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