

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7894

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 MS FIRST Nancy MI W
NICKNAME LAST SUFFIX

Hohengarten

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 1748
Austin, TX 78767

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 554-6428

6 CAMPAIGN TREASURER NAME

MS / MRS / MR MR FIRST Larry MI W
NICKNAME LAST SUFFIX

Saver Jr.

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 CAOH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
1 / 1 / 12 THROUGH 6 / 30 / 12

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)
TransCo Court at law
5

13 OFFICE SOUGHT (if known)

same

GOTO PAGE 2

OFFICE USE ONLY

Date Received

Date Hand Delivered or Postmarked

Receipt #

Date Processed

Date Imaged

2012 JUL 13 PM 3:33

FILED FOR RECORD

Dana DeBeauvoir
County Clerk
Travis County Texas

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: FORM JC/OH
SUPPORT & TOTALS COVER SHEET PG 2

14 C/OH NAME **NANCY HOHENGARTEN** 15 ACCOUNT # (Ethics Commission Filers)

16 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.

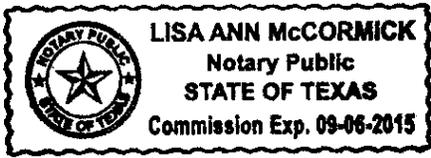
additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ N/A
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 500.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5078.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A

18 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 12th day of July, 20 12, to certify which, witness my hand and seal of office.

Lisa A. McCormick Lisa A. McCormick Notary Public
 Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

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:	2 FILER NAME NANCY HOTHENGARTEN	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	------------------------------------	--

4 Date 3-14-12	5 Payee name Threadgills
-------------------	-----------------------------

6 Amount (\$) 63.15	7 Payee address; City; State; Zip Code 301 W. Riverside Austin, TX 78704
------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage	(b) Description (If travel outside of Texas, complete Schedule T) Japanese Criminal Justice delegation
--------------------------	---	---

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

Date 4-2-12	Payee name Z' Tejas
----------------	------------------------

Amount (\$) 89.58	Payee address; City; State; Zip Code 1110 W. 6th Austin, TX 78703
----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Exp.	Description (If travel outside of Texas, complete Schedule T) Admin Professionals Day
------------------------	--	--

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

Date 2-8-12	Payee name Whole Foods
----------------	---------------------------

Amount (\$) 40.88	Payee address; City; State; Zip Code 525 North Lamar Austin, TX 78703
----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

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

Date 5-22-12	Payee name Tiff's Treats
-----------------	-----------------------------

Amount (\$) 41.55	Payee address; City; State; Zip Code 1806 Nueces Austin, TX 78701
----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) Grant Meeting refreshments
------------------------	---	---

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:		2 FILER NAME NANCY HOHENGARTEN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-9-12		5 Payee name Central Austin Democrats			
6 Amount (\$) 10.00		7 Payee address; City; State; Zip Code 1512 Pennsylvania Avenue Austin, TX 78702			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Membership Dues		(b) Description (If travel outside of Texas, complete Schedule T) Membership dues	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1-13-12		Payee name Black Austin Democrats			
Amount (\$) 30.00		Payee address; City; State; Zip Code P.O. Box 212 Austin TX 78767			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Membership Dues		Description (If travel outside of Texas, complete Schedule T) Membership Dues	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3.30.12		Payee name Texas Center for the Judiciary			
Amount (\$) 100.00		Payee address; City; State; Zip Code 1210 San Antonio, Suite 800 Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donation		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4.27-12		Payee name Travis County Women Lawyers Foundation			
Amount (\$) 125.00		Payee address; City; State; Zip Code PO BOX Austin, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Foundation Luncheon	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED