

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8003

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:

7

3 CANDIDATE /
OFFICEHOLDER
NAME

MRS / MR

FIRST

Nancy

MI

W

NICKNAME

LAST

Hohengarten

SUFFIX

OFFICE USE ONLY

Date Received

FILED FOR RECORD
2013 JAN 11 PM 2:10
Dana DeBevoise
County Clerk
Travis County Texas

Date Hand Delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

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

P.O 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

W

NICKNAME

LAST

Saver

SUFFIX

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 C/OH - FR)

10 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
7 / 1 / 12 12 / 31 / 12

11 ELECTION

ELECTION DATE
Month Day Year
/ /

ELECTION TYPE

- Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
Travis County Court
at Law 5

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH 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.

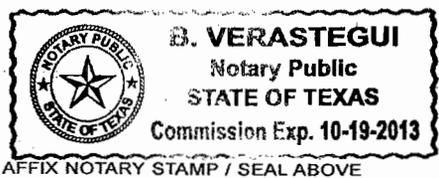
| | |
|-----------------------------------|--------------------------------------|
| COMMITTEE TYPE | COMMITTEE NAME |
| <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS |
| <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

additional pages

| | | |
|-------------------------|---|-------------|
| 17 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 \$100 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2940.50 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 2,238.22 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

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

Sworn to, and subscribed before me, by the said Nancy Hohengarten, this the 8th day of January, 20 13, to certify which, witness my hand and seal of office.

B. Verastegui B. Verastegui Notary
 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: 4 | 2 FILER NAME Nancy Hohengarten | 3 ACCOUNT # (Ethics Commission Filers) |
|--------------------------------|-----------------------------------|--|

| | |
|-------------------|--|
| 4 Date 8-18-12 | 5 Payee name South Austin Democrats |
|-------------------|--|

| | |
|------------------------|---|
| 6 Amount (\$) 55.00 | 7 Payee address; City; State; Zip Code P.O. Box 152592, Austin, TX 78715 |
|------------------------|---|

| | | |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Event | (b) Description (If travel outside of Texas, complete Schedule T) Yeller Dawg Event |
|--------------------------|---|--|

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

| | |
|-----------------|-----------------------------|
| Date 7-13-12 | Payee name Tiff's Treats |
|-----------------|-----------------------------|

| | |
|----------------------|--|
| Amount (\$) 31.35 | Payee address; City; State; Zip Code 1806 Nueces Austin, TX 78701 |
|----------------------|--|

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

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

| | |
|----------------|------------------------|
| Date 7-9-12 | Payee name Cora zon |
|----------------|------------------------|

| | |
|----------------------|---|
| Amount (\$) 77.76 | Payee address; City; State; Zip Code 1101 W. 5 th Austin TX 78703 |
|----------------------|---|

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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Gift | Description (If travel outside of Texas, complete Schedule T) Staff Birthday |
|------------------------|--|---|

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

| | |
|-----------------|--|
| Date 8-23-12 | Payee name Travis County Democratic Party |
|-----------------|--|

| | |
|------------------------|--|
| Amount (\$) 1750.00 | Payee address; City; State; Zip Code 1311 E. 6 th St Austin, TX 78702 Suite B |
|------------------------|--|

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|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Contribution | Description (If travel outside of Texas, complete Schedule T) 1/2 share of local party admin. exp. |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| 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: 4 | 2 FILER NAME Nancy Hohengarten | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 8-23-12 | 5 Payee name Travis Co Democratic Party | |
| 6 Amount (\$) 95.00 | 7 Payee address; City; State; Zip Code 1311 E. 6th suite B Austin TX 78702 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Event | (b) Description (If travel outside of Texas, complete Schedule T) TCDP Honoring Mike Lynch |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought <input type="checkbox"/> Office held <input type="checkbox"/> |
| Date 9-1-12 | Payee name Gen Austin | |
| Amount (\$) 80.00 | Payee address; City; State; Zip Code P.O. Box 3122 Austin, TX 78704 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Scholarship | Description (If travel outside of Texas, complete Schedule T) GENAustin 180 Program |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought <input type="checkbox"/> Office held <input type="checkbox"/> |
| Date 9-5-12 | Payee name Peter Staats | |
| Amount (\$) 60.00 | Payee address; City; State; Zip Code 1150 San Bernard, Austin TX 78702 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other | Description (If travel outside of Texas, complete Schedule T) Court Photo |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought <input type="checkbox"/> Office held <input type="checkbox"/> |
| Date 9-14-12 | Payee name Rural Rooster | |
| Amount (\$) 107.44 | Payee address; City; State; Zip Code 2602 E. Cesar Chavez Austin TX 78702 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Printing | Description (If travel outside of Texas, complete Schedule T) NAMI T-Shirts |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought <input type="checkbox"/> Office held <input type="checkbox"/> |

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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: 4 | 2 FILER NAME Nancy Hohengarten | 3 ACCOUNT # (Ethics Commission Filers) |
|--------------------------------|-----------------------------------|--|

| | |
|--------------------|---|
| 4 Date 10-22-12 | 5 Payee name Hispanic Bar Assoc Foundation |
|--------------------|---|

| | |
|-------------------------|--|
| 6 Amount (\$) 100.00 | 7 Payee address; City; State; Zip Code P.O. Box 12692, Austin, TX 78711 |
|-------------------------|--|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Event | (b) Description (If travel outside of Texas, complete Schedule T) Award Luncheon |
|--------------------------|---|---|

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

| | |
|------------------|-------------------------------------|
| Date 10-24-12 | Payee name West Austin Democrats |
|------------------|-------------------------------------|

| | |
|----------------------|--|
| Amount (\$) 10.00 | Payee address; City; State; Zip Code P.O. Box 50064 Austin TX 78763 |
|----------------------|--|

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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other | Description (If travel outside of Texas, complete Schedule T) membership Dues |
|------------------------|---|--|

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

| | |
|-----------------|--------------------------------|
| Date 11-7-12 | Payee name Artworks Gallery |
|-----------------|--------------------------------|

| | |
|-----------------------|--|
| Amount (\$) 209.47 | Payee address; City; State; Zip Code 1214 W. 6th Suite 105 Austin, TX 78703 |
|-----------------------|--|

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

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

| | |
|------------------|--------------------------------------|
| Date 11-21-12 | Payee name Black Austin Democrats |
|------------------|--------------------------------------|

| | |
|----------------------|--|
| Amount (\$) 30.00 | Payee address; City; State; Zip Code P.O. Box 212, Austin, TX 78767 |
|----------------------|--|

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|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other | 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 |
|---|-------------------------------|---------------|-------------|

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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: 4 | 2 FILER NAME Nancy Hohengarten | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|--|--|

| | |
|--------------------------|-------------------------------|
| 4 Date 12-1-12 | 5 Payee name Target |
|--------------------------|-------------------------------|

| | |
|-------------------------------|---|
| 6 Amount (\$) 29.17 | 7 Payee address; City; State; Zip Code 10107 Research Blvd. Austin TX 78759 |
|-------------------------------|---|

| | | |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Event | (b) Description (If travel outside of Texas, complete Schedule T) Court 5 & 6 Holiday Party |
|--------------------------|--|---|

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

| | |
|------------------------|--|
| Date 12-7-12 | Payee name Franklin Barbecue |
|------------------------|--|

| | |
|------------------------------|---|
| Amount (\$) 204.19 | Payee address; City; State; Zip Code 900 E. 11th Austin, TX 78702 |
|------------------------------|---|

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

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

| | |
|-------------------------|---|
| Date 12-20-12 | Payee name La Mexicana Bakery |
|-------------------------|---|

| | |
|-----------------------------|--|
| Amount (\$) 43.50 | Payee address; City; State; Zip Code 1924 South 1st Austin, TX 78704 |
|-----------------------------|--|

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|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Event | Description (If travel outside of Texas, complete Schedule T) Court 5 & 6 Holiday Party |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY 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 EXPENDITURE | Category (See categories listed at the top of this schedule) | 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 |
|---|-------------------------------|---------------|-------------|

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: 1 | 2 FILER NAME Nancy Hohengarten | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|--|--|

| | |
|--------------------------|------------------------------------|
| 4 Date 8-22-12 | 5 Payee name Vista Print |
|--------------------------|------------------------------------|

| | |
|--|---|
| 6 Amount (\$) 31.49 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code Vistaprint.com |
|--|---|

| | | |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Printing | (b) Description (If travel outside of Texas, complete Schedule T) Business cards for NAMI walk |
|--------------------------|---|--|

| | |
|-------------------------|-----------------------------|
| Date 12-22-12 | Payee name Costco |
|-------------------------|-----------------------------|

| | |
|--|--|
| Amount (\$) 26.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 10401 Research Blvd Austin TX 78759 |
|--|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Event | Description (If travel outside of Texas, complete Schedule T) Court 5 & 6 Holiday Party |
|------------------------|--|---|

| | |
|------|------------|
| 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) |
|------------------------|--|---|

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