

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

8196

2 Total pages filed: 0

The JC/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

3 CANDIDATE / OFFICEHOLDER NAME

MSY MRS / MR FIRST MI W
Nancy
NICKNAME LAST SUFFIX
Hohengarten

OFFICE USE ONLY

Date Received: 8 JAN - 9 PM : 4

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

FILED FOR RECORD

Travis County Clerk
Diana Davenport

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 MI W
Larry
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 78767

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
6/1/13 12/31/13

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11/4/14

12 OFFICE

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

13 OFFICE SOUGHT (if known)

← same

GOTO 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)

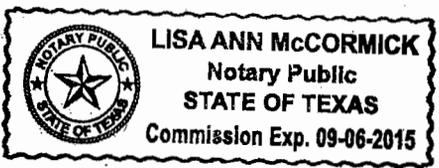
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO 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	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,250
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 2479.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2505.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

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 8th day of January 2014, to certify which, witness my hand and seal of office.

Lisa Ann McCormick Signature of officer administering oath
Lisa Ann McCormick 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>2</u>	
2 FILER NAME <u>Nancy Hohengarten</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>11-13-13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Paul J. Dunham</u>	7 Amount of contribution (\$) <u>500.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>1200 Barton Creek Blvd Apt. 42, Austin TX 78735</u>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <u>Attorney</u>		10 Contributor's job title <u>Attorney</u>	
11 Contributor's employer/law firm <u>Dunham & Jones</u>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <u>11-21-13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Brian Roark</u>	Amount of contribution (\$) <u>1000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1307 West Avenue Austin, TX 78701</u>		(If travel outside of Texas, complete Schedule T)	
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) <u>n/a</u>	
If contributor is a child, law firm of parent(s) (if any)			

Date <u>11-22-13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Kenneth Gibson</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>812 San Antonio, Suite 100 Austin, TX 78701</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Attorney</u>		Contributor's job title <u>Attorney</u>	
Contributor's employer/law firm <u>Law Office of Kenneth Gibson</u>		Law firm of contributor's spouse (if any) <u>n/a</u>	
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 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): **2**

2 FILER NAME **Nancy Hohengarten**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **12-17-13** 5 Full name of contributor out-of-state PAC (ID#: _____)
David Chambers

7 Amount of contribution (\$) **500.00** 8 In-kind contribution description (if applicable)

6 Contributor address: City; State; Zip Code
**1104 Nueces Suite 208
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 **Chambers & Associates**

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

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

Date **12-23-13** Full name of contributor out-of-state PAC (ID#: _____)
Sandra Ritz

Amount of contribution (\$) **500.00** In-kind contribution description (if applicable)

Contributor address: City; State; Zip Code
**902 Rio Grande
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 **Law office of Sandra Ritz**

Law firm of contributor's spouse (if any) **n/a**

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

Date **12-23-13** Full name of contributor out-of-state PAC (ID#: _____)
Minton, Burton Bassett & Collins

Amount of contribution (\$) **500.00** In-kind contribution description (if applicable)

Contributor address: City; State; Zip Code
**1100 Guadalupe St.
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 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:	2 FILER NAME <i>Nancy Hohengarten</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>8-19-13</i>	5 Payee name <i>Texas Democratic Party</i>
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6 Amount (\$) <i>25.00</i>	7 Payee address; City; State; Zip Code <i>4818 E. Ben White Blvd, Suite 104 Austin, TX 78741</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contribution</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-23-13</i>	Payee name <i>Austin Tejano Democrats</i>
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Amount (\$) <i>20.00</i>	Payee address; City; State; Zip Code <i>2544 Stoutwood Circle Austin TX 78745</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>membership</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9-26-13</i>	Payee name <i>Tiff's Treats</i>
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Amount (\$) <i>29.25</i>	Payee address; City; State; Zip Code <i>1806 Nueces Austin TX 78701</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>criminal justice planning meeting cookies</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9-26-13</i>	Payee name <i>South Austin Democrats</i>
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Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>PO Box 152592 Austin TX 78715</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>sponsorship of fundraiser</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)
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4 Date 11/21/13	5 Payee name Trans County Democratic Party
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6 Amount (\$) 1500.00	7 Payee address; City; State; Zip Code 1311 E. 6 th St. suite B Austin, TX 78702
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Filing fee forelection
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/4/13	Payee name Trans County Democratic Party
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Amount (\$) 450.00	Payee address; City; State; Zip Code 1311 E. 6 th St, suite B Austin TX 78702
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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) partial share of county expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-11-13	Payee name HEB
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Amount (\$) 93.15	Payee address; City; State; Zip Code 1000 E. 41ST ST Austin, TX 78751
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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) CAD party supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-16-13	Payee name W Austin Trace Restaurant
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Amount (\$) 131.66	Payee address; City; State; Zip Code 200 Lavaca St Austin, TX 78701
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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 holiday lunch
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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