

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:  <div style="font-size: 2em; text-align: center;">10</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI <div style="text-align: center; font-size: 1.5em;">NELDA</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">SPEARS</div>	<b>OFFICE USE ONLY</b> Date Received: 2007 JUL 16 4 09 PM Date Hand-delivered or Date Postmarked: Receipt # Amount: Date Processed: Date Imaged:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">1116 AMARANTH LANE AUSTIN, TX 78754</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(512) 278-0288</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI <div style="text-align: center; font-size: 1.5em;">Bill</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">ALESHIRE</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">700 LAVACA, SUITE 920 AUSTIN TX 78739</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(512) 457-9838</div>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <div style="text-align: center; font-size: 1.2em;">1 / 1 / 2007    6 / 30 / 2007</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-size: 1.2em;">3 / 4 / 2008</div>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>TRAVIS County TAX ASSESSOR-COLLECTOR</b>	13 OFFICE SOUGHT (if known) <b>TRAVIS County TAX ASSESSOR-COLLECTOR</b>	
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: <b>NONE</b>  Address / PO Box; Apt. / Suite #:    City; State; Zip Code		

**GO TO PAGE 2**

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

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

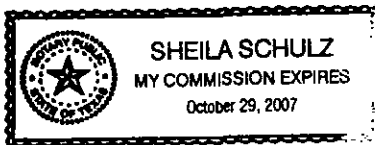
15 C/OH NAME NELDA SPEARS 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)   
 \*\* This box is for notice of political expenditures 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	<u>N/A</u>
	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)	\$ <u>2,658.64</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>291.10</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,367<sup>54</sup></u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>-0-</u>

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.

Nelda Wells Spears  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Nelda Wells Spears, this the 12<sup>th</sup> day of July, 2007, to certify which, witness my hand and seal of office.

Sheila Schulz  
Signature of officer administering oath

Sheila Schulz  
Printed name of officer administering oath

Office Manager  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
*1 of 2*

2 FILER NAME  
*NELDA SPEARS*

3 ACCOUNT # (Ethics Commission filers)

4 Date  
*6/26/07*

5 Full name of contributor  out-of-state PAC (ID#:  
*Bill ALESHIRE*

6 Contributor address; City; State; Zip Code  
*3605 Shady Valley Dr.  
Austin, TX 78739*

7 Amount of contribution (\$) *1,000<sup>00</sup>*

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
*ATTORNEY*

10 Employer (See Instructions)  
*Riggs + Aleshire, P.C.*

Date  
*6/26/07*

Full name of contributor  out-of-state PAC (ID#:  
*Bruce W. Barrick*

Contributor address; City; State; Zip Code  
*1513 Betty Jo Dr., Suite B  
Austin, TX 78704*

Amount of contribution (\$) *100<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
*CONSULTANT*

Employer (See Instructions)  
*TARGET COMMUNICATIONS*

Date  
*6/26/07*

Full name of contributor  out-of-state PAC (ID#:  
*ALICIA DEL RIO*

Contributor address; City; State; Zip Code  
*7400 LADLE LANE  
Austin, TX 78749*

Amount of contribution (\$) *100<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
*COORDINATOR*

Employer (See Instructions)  
*AUSTIN COMMUNITY COLLEGE*

Date  
*6/26/07*

Full name of contributor  out-of-state PAC (ID#:  
*MARIA LUISA FLORES*

Contributor address; City; State; Zip Code  
*1300 ALTA VISTA  
Austin, TX 78704*

Amount of contribution (\$) *500<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
*ATTORNEY*

Employer (See Instructions)  
*HENDLER LAW*

Date  
*6/26/07*

Full name of contributor  out-of-state PAC (ID#:  
*TINA MORTON*

Contributor address; City; State; Zip Code  
*7409 MIFFLIN KENEDY TERRACE  
Austin, TX 78749*

Amount of contribution (\$) *100<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
*MANAGER*

Employer (See Instructions)  
*TRAVIS COUNTY TAX OFFICE*

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**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>2 of 2</b>	
2 FILER NAME <b>NELDA SPEARS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/30/07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JEFFREE A. JAMES, M.D., M.A.C.P.</b>	7 Amount of contribution (\$) <b>500<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>3232 E. MARTIN LUTHER KING JR. BLVD. AUSTIN, TX 78721</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>DOCTOR</b>		10 Employer (See Instructions) <b>AUSTIN MEDICAL CLINIC EAST</b>	
Date <b>6/18/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>NELDA SPEARS</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>11116 AMARANTH LN. AUSTIN, TX 78754</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>TAX ASSESSOR-COLLECTOR</b>		Employer (See Instructions) <b>TRAVIS COUNTY</b>	
Date <b>5/25/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>NELDA SPEARS</b>	Amount of contribution (\$) <b>54<sup>00</sup></b>	In-kind contribution description (if applicable) <b>POST OFFICE BOX RENTAL USPS</b>
Contributor address; City; State; Zip Code <b>11116 AMARANTH LN. AUSTIN, TX 78754</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>TAX ASSESSOR-COLLECTOR</b>		Employer (See Instructions) <b>TRAVIS COUNTY</b>	
Date <b>6/17/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>NELDA SPEARS</b>	Amount of contribution (\$) <b>99<sup>65</sup></b>	In-kind contribution description (if applicable) <b>OFFICE DEPOT OFFICE SUPPLIES</b>
Contributor address; City; State; Zip Code <b>11116 AMARANTH LN AUSTIN, TX 78754</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>TAX ASSESSOR-COLLECTOR</b>		Employer (See Instructions) <b>TRAVIS COUNTY</b>	
Date <b>6/30/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Bill Aleshire</b>	Amount of contribution (\$) <b>104<sup>00</sup></b>	In-kind contribution description (if applicable) <b>RESERVATION OF WEBSITE ADDRESS</b>
Contributor address; City; State; Zip Code <b>2605 SHADY VALLEY DR. AUSTIN, TX 78739</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions) <b>ROSS &amp; ALESHIRE, P.C.</b>	

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

**PLEGGED CONTRIBUTIONS**

**SCHEDULE B**

*N/A*

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B:  
*1 of 1*

2 FILER NAME

*NELDA SPEARS*

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

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

**LOANS**

**SCHEDULE E**

*N/A*

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

*1 of 1*

2 FILER NAME

*NELDA SPEARS*

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial institution?  
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?  
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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

If lender 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:

1 of 1

2 FILER NAME

NELDA SPEARS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6/26/07

OFFICE DEPOT

32<sup>46</sup>

6 Payee address; City; State; Zip Code

816 TIRADO ST.  
AUSTIN, TX 78752

8 Purpose of payment (See instructions regarding type of information required.)

OFFICE SUPPLIES

(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

Payee name

Amount (\$)

6/30/07

REGISTER.COM

104<sup>89</sup>

Payee address; City; State; Zip Code

575 EIGHTH AVE., 11<sup>TH</sup> FLOOR  
NEW YORK, N.Y. 10018

Purpose of payment (See instructions regarding type of information required.)

WEBSITE

(If travel outside of Texas, complete Schedule T)

\*\* Complete 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 payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

\*\* Complete 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 payment (See instructions regarding type of information required.)

(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 of 1

2 FILER NAME

NELDA SPEARS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/25/07

5 Payee name

USPS - GMF STATION

6 Payee address; City; State; Zip Code

AUSTIN, TX 78710-9765

8 Amount (\$)

54<sup>00</sup>

7 Purpose of expenditure (See instructions regarding type of information required.)

POST OFFICE BOX RENTAL  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

6/17/07

Payee name

OFFICE DEPOT

Payee address; City; State; Zip Code

816 TIRADO ST  
AUSTIN, TX 78752

Amount (\$)

99<sup>65</sup>

Purpose of expenditure (See instructions regarding type of information required.)

OFFICE SUPPLIES  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH**

**SCHEDULE H**

*N/A*

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:

*1 of 1*

2 FILER NAME

*NELDA SPEARS*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

(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

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(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**

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

*N/A*

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:  
*1 of 1*

2 FILER NAME  
*NELDA SPEARS*

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name  6 Payee address; City; State; Zip Code  7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

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