

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

6703

1 ACCOUNT #		2 Total pages filed: 2		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	(MS) MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	2008 JAN 15 AM 9:57	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Receipt #	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Amount	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Legal	
5 ORIGINAL PERIOD COVERED	Month / Day / Year	THROUGH	Month / Day / Year	Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION

Inadvertently left totals off cover sheet, page 2 and 5 pages Schedule F. Corrected Report contains the missing information.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Nelda Wells Spears
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Nelda Wells Spears this the 16th day of January 2008 to certify which, witness my hand and seal of office.

Sharon McKinney
Signature of officer administering oath

SHARON MCKINNEY
MY COMMISSION EXPIRES November 7, 2010

SHARON MCKINNEY
Printed name of officer administering oath

Adm. Asst.
Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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:
3 CANDIDATE / OFFICEHOLDER NAME	(MS) MRS / MR FIRST MI NICKNAME LAST SUFFIX Nelda W. Spears	OFFICE USE ONLY Date Received 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 11116 Amaranth Ln. Austin TX 78754		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 278-0288		
6 CAMPAIGN TREASURER NAME	MS / MRS (MR) FIRST MI NICKNAME LAST SUFFIX Bill Aleshire		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 700 Lavaca St., Ste. 920 Austin, TX 78701		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 457-9838		
9 REPORT TYPE	<input checked="" 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 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 THROUGH Month Day Year 7 / 01 / 2007 THROUGH 12 / 31 / 2007		
11 ELECTION	ELECTION DATE Month Day Year 3 / 4 / 2008	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) Tax Assessor-Collector	13 OFFICE SOUGHT (if known) Tax Assessor-Collector	
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		

GO TO PAGE 2

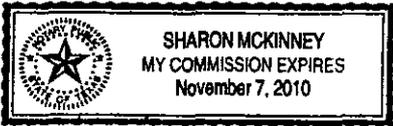
CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

16 C/OH NAME <i>Nelda Wells Spears</i>		16 ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** 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	COMMITTEE NAME
	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	\$
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 47,925.49
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 39,741.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,183.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

FILED FOR RECORD
2008 JAN 16 AM 9:57
CLERK
TRAVIS COUNTY TEXAS

19 AFFIDAVIT



SHARON MCKINNEY
MY COMMISSION EXPIRES
November 7, 2010

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 16th day of January, 2008, to certify which, witness my hand and seal of office.

Sharon McKinney

Signature of officer administering oath

Sharon McKinney

Printed name of officer administering oath

Adm. Asst.

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)

4 Date

7-9-07

5 Payee name

Office Depot

6 Payee address; City; State; Zip Code

816 Tirado St.

Austin, TX 78751

7 Amount (\$)

\$141.06

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

7-10-07

Payee name

Office Depot

Payee address; City; State; Zip Code

816 Tirado St.

Austin, TX 78751

Amount (\$)

\$30.14

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

7-11-07

Payee name

Rudolph Malveaux

Payee address; City; State; Zip Code

2703 Manor Rd., #101

Austin, TX 78722

Amount (\$)

\$750.00

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

Campaign Consulting Services
(If travel outside of Texas, complete Schedule T)

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

Date

7-20-07

Payee name

AT+T

Payee address; City; State; Zip Code

5407 N. IH-35, Ste. 100

Austin, TX 78723

Amount (\$)

\$64.94

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

Campaign Wireless
(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

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME *Nelda Wells Spears* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>7-11-07</i>	5 Payee name <i>Texas Office Products + Supply</i> 6 Payee address; City; State; Zip Code <i>1100 E. 5th St. Austin, TX 78702</i>	7 Amount (\$) <i>\$ 178.61</i>
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8 Purpose of payment (See instructions regarding type of information required.) <i>Desk, Tables, Chairs</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>7-31-07</i>	Payee name <i>Rudolph Malveaux</i> Payee address; City; State; Zip Code <i>2703 Manor Rd., #101 Austin, TX 78722</i>	Amount (\$) <i>\$ 750.00</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Campaign Consultant Services</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>7-20-07</i>	Payee name <i>Office Depot</i> Payee address; City; State; Zip Code <i>816 Tivado St. Austin, TX</i>	Amount (\$) <i>\$ 48.71</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Ink Cartridges, Printer</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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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
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME *Nelda Wells Spears* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>11-29-07</i>	5 Payee name <i>National Women's Political Caucus - President's Circle</i>	7 Amount (\$) <i>\$50.00</i>
	6 Payee address; City; State; Zip Code <i>815 Brazos St. Austin, TX 78701</i>	

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
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Date <i>12-21-07</i>	Payee name <i>NOKOA - The Observer</i>	Amount (\$) <i>\$150.00</i>
	Payee address; City; State; Zip Code <i>18.00 E. 12th Street Austin, TX 78702</i>	

Purpose of payment (See instructions regarding type of information required.) <i>Paid Political Adv. - Newspaper</i> (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <i>12-21-07</i>	Payee name <i>Rudolph Malveaux</i>	Amount (\$) <i>\$750.00</i>
	Payee address; City; State; Zip Code <i>2703 Manor Rd., Apt. 101 Austin, TX 78722</i>	

Purpose of payment (See instructions regarding type of information required.) <i>Campaign Consulting Services</i> (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <i>12-6-07</i>	Payee name <i>Austin NAACP</i>	Amount (\$) <i>\$50.00</i>
	Payee address; City; State; Zip Code <i>1704 E. 12th St. Austin, TX 78702</i>	

Purpose of payment (See instructions regarding type of information required.) <i>Event Entry</i> (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)

4 Date

12-13-07

5 Payee name

Rudolph Malveaux

6 Payee address; City; State; Zip Code

2703 Manor Rd., Apt. 101

Austin, TX 78722

7 Amount (\$)

\$ 750.00

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

Campaign Consulting Services
(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

12-10-07

Payee name

AT&T

Payee address; City; State; Zip Code

P.O. Box 930170

Dallas, TX 75393-0170

Amount (\$)

\$ 136.04

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

Campaign Phone Lines
(If travel outside of Texas, complete Schedule T)

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

Date

11-30-07

Payee name

Sigma Gamma Rho Sorority

Payee address; City; State; Zip Code

1300 Crossing Pl., #1433

Austin, TX 78741

Amount (\$)

\$ 50.00

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

Advertisement in Event Program
(If travel outside of Texas, complete Schedule T)

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

Date

12-3-07

Payee name

Travis County Democratic Party

Payee address; City; State; Zip Code

P.O. Box 284263

Austin, TX 78768-4263

Amount (\$)

\$ 1,250.00

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

Candidate Filing Fee
(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

SCHEDULE F

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
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2 FILER NAME <i>Nelda Wells Spears</i>	3 ACCOUNT # (Ethics Commission filers)
---	--

4 Date <i>11-6-07</i>	5 Payee name <i>Austin Tejano Democrats</i>	7 Amount (\$) <i>\$40.00</i>
6 Payee address; City; State; Zip Code <i>5704 Shoal Creek Blvd. Austin, TX 78757</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Donation</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED