

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

6713

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	2008 JAN 22 PM 4:07 TRAVIS COUNTY CLERK JEFFREY TEXAS
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	Amount Totals
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Legal:	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Imaged	
5 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year		
7/01/07 THROUGH 12/31/07					

6 EXPLANATION OF CORRECTION

Three omitted contribution amounts, now included. Two expenditures incorrectly reported, now corrected. Totals page (Cover Sheet - page 2) redone to reflect correct totals.

7 AFFIDAVIT

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

Check ONLY if applicable:

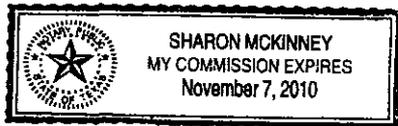
I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

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 18th day of January, 2008 to certify which, witness my hand and seal of office.

Sharon McKinney Sharon McKinney Adm Asst.
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath



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

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

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

15 C/OH NAME <i>Nelda Wells Spears</i>	16 ACCOUNT # (Ethics Commission Filers)
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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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 48,070.49
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 39,741.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,328.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT

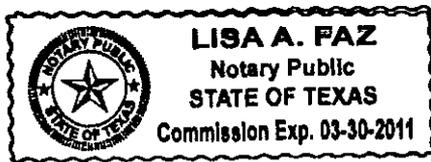
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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

Lisa A. Faz Lisa A. Faz *Secretary*
Signature of officer administering oath Printed name of officer administering oath 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:	
2 FILER NAME <i>Nelda Wells Spears</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>7-21-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Pat D. Ford</i>	7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6814 Pioneer Place Austin, TX 78757</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10-29-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Richard & Emily Fordyce</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3008-A DelCurto Rd. Austin, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9-27-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Carol Whitcraft Fredericks</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>305 East 32nd Street Austin, TX 78705</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11-01-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Carol Whitcraft Fredericks</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>305 E. 32nd Street Austin, TX 78705</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12-12-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Carol Whitcraft Fredericks</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>305 E. 32nd St. Austin, TX 78705</i>		(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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Nelda Wells Spears</i>		3 ACCOUNT # (Ethics Commission files):	
4 Date <i>9-20-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John & Marjorie Koehlin</i>	7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>304 Almarion Austin, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>11-27-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John & Marjorie Koehlin</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>304 Almarion Austin, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8-10-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Benjamin Long</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>13801 Lakeview Dr. Austin, TX 78732</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9-27-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David & Dolores Lopez</i>	Amount of contribution (\$) <i>\$125.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>218 Sundown Ridge Austin, TX 78737</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8-20-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Claudette Lowe</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>400 Academy Dr. Austin, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Nelda Wells Spears		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11-01-07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfred Stanley	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1409 Hardwin Ave. Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11-01-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crystal Stewart	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2009-B Alex Ave. Austin, TX 78728		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7-25-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polly R. & Oliver B. Street	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5713 Sandhurst Cir. Austin, TX 78723		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7-01-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maery Lou Street	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 306 N. Pleasant Valley Austin, TX 78702		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-12-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacy Suits	Amount of contribution (\$) \$100.	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7807 Doncaster Austin, TX 78745		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8-26-07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary S. & Susan B. Farmer 6 Contributor address; City; State; Zip Code 309 Lake Cliff Trail Austin, TX 78746	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor 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:

2 FILER NAME

Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

10-29-07

Yvette Savoy

\$ 500.00

6 Payee address; City; State; Zip Code

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

Consultant 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

Payee name

Amount (\$)

10-29-07

Fero Hewitt Global

\$2,735.00

Payee address; City; State; Zip Code

700 Rio Grande St., 2nd Fl.

Austin, TX 78701

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

Consulting Services + Video Production

(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 (\$)

10-30-07

LULAC

\$100.00

Payee address; City; State; Zip Code

700 Lavaca St., #510

Austin, TX 78701

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

Donation.

(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 (\$)

10-31-07

Microsoft

\$163.92

Payee address; City; State; Zip Code

1 Microsoft Way

Redmond, WA

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

Purchase Microsoft software

(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>11-06-07</i>	5 Payee name <i>Fero Hewitt Global</i>	7 Amount (\$) <i>\$2,120.00</i>
6 Payee address; City; State; Zip Code <i>700 Rio Grande St., 2nd Fl. Austin, TX 78701</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Consulting Services</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
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Date <i>11-06-07</i>	Payee name <i>Austin Tajano Democrafts</i>	Amount (\$) <i>\$40.00</i>
Payee address; City; State; Zip Code <i>5704 Shoal Creek Blvd. Austin, TX 78757</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Donation</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
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Date <i>11-09-07</i>	Payee name <i>Rudolph Malveaux</i>	Amount (\$) <i>\$1,750.00</i>
Payee address; City; State; Zip Code <i>2703 Manor Rd., #101 Austin, TX 78722</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Consultant Services</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>-- Complete if direct expenditure to benefit C/OH --</small> 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 <small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
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