

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6742

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: 2008 FEB 14 PM 3:51 CLERK COUNTY CLERK TRAVIS COUNTY TEXAS
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> MRS NICKNAME	FIRST Nelda LAST Spears	MI W. SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
1116 Amaranth Ln - Austin TX 78754			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(512)		278-0288	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> MR NICKNAME	FIRST Bill LAST Aleshire	MI SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE
700 Lavaca, Ste. 920			Austin, TX 78701
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(512)		457-9838	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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
01 / 01 / 08			01 / 24 / 08
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
03 / 04 / 08		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
Tax Assessor-Collector		Tax Assessor-Collector	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	.. 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		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

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

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

15 C/OH NAME Nelda Wells 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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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)	\$ 5,029.15
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,504.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,678.56
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 4th day of FEB, 2008, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

K.B. Pfertner
Printed name of officer administering oath

Notary
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: <p style="text-align: center; font-size: 1.5em;">5</p>	
2 FILER NAME <p style="font-size: 1.2em;">Nelda Wells Spears</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <p style="font-size: 1.2em;">01-04-08</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="font-size: 1.2em;">Danay C. Covert</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">\$100.00</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">11750 Research Blvd. Austin, TX 78759</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <p style="font-size: 1.2em;">01-04-08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="font-size: 1.2em;">Joseph C. Parker</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$100.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">P.O. Box 69 Austin, TX 78767-0069</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">01-04-08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="font-size: 1.2em;">Paul Ruiz</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$100.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">309 Cumberland Rd. Austin, TX 78704</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">01-04-08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="font-size: 1.2em;">Bradley Seals</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$500.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">4611 Madrona Dr. Austin, TX 78731-5229</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">01-21-08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="font-size: 1.2em;">Alan Steen</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$100.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">350 CR 167 Georgetown, TX 78626</p>		(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: 5	
2 FILER NAME Nelda Wells Spears		3 ACCOUNT # (Ethics Commission filers)	
4 Date 01-21-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David + Phyllis Warner	7 Amount of contribution (\$) \$30.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5701 Trailridge Dr. Austin, TX 78731-4226		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01-21-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sammy L. + Debra D. Watson	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12308 Gatling Gun Ln. Austin, TX 78739		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01-21-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hugh Craig	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1213 Hollow Creek Dr. #4 Austin, TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01-21-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Georgia + William Duke	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 320 Heritage Dr. Austin, TX 78707		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01-21-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tom G. Herrera	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2400 Mozelle St. Austin, TX 78744		(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

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2 FILER NAME <p style="font-size: 1.2em;">Nelda Wells Spears</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <p style="font-size: 1.2em;">01-21-08</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Ora Houston</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">\$50.00</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">2207 E. 22nd St. Austin, TX 78722</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <p style="font-size: 1.2em;">01-21-08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Morrison + Head, LP</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$500.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">4210 Spicewood Springs Rd. Austin, TX 78759</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">01-22-08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Cecelia Burke</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$100.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">6500 Santolina Cove Austin, TX 78731</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">01-24-08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Bill Aleshire</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$500.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">3605 Shady Valley Dr. Austin, TX 78739</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">01-24-08</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Michael Casias</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$529.15</p>	In-kind contribution description (if applicable) <p style="font-size: 1.2em;">Refreshments for Fundraising Event</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">P.O. Box 1901 Austin, TX 78767</p>		(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: 5	
2 FILER NAME Nelda Wells Spears			3 ACCOUNT # (Ethics Commission filer):	
4 Date 01-24-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myra Leo	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 1212 Guadalupe Austin, TX 78701		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date 01-24-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byron Marshall	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1011 Catalpa Austin, TX 78702		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 01-24-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Nanney	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 7333 Hwy. 290 E. Austin, TX 78723		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 01-21-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beverly Scarborough	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 3908 Glengarry Dr. Austin, TX 78731		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 01-21-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ekaterina Pitsa	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 13041 Silver Creek Drive Austin, TX 78727		(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:
5

2 FILER NAME

Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)

4 Date

01-24-08

5 Full name of contributor out-of-state PAC (ID#: _____)

Roy G. Perry

6 Contributor address; City; State; Zip Code

Unit 1218 - 54 Rainey St.
Austin, TX 78701

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

01-24-08

Full name of contributor out-of-state PAC (ID#: _____)

Daniel B. Porter

Contributor address; City; State; Zip Code

1344 Hwy. 71 West.
Bee Cave, TX 78738

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01-24-08

Full name of contributor out-of-state PAC (ID#: _____)

Ateja Nicholas Dukes

Contributor address; City; State; Zip Code

5224 Marymount Dr.
Austin, TX 78723

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01-24-08

Full name of contributor out-of-state PAC (ID#: _____)

Brenda Kennedy

Contributor address; City; State; Zip Code

7300 Covered Bridge Dr.
Austin, TX 78736

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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 EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4

2 FILER NAME

Nelda Wells Spears

3 ACCOUNT # (Ethics Commission file #)

4 Date

5 Payee name

7

Amount (\$)

01-02-08

Travis County Democratic Party

\$ 750.00

6 Payee address; City; State; Zip Code

1311 East 6th St.

Austin, TX 78702

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

Kiackoff Dinner, County Party

(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 (\$)

01-04-08

Rudolph Malveaux

\$ 750.00

Payee address; City; State; Zip Code

2703 Manor Rd., #101

Austin, TX 78722

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

Campaign Consultant 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

Payee name

Amount (\$)

01-23-08

Office Depot

\$ 49.72

Payee address; City; State; Zip Code

816 Tirado Dr.

Austin, TX 78752

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

Office Supplies

(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 (\$)

01-11-08

Ace Printing

\$ 419.50

Payee address; City; State; Zip Code

7807 Doncaster

Austin, TX

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

Campaign Signs - Printing

(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: **4**

2 FILER NAME

Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)

4 Date
01-11-08

5 Payee name
River City Youth Foundation
6 Payee address; City; State; Zip Code
**5209 So. Pleasant Valley Rd.
Austin, TX 78744**

7 Amount (\$)
\$50.00

8 Purpose of payment (See instructions regarding type of information required.)
Donation
(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
01-12-08

Payee name
U.S.P.S.
Payee address; City; State; Zip Code
**8225 Cross Park Dr.
Austin, TX 78751**

Amount (\$)
\$123.00

Purpose of payment (See instructions regarding type of information required.)
Postage
(If travel outside of Texas, complete Schedule T)

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

Date
01-12-08

Payee name
Office Max
Payee address; City; State; Zip Code
**5451-B North IH-35
Austin, TX 78723**

Amount (\$)
\$53.44

Purpose of payment (See instructions regarding type of information required.)
I.D. Badge + Printer Cartridges
(If travel outside of Texas, complete Schedule T)

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

Date
01-14-08

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.)
Consultant Services
(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:

4

2 FILER NAME

Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

01-15-08

U.S.P.S.

6 Payee address; City; State; Zip Code

8225 Cross Park Dr.

Austin, TX 78710-9765

\$205.00

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

Postage

(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 (\$)

01-20-08

Stacy Suits

Payee address; City; State; Zip Code

7807 Doncaster

Austin, TX 787

\$419.80

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

Signs Printing - Installment

(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 (\$)

01-20-08

Souleiti

Payee address; City; State; Zip Code

815 A Brazos, Ste. 546

Austin, TX 78701

\$250.00

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

Email Distribution Pol. Adv.

(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 (\$)

01-20-08

Rudolph Malveaux

Payee address; City; State; Zip Code

2703 Manor Rd., #101

Austin, TX 78702

\$119.23

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

Reimbursement for Office Supplies

(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: 4
2 FILER NAME Nelda Wells Spears		3 ACCOUNT # (Ethics Commission filers)
4 Date 01-23-08	5 Payee name Black Diamond Field Services 6 Payee address; City; State; Zip Code 1508 Shady Creek Tr. Cedar Park, TX 78613	7 Amount (\$) \$1,500.00
8 Purpose of payment (See instructions regarding type of information required.) Hx8 Sign Delivery, Assemble & Place (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 01-23-08	Payee name AWPC Payee address; City; State; Zip Code P.O. Box 12383 Austin, TX 78711	Amount (\$) \$65.00
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 Payee address; City; State; Zip Code	Amount (\$)
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 Payee address; City; State; Zip Code	Amount (\$)
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