

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6966

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
 Ms. Nelda W.
 NICKNAME LAST SUFFIX
 Spears

OFFICE USE ONLY

Date Received: 2008 OCT -6 P 5:09
 Date Hand-delivered or Date Postmarked: []
 Receipt # Amount
 Date Processed
 Date Imaged

DEPARTMENT OF STATE
 CLERK
 TRAVIS COUNTY TEXAS
 ELECTION RECORD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 Change of Address
 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
 Bill
 NICKNAME LAST SUFFIX
 Aleshire

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

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
 7 / 01 / 08 9 / 25 / 08

11 ELECTION

ELECTION DATE: Month Day Year ELECTION TYPE

11 / 04 / 08 Primary Runoff General 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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME

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

GENERAL

SPECIFIC

additional pages

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)

\$ 400.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 811.30

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

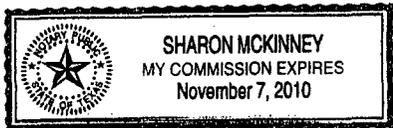
\$ 1,840.21

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

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 6th day of October, 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. II
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

2 FILER NAME

Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/

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

Ron Davis Campaign

7 Amount of contribution (\$)

\$200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

P.O. Box 16665
Austin, TX 78761

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/

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

Bill Aleshire

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

700 Lavaca, Ste. 920
Austin, TX 78701

(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)

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)

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: **2**

2 FILER NAME

Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/09/08

5 Payee name

AT&T Mobility

7 Amount (\$)

\$100.00

6 Payee address; City; State; Zip Code

**5407 N. IH 35, Ste. 100
Austin, TX 78723**

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

Campaign mobile phone service.
(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

7-10-08

Payee name

U.S. Postmaster

Amount (\$)

\$49.00

Payee address; City; State; Zip Code

**GMF Station
Austin, TX 78710-9765**

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

8-2-08

Payee name

Vista Print USA

Amount (\$)

\$93.30

Payee address; City; State; Zip Code

**95 Hayden Ave.
Lexington, MA 02421**

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

Printing of Post Cards.
(If travel outside of Texas, complete Schedule T)

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

Date

8-11-08

Payee name

Rudolph Malveaux

Amount (\$)

\$54.00

Payee address; City; State; Zip Code

**2703 Manor Rd., #101
Austin, TX 78722**

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

Reimburse for PO Box Rental Fee.
(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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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME
Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>8-7-08</u>	5 Payee name <u>AFW-CIO Central Labor Council</u>	7 Amount (\$) <u>\$215.00</u>
6 Payee address; City; State; Zip Code <u>1106 Lavaca, Ste. 200 Austin, TX 78701</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>labor Day Ad, Souvenir Booklet</u> (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 <u>9-20-08</u>	Payee name <u>Ruddph Malveaux</u>	Amount (\$) <u>\$300.00</u>
Payee address; City; State; Zip Code <u>2703 Manor Rd., #101 Austin TX 78722</u>		

Purpose of payment (See instructions regarding type of information required.) <u>To purchase "T-posts" + materials to erect signs.</u> (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	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
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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
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