

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7053

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 Wells 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. Suite 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 10 / 28 / 2008 12 / 31 / 2008		
11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 08	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Tax Assessor - Collector, County Travis	13 OFFICE SOUGHT (if known) Tax Assessor - Collector, County Travis	
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**

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political contributions accepted or political expenditures made 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

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,200.00

EXPENDITURE TOTALS

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

\$ -

4. TOTAL POLITICAL EXPENDITURES

\$ 2,289.15

CONTRIBUTION BALANCE

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

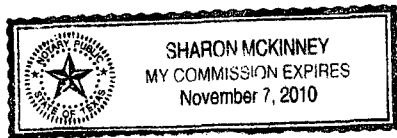
\$ 1,754.29

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 15th day of January, 2009, 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: 3	
2 FILER NAME Nelda Wells Spears		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/29/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen M. Sonleitner	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1712 Pasadena Dr. Austin, TX 78757		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/28/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert Weber	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6704 Tampa Cove Austin, TX 78723		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/30/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Willatt	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2001 North Lamar Blvd. Austin, TX 78705		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/29/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helen C. Spear	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2615 Pecos Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/31/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Moore Smith	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4906 Broadhill Dr. Austin, TX 78723		(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

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2 FILER NAME Nelda Wells Spears		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/29/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Whitcraft Fredericks 6 Contributor address; City; State; Zip Code 305 E. 32nd St. Austin, TX 78705	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 10/31/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) V. R. Krishna Murthy Contributor address; City; State; Zip Code 5910 Mountain Villa Drive Austin, TX 78731	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 10/31/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elna Christopher Contributor address; City; State; Zip Code 605 Kentshire Circle Austin, TX 78704	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 10/30/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmy Nassour Contributor address; City; State; Zip Code 3839 Bee Cave Rd., Ste. 200 Westlake Hills, TX 78746	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 10/29/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) B Mc PAC Contributor address; City; State; Zip Code 111 Congress Ave., Ste. 1400 Austin, TX 78701	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Nelda Wells Spears		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/30/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd Hochridge	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3400 Hillview Road Austin TX 78703		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/30/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger K. Beasley	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6825 Burnet Rd. Austin, TX 78757		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor 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 contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor 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 contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME

Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)

4 Date
10-28-08

5 Payee name
Rudolph Malveaux
6 Payee address; City; State; Zip Code
**2703 Manor Rd., #101
Austin, TX 78722**

7 Amount (\$)
\$126.00

8 Purpose of payment (See instructions regarding type of information required.)
Reimburse for postage and 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
10-29-08

Payee name
Rudolph Malveaux
Payee address; City; State; Zip Code
**2703 Manor Rd., #101
Austin, TX 78722**

Amount (\$)
\$100.00

Purpose of payment (See instructions regarding type of information required.)
Stakes, signs for Election Day
(If travel outside of Texas, complete Schedule T)

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

Date
10-30-08

Payee name
Soul Citi
Payee address; City; State; Zip Code
**815 Brazos
Austin, TX 78701**

Amount (\$)
\$250.00

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

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

Date
10-31-08

Payee name
AT&T Mobility
Payee address; City; State; Zip Code

Amount (\$)
\$100.00

Purpose of payment (See instructions regarding type of information required.)
Campaign telephone service
(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: **3**

2 FILER NAME

Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-31-08

5 Payee name

BANK of America

6 Payee address; City; State; Zip Code

7 Amount (\$)

\$ 29.95

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

Account Maintenance Fee

(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

11-04-08

Payee name

Baby Acapulco

Payee address; City; State; Zip Code

Amount (\$)

\$ 590.30

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

Venue + refreshments for campaign event

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11-24-08

Payee name

Rudolph Malveaux

Payee address; City; State; Zip Code

Amount (\$)

\$ 650.00

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

11-24-08

Payee name

Austin N.A.A.C.P.

Payee address; City; State; Zip Code

Amount (\$)

\$ 100.00

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

Ad. in event brochure; print ad.

(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: **3**

2 FILER NAME
Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)

4 Date
11-28-08

5 Payee name
A.T. & T. Mobility

7 Amount (\$)
\$100.00

6 Payee address; City; State; Zip Code
P.O. Box 930170 - Dallas, TX 75393-0170

8 Purpose of payment (See instructions regarding type of information required.)
Campaign 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
11-28-08

Payee name
Bank of America

Amount (\$)
\$29.95

Payee address; City; State; Zip Code
**6403 Airport Blvd.
Austin, TX 78752**

Purpose of payment (See instructions regarding type of information required.)
Monthly maintenance fee, campaign account.
(If travel outside of Texas, complete Schedule T)

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

Date
12-31-08

Payee name
A.T. & T. Mobility

Amount (\$)
\$183.00

Payee address; City; State; Zip Code
**P.O. Box 930170
Dallas, TX 75393-0170**

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

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

Date
12-31-08

Payee name
Bank of America

Amount (\$)
\$29.95

Payee address; City; State; Zip Code
**6403 Airport Blvd.
Austin, TX 78752**

Purpose of payment (See instructions regarding type of information required.)
Monthly maintenance fee, campaign account.
(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