CANDIDATE / CAMPAIGN F	FORM C/OH COVER SHEET PG 1		
The C/OH Instruction Guil	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00121212	2 PAGE# TING
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST William NICKNAME LAST Bill Spelman	MI SUFFIX	OFFICE USE ONLY IT CLERK
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #: CO PO Box 13534 Austin, TX 78711	CITY: STATE; ZIP CODE	Date Hand-delivered or Date Postmarked
			Receipt # Amount
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST David	MI	Date Processed
NAME	nickname Last Dave Anderson	SUFFIX	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI 1515 Oxford Ave. Austin, TX 78704	TE#; CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 924-2393	EXTENSION	
8 REPORT TYPE	X January 15 30th day before elect		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THRO	Month Day DUGH 12/31/20	Year 08
10 ELECTION	Month Day Yeer ELECTION TY 05/09/2009 Primar		General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) City Council Place 5	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct cempaign expenditures ere campaign expendidates are required to disclose this information.		
BY OTHER INDIVIDUALS	Name		
additional pages	Address/PO Box; Apt. / Suite #; City; State;	Zip Code	
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

30FFORT &	TOTALS		COVE	R SHEET PG Z		
14 C/OH NAME Spelr	nan, William		15 ACCOUNT : 00121212	# (Ethics Commission filers)		
16 NOTICE FROM	have been made with	otice of political expenditures by political committees to support the candidate's or officeholder's knowledge or consent. Canapy receive notice of such expenditures				
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		846.00		
		POLITICAL CONTRIBUTIONS I THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	11,321.00		
EXPENDITURE TOTALS				21.00		
	4. TOTAL	POLITICAL EXPENDITURES	\$	1,393.59		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	10,326.77		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$	0.00		
18 AFFIDAVIT			·			
		I swear, or affirm, under per is true and correct and inclu me under Title 15, Election	des all information red	· · · · · ·		
	Wantman					
		Signature	of Candidate or Office	holder		
	STAMP / SEAL ABOV					
Sworn to and subscrib		he said William Glun Spel rtify which, witness my hand and seal of office.	this the	 		
Q		Reyna Ruiz Adv	nin Spc	a allst		
Signature of officer admi	nistering oath	Print name of officer administering oath	Title of officer ac			

	The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE#	
					Schedule: 1/8	8 Report: 3/12
2	FILER NAME	Spelman, William			3 ACCOUNT#	(Ethics Commission filers)
					00121212	
4	Date	5 Full name of contributor Alfaro, Nieves	out-of-state PAC (ID#	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/31/2008	6 Contributor address; 10700 Lovridge Drive Austin, TX 78739	City; State; Zip Code		\$100.00	! ! !
					(if travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instruction	s)	10 Employer (See In:	structions)	
	Date	Full name of contributor Anderson, David	out-of-state PAC (ID#	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/31/2008	Contributor address; 1515 Oxford Ave. Austin, TX 78704	City; State; Zip Code		\$200.00	l
					<u> </u>	Texas, complete Schedule T)
	Principal occup Engineer	pation / Job title (See Instruction	(s)	Employer (See In Black & Veatch		
	Date	Full name of contributor Ayres, Robert & Margaret	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/31/2008	Contributor address; 2408 Keating Lane Austin, TX 78703	City; State; Zip Code		\$700.00	
					(If travel outside of	Texae, complete Schedule T)
		ation / Job title (See Instruction rtner / homemaker	is)	Employer (See In Shield Ranch / I		
	Date	Full name of contributor Champion, Mario	out-of-state PAC (ID#	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/31/2008	Contributor address; 1406a Cinnamon Path Austin, TX 78704	City; State; Zip Code		\$100.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	s)	Employer (See In	structions)	
	Date	Full name of contributor Cortez, John-Michael	out-of-state PAC (ID#	*)	Amount of contribution (\$)	Irr-kind contribution description (if applicable)
	12/19/2008	Contributor address; 1601 Minam #303 Austin, TX 78702	City; State; Zip Code		\$250.00	
					(If travel outeide of	Texas, complete Schedule T)
		ation / Job title (See Instruction	s)	Employer (See In:	structions)	
	Community In	ivolvement		CAPMetro		

	The INSTRUCTION	Guide explains how to complete this form.		1 PAGE # Schedule: 2/8	8 Report: 4/12		
2	FILER NAME	Spelman, William		3 ACCOUNT# 00121212	(Ethics Commission filers)		
4	Date	5 Full name of contributor out-of-state PAC (ID# Davis, Craig	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	12/31/2008	6 Contributor address; City; State; Zip Code 3411 Hillview Rd. Austin, TX 78703		\$200.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Lawyer	ation / Job title (See Instructions)	10 Employer (See In Self	structions)			
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/30/2008	Contributor address; City; State; Zip Code 3411 Hillview Rd Austin, TX 78703		\$300.00	<u> </u> 		
		7.65.61, 777,0750		(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	<u> </u>		
	homemaker		none				
	Date	Full name of contributor	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/19/2008	Contributor address; City; State; Zip Code 8508 Spearman Dr. Austin, TX 78757		\$200.00	1 		
				(if trevel outside of	Texas, complete Schedule T)		
	Principal occup Analyst	ation / Job title (See Instructions)	Employer (See In Center for Publi	structions) ic Policy Priorities			
	Date	Full name of contributor	<u>. </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/27/2008	Contributor address; City; State; Zip Code 9702 Swansons Ranch Rd. Austin, TX 78748		\$100.00	 		
				(If trevel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/29/2008	Contributor address; City; State; Zip Code 3809 South Second Street, Suite B-300 Austin, TX 78704		\$200.00	1 } 		
				(if travel outside of	Texas, complete Schedule T)		
	, ,	ation / Job title (See Instructions)	Employer (See In		·		
	President		Espey Consulta	ints, Inc.			

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	The INSTRUCTION	Guide explains how to complete this form.		1 PAGE # Schedule: 3/8	3 Report: 5/12		
2	FILER NAME	Spelman, William		3 ACCOUNT# 00121212	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID≴ Ferchill, Cary	(1)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	12/31/2008	6 Contributor address; City; State; Zip Code 2524 Tanglewood Trail Austin, TX 78703		\$100.00	 		
				(If travel outside of	Texas, completa Schedule 7)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In:	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Fisher, Francis)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/31/2008 Contributor address; City; State; Zip Code 3208 Harris Park Ave. Austin, TX 78705		\$100.00	 			
				(If travel outside of	Texas, complete Schedule 7)		
_	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)			
	Date	Full name of contributor	<u>+</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/30/2008	Contributor address; City; State; Zip Code 1000 Liberty Park Drive #106 Austin, TX 78746		\$100.00) 		
				(If trevel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In:				
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/31/2008	Contributor address; City; State; Zip Code 3816 S. Lamar Blvd. Apt. 3603 Austin, TX 78704		\$100.00	 		
				(If travel outside of	Texas, complete Schedule 7)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/31/2008	Contributor address; City; State; Zip Code 4700 N. Capital of Texas Hwy. #532 Austin, TX 78746		\$350.00	 		
				(If travel outside of	Texas, complete Schedule 7)		
	Principal occup Engineer	ation / Job title (See Instructions)	Employer (See Ins Espey Consulta				

\vdash							
	The Instruction	Guide explains how to complete this form.		1 PAGE# Schedule: 4/8	3 Report: 6/12		
2	FILER NAME	Spelman, William		3 ACCOUNT # 00121212	(Ethics Commission filers)		
4	Date	5 Full name of contributor	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	12/30/2008	6 Contributor address; City; State; Zip Code 2939 Westlake Cove Austin, TX 78746		\$350.00	 		
				(if trevel outside of	Texas, complete Schedule T)		
9	Principal occup President & C	ration / Job title (See Instructions)	10 Employer (See In Texas Disposal				
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/31/2008	Contributor address; City; State; Zip Code 1705 Margaret Austin, TX 78704		\$200.00	[
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In National Wildlife				
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/30/2008	Contributor address; City; State; Zip Code 2943 Thousand Oaks Austin, TX 78746	• • • • • • • • • • • • • • • • • • • •	\$100.00	 		
				(If account acceptate of	Towas complete Schodule Ti		
_					Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/21/2008	Contributor address; City; State; Zip Code 4302 Avenue D. Austin, TX 78751	• • • • • • • • • • • • • • • • • • • •	\$200.00	1 } {		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Consultant	ation / Job title (See Instructions)	Employer (See In Civic Economic				
	Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	12/31/2008	Contributor address; City; State; Zip Code 2401 Briargrove Drive Austin, TX 78704	• • • • • • • • • • • • • • • • • • • •	\$100.00	 		
					· •		
				<u>'</u>	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			

	The Instruction	אס Guide explains how to com	plete this form.		1 PAGE#		
		· · · · · ·	-		Schedule: 5/8	8 Report: 7/12	
2	FILER NAME	Spelman, William			3 ACCOUNT # 00121212	(Ethics Commission filers)	
4	Date	5 Full name of contributor Koegler, Kurt	out-of-state PAC (ID#	*)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	12/31/2008	6 Contributor address; 1701 Bauerle Ave Austin, TX 78704-3303	City; State; Zip Code		\$350.00	 	
					•	Texas, complete Schedule T)	
9	Principal occup Business Exe	ation / Job title (See Instruction C	s) 	10 Employer (See In: Stubbs Legenda			
	Date	Full name of contributor Kozmetsky, Cynthia	☐ out-of-state PAC (ID#	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/30/2008	Contributor address; 4802 Ridge Oak Drive Austin, TX 78731	City; State; Zip Code		\$350.00	 	
		Ausuii, 17 70731					
_	Original secur	ation / Job title (See Instruction	۵)	Employer (See In	·	Texas, complete Schedule T)	
	President	ation / Job title (See Instruction	s)	KMS Ventures	structions)		
	Date	Full name of contributor Lewis, Fred	out-of-state PAC (ID#	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/30/2008	Contributor address; 4509 Edgemont Dr. Austin, TX 78731	City; State; Zip Code		\$350.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup Attorney	ation / Job title (See Instruction	s)	Employer (See In Campaigns for I			
	Date	Full name of contributor Lipscombe, John	☐ out-of-state PAC (ID#	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/31/2008	Contributor address; 6600 Mesa Dr. Austin, TX 78731	City; State; Zip Code		\$100.00	 	
					(If travet outside of	Texes, complete Schedule T)	
	Principal occup	ation / Job title (See Instruction	s)	Employer (See In	structions)		
	Date	Full name of contributor Lorenz, Perry & Sheridan	☐ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/29/2008	Contributor address; 1311 A East 6th Street Austin, TX 78702	City; State; Zip Code		\$700.00	ι 	
					(If travel outside of	Texas, complete Schedule T)	
		ation / Job title (See Instruction	s)	Employer (See In	structions)	, <u> </u>	
	real-estate / h	ospitality executive		self / Mitchell Fa	amily Properties		

	The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 6/8	3 Report: 8/12	
2	FILER NAME	Spelman, William			3 ACCOUNT# 00121212	(Ethics Commission filers)	
4	Date	5 Full name of contributor Medina, Arnoldo	☐ out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	12/30/2008	6 Contributor address; 2902 Ashwood St. Houston, TX 77025	City; State; Zip Code		\$175.00	 	
					(If travel outside of	Tsxas, complete Schedule T)	
9	Principal occup	eation / Job title (See Instruction	s)	10 Employer (See In	structions)		
	Date	Full name of contributor Moffat, Susan	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/18/2008	Contributor address; 4112 Speedway Austin, TX 78751	City; State; Zip Code		\$350.00	1 	
				-		Texas, complete Schedule T)	
	Principal occup researcher/wi	ation / Job title (See Instruction: riter	s) 	Employer (See In self	structions)		
	Date	Full name of contributor Moody, Keith & Monique	☐ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/30/2008	Contributor address; 3215 Nancy Gale Dr. Austin, TX 78735	City; State; Zip Code		\$700.00	 	
					(14.4	T	
					,	Texas, complete Schedule T)	
	Principal occup Engineer / ho	ation / Job title (See Instruction memaker	s) 	Employer (See In Espey Consulta			
	Date	Full name of contributor Morrison, Susan	☐ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/31/2008	Contributor address; 4205 Ramsey Ave. Austin, TX 78756	City; State; Zip Code		\$100.00	 	
					(If travsl outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions	s)	Employer (See In	structions)		
	Date	Full name of contributor Musselman, Karl-Thomas	☐ out-of-state PAC (ID#	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable) web design & consulting	
	12/31/2008	Contributor address; 1512A pennsylvania Austin, TX 78702	City; State; Zip Code		\$300.00	 	
					(if travel outside of	Texas, complate Schedule T)	
	Principal occup	ation / Job title (See Instruction	s)	Employer (See In	structions)	. —	
		•			•		

	The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 7/8	3 Report: 9/12	
2	FILER NAME	Spelman, William			3 ACCOUNT# 00121212	(Ethics Commission filers)	
4	Date	5 Full name of contributor Neavel, Dick	out-of-state PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	12/30/2008	6 Contributor address; 2905 Scenic Dr. Austin, TX 78703	City; State; Zip Code		\$250.00	 - -	
					(If travel outside of	Texas, compiste Schedule T)	
9	Principal occup	ation / Job title (See Instruction	ns)	10 Employer (See In retired	structions)		
	Date	Full name of contributor Patel, Snehal	☐ out-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/30/2008	Contributor address; 2902 Ashwood St. Houston, TX 77025	City; State; Zip Code		\$175.00	 	
					Texas, complete Schedule T)		
	Principal occup	eation / Job title (See Instruction	ns)	Employer (See In	structions)		
	Date	Full name of contributor Reis, Brian & Valerie	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/30/2008	Contributor address; 6516 Rotan Dr. Austin, TX 78749	City; State; Zip Code		\$700.00	 	
					(If travel outside of	Texae, complete Schedule T)	
	Principal occup Vice Presider	ation / Job title (See Instruction at / CFO	ns)		Employer (See Instructions) Espey Consultants, Inc. / Espey Consultants, Inc.		
	Date	Full name of contributor Robinson, G.J.	oul-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/30/2008	Contributor address; 3411 Hillview Austin, TX 78703	City; State; Zip Code		\$200.00	 	
					(if trevel outside of	Texas, complete Schadule T)	
	Principal occup retired	ation / Job title (See Instruction	ns)	Employer (See In retired	structions)		
	Date	Full name of contributor Shea, Brigid	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/31/2008	Contributor address; 2604 Geraghty Ave. Austin, TX 78757	City; State; Zip Code		\$200.00	 	
					(if travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In			
	President (co	nsultant)	,	Brigid Shea & A			

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 8/8	3 Report: 10/12
2	FILER NAME	Spelman, William		3 ACCOUNT# 00121212	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (IDF Sheffield, Mike	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/31/2008	6 Contributor address; City; State; Zip Code 300 W. Sequoia Spur Georgetown, TX 78628		\$200.00	! ! !
				(If travel outside of	Texas, complets Schedule T)
9	Principal occup Staff Represe	ation / Job title (See Instructions)	10 Employer (See In Combined Law		ociations of Texas
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/31/2008	Contributor address; City; State; Zip Code 3926 Canyon Gten Circle Austin, TX 78732		\$350.00	
					Texas, complete Schedule T)
		ation / Job title (See Instructions) t Operations Manager	Employer (See In Capital One Ba		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/22/2008	Contributor address; City; State; Zip Code P.O. Box 2388 Austin, TX 78768		\$100.00	
				//d democratic control of a con	Texas, complete Schedule T)
	D-ii1	-tie- / Jah title /Can Instructions)	Employee (Cooks	<u> </u>	Texas, complete scriedule 1)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/31/2008	Contributor address; City; State; Zip Code 1000 E. 8th Austin, TX 78702	•••••	\$700.00	
				(If travel outside of	Texas, complete Schedule T)
٠	Principal occup real estate / h	ation / Job title (See Instructions) omemaker	Employer (See In Contructive Ver		
	Da te	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/31/2008	Contributor address; City; State; Zip Code 2108 Wright St. Austin, TX 78704		\$75.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occur	ation / Job title (See Instructions)	Employer (See In	,	resue, complete ochequie 1/
	. moipai occup	and the fact that and the state of the state	Employer (Gee III	ou doud la j	

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1	Report: 11/12
2 FILER NAME	Spelman, William		3 ACCOUNT# 00121212	(Ethics Commission filers)
4 Date	5 Payee name Checkmark Typesetting			7 Amount (\$)
12/19/2008	6 Payee address; City; State; Zip Code 3217 N. IH 35 Austin, TX 78722			\$65.30
8 Purpose of pay required.) graphic design	yment (See instructions regarding type of information	9 ** Complete if direct Candidate / Officehol		ofit Candidate/Officeholder **
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Paypal			Amount (\$)
12/31/2008 Payae address; City; State; Zip Code P.O. Box 7022 Mountain View, TX 94039			\$200.11 	
Purpose of payment (See instructions regarding type of information required.) credit card processing fees		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:		
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name			Amount (\$)
12/19/2008	Worley Printing Payee address; City; State; Zlp Code 3217 N. IH 35 Austin, TX 78722			\$628.93
Purpose of pay required.)	ment (See instructions regarding type of information	** Complete if direc Candidate / Officehol	t expenditure to bene der name:	efit Candidate/Officeholder
printing (H	f travel outside of Texas, complete Schedule T}	Office sought: Office held:		

1-800-325-8506

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

	The Instruction	N G	GUIDE explains how to complete this form.	1	PAGE # Schedule: 1/1	Repo	rt: 12/12
2	FILER NAME	S	Spelman, William	3	ACCOUNT # 00121212	(Ethic	s Commission filers)
4	Date	5	Payee name Threadgill's			8	Amount (\$)
	12/31/2008	6	Payee address; City; State; Zip Code 301 W. Riverside Dr. Austin, TX 78704	•			\$449.25
		7	Purpose of expenditure (See instructions regarding type of information requested expense	uired	d.)		Reimbursement from political contributions intended
	Date		(If travel outside of Texas, complete Schedule T) Payee name				Amount
		l 	USPS				(\$)
	12/29/2008		Payee address; City; State; Zip Code Downtown Station Austin, TX 78701				\$29.00
			Purpose of expenditure (See instructions regarding type of information requ postage	uired	d.)	図	Reimbursement from political contributions intended
			(If travel outside of Texas, complete Schedule T)				

SCHEDULE W (part 1 of 2) - attach to form C/OH and form SPAC **ANNUAL RECONCILIATION**

Reference _2-2-25, Austin City Code

For each checking, savings or other financial institution account maintained during 2008, enter the following information indicated. For each additional institution, use a copy of this schedule.

(1) The name of the financial institution and type of account: UFCU - Checking & Savings
(2) A listing of date, payee and amount of checks issued on that account that have not cleared by December 31:
Date:12-19-08
Payee: Worley Printing
Amount:\$628.93
Date:12-19-08
Payee: Checkmark Typesetting
Amount: \$65.30
Date:12-31-08
Payee: Paypal
Amount:\$200.11
Attach additional pages, if necessary. [3] A listing of checks received as contributions and deposited, but dishonored by the contributor's financial institution:
Date of receipt:
Contributor:
Amount:
Date of receipt:
Contributor:
Amount:
Date of receipt:
Contributor:
Amount:
Attach additional pages, if necessary

SCHEDULE W (Part 2 of 2) - attach to form C/OH and form SPAC ANNUAL RECONCILIATION Reference _2-2-25, Austin City Code

(4) All interest or dividends earned:
(5) All deposits and withdrawals not disclosed on a filed contribution and expenditure report:
Attach additional pages, if necessary.
(6) The beginning balance for 2008:0
(7) The ending balance for 2008:\$11,021

SCHEDULE V – attach to form C/OH PERSONS SOLICITING CONTRIBUTIONS ON YOUR BEHALF Reference 2-2-14, Austin City Code

Enter the name and address of any person who has solicited and obtained contributions on your behalf, during the reporting period, of \$200 per person from five or more individuals. (You need not include individuals who raise funds totaling \$5,000 or less through a fundraising event in that individual's residence.)

Name of person soliciting contributions: Brian Reis

Address: 3809 South 2nd St., Ste. B-300, Austin, TX, 78704

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1	ACCOUNT# 00121	.212	2 Total pages filed: 16	OFFICE USE ONLY		
3 CANDIDATE / MS/MRS/MR FIRST MI OFFICEHOLDER NAME William NICKNAME LAST SUFFIX Bill Spelman				Date Received RECEI		
5	ORIGINAL REPORT TYPE ORIGINAL PERIOD	July 15 Exc 30th day before election 15th app 8th day before election Fina Month Day Year	Other (specify) ceeded \$500 limit h day after treasurer pointment (officeholder only) al report Month Day Year IROUGH 12 31 2008	Date Hand-delivered & Postmerber C		
6	EXPLANATION OF CO		, ,			
	This amended report contains the following corrections: 1. Correction of name-G.J. Robinson to Garland John Robinson. 2. Detailed description of the following expenditures: a) Paypal b) Worley Printing c) Threadgill's Restaurant					
	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. AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me by William Splman this the 18 day of January. 20 11 to certify which, witness my hand and seal of office and finite formation of the seal of office and finite formation of the seal of officer administering oath. Signature of officer administering oath. Printed name of officer administering oath. Title of officer administering oath.					
3	arginature of Officer admit	nistering oath Printed nar	me/of officer administering oath Ti	no or oniosi adminiatering date		

CANDIDATE / OFFICEHOLDER						FOR	м С/	ОН		
C	CAMPAIGN F	INANCE RE	POR	T			C	OVER S		70
									3	P _A
٦,	he C/OH INSTRUCTION GUID			1 - £-am	1 ACCOUN		2	PAGE#	.5 2	371
111	JO C/ON INSTRUCTION SOIL	DE EXPIRITE NOW (O CO.			(Ethics Cor 001212	mmission filera) 212		1 of 12	<u> </u>	중 <u>로</u>
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR		irst fliam		M)		OFFICE !	USE ON	设置
	NAME		****	lians			Da	ite Received	L)	TE C
		NICKNAME Bill		AST olmon		SUFFIX	· ·		- <u>-</u> -	
		Bill	Эре	elman						LERK ZTIME
4	CANDIDATE /	ADDRESS / PO BOX;	APT / SUIT	TE #; CIT	Y: 5	STATE: ZIP CODE	\dashv		<u> </u>	m
-	OFFICEHOLDER MAILING ADDRESS	PO Box 13534 Austin, TX 78711								
	Change of Address	·					Da	te Hand-delivere	d or Date P	ostmarked
	ļ						Re	ceipt#	Amoun	nt
5	CAMPAIGN:	M9/MRS/MR	Fii Dav	irst vid		MI	 	te Processed		
	TREASURER NAME	 			.	· · · · · <u>• · • · · ·</u> ·	Da	ite Imaged		
		nickname Dave		AST derson	·	ŠUFFIX	L.			
6	CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEA	ASE): APT / SUITE	#: CI	STATE;	Σu	P CODE -		
	TREASURER ADDRESS	1515 Oxford Ave. Austin, TX 78704								
	(Residence or business)	Auguit, Carorea								
-	CAMPAIGN	AREA CODE 5	PHONE NU	JMBER	E	XTENSION				
<u>'</u>	TREASURER PHONE	(512) 924-2393								
8	REPORT TYPE	January 15	30r	ith day before election	n	Runo#		15th day after o		
		July 15	Bih	h day before election	f	Exceeded \$500 limit	· 🗆	Final report (At	tach C/OH	- FR)
9	PERIOD COVERED	Month Day	Year	THROUG	ЗН	Month D	Day	Year		
	COVERED	11/10/2008				12/31/	/2008			
10	ELECTION	ELECTION DATE Month Day	Year	ELECTION TYPE	-	-				<u></u>
		05/09/2009		Primary	R	Runaff [X Gen	eraí	Spe	ecial
11	OFFICE	OFFICE HELD (If any)			12 C	office sought (if lookity Council Plac	1041) Ce 5			
13	NOTICE	Direct campaign expansion	anditures.	and companies ayear		he athors without th	candbia	*-*- orier consent	~ = = 0.0eout	
OF DIRECT CAMPAIGN EXPENDITURE		Candidates are required to								
EXPENDITURE BY OTHER INDIVIDUALS										
		Address/PO Box; Apt. / S	juite #;	City; State; Zip	Code					
	additioner pages									
	GO TO PAGE 2									

Texas Ethles Commission	P.O. Box 120	70 Austin, Texes 78711-2070	(512)463-5800	1-800-325-850			
CANDIDATE SUPPORT &		OLDER REPORT:		FORM C/OH SHEET PG 2			
14 C/OH NAME Speli	nan, William		15 ACCOUNT # 00121212	(Ethics Commission filers)			
Information only if they receive notice of such expenditures. Information only if they receive notice of such expenditures. Information only if they receive notice of such expenditures. Information only if they receive notice of such expenditures. COMMITTEE(S) Information only if they receive notice of such expenditures. COMMITTEE TYPE Information only if they receive notice of such expenditures. Information only if they receive notice of such expenditures. COMMITTEE TYPE							
GENERAL COMMITTEE ADDRESS							
additional pages	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS							
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	846.00			
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 11,321.00						
EXPENDITURE TOTALS							
	4. TOTAL POLITICAL EXPENDITURES \$ 1,393.59						
CONTRIBUTION BALANCE							
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$	0.00			
18 AFFIDAVIT							
		I swear, or affirm, under penalty of is true and correct and includes a me under Title 15, Election Code	all information requi				
Signature of Candidate or Officeholder							
•							
AFFIX NOTARY STAMP / SEAL ABOVE							
of NUMM, 2	ed before me, by th $0 \underline{O M}$, to cert	e sald <u>William Glenn Spelm?</u> Ify which, witness my hand and seal of office.	, this the	[) day			
Rom	\sim	<u>'</u>	n Speci	alist			
Signature of officer admir	nistering oath	Print name of officer administering oath	Title of officer admir	ilstering oath			

The Instruction	ON Guine explains how to complete this form.		1 PAGE# Schedule: 1/	8 Report: 3/12		
2 FILER NAME	Spelman, William		3 ACCOUNT # 00121212	(Ethics Commission filers)		
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
12/31/2008	6 Contributor address; City; State; Zip Code 10700 Lovridge Drive Austin, TX 78739		\$100.00	i ! !		
			(if travel outside of	Texas, complets Schedule T)		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)			
Date	Full name of contributor	#	Amount of contribution (\$)	tn-kind contribution description (if applicable)		
12/31/2008	Contributor address; City; State; Zip Code 1515 Oxford Ave. Austin, TX 78704		\$200.00	} 		
			1	Texas, complete Schedule T)		
Principal occup Engineer	pation / Job title (See Instructions)	Employer (See In Black & Veatch				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
12/31/2008	Contributor address; City; State; Zip Code 2408 Keating Lane Austin, TX 78703		\$700.00	 		
			(If travel outside of	Texas, complete Schedule T)		
	ation / Job title (See instructions) rtner / homemaker	Employer (See In Shield Ranch /				
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (If applicable)		
12/31/2008	Contributor address; City; State; Zip Code 1406a Cinnamon Path Austin, TX 78704	•••••	\$100.00	 		
			(if trave) outside of	Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See In				
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
12/19/2008	Contributor address; City; State; Zip Code 1601 Mirlam #303 Austin, TX 78702		\$250.00			
				Texas, complete Schedule 1)		
Principal occupa Community In	ation / Job title (See Instructions) volvement	Employer (See In: CAPMetro	structions)			

L						
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/	8 Report: 4/12	
2	FILER NAME	Spełman, William		3 ACCOUNT# 00121212	(Ethics Commission filers)	
4	Date	5 Full name of contributor ut-of-state PAC (ID Davis, Craig	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	12/31/2008	6 Contributor addross; City; State; Zip Code 3411 Hillview Rd. Austln, TX 78703		\$200.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Lawyer	pation / Job title (See Instructions)	10 Employer (See In Self	structions)		
	Date	Full name of contributor	#	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/30/2008	Contributor address; City; State; Zip Code 3411 Hillview Rd Austin, TX 78703		\$300.00	I ₹ 1	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In			
	homemakar		none			
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/19/2008	Contributor address; City; State; Zip Code 8508 Spearman Dr. Austln, TX 78757	• • • • • • • • • • • • • • • • • • • •	\$200.00	} }	
		Austin, 10/0/		Meanway and also as	I Yanna aanaalata Sabadala Ta	
_	Principal occup	ation / Job title (See Instructions)	Employer (See In	•	Texas, complete Schedule T)	
	Analyst	,		c Policy Priorities		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/27/2008	Contributor address; City; State; Zip Code 9702 Swansons Ranch Rd. Auslin, TX 78748	• • • • • • • • • • • • • • • • • • • •	\$100.00	 	
	,	Addition for Follow		ild beaute Laustalida ad	Towns complete Schodule TO	
	Principal occup	ation / Job title (See instructions)	Employer (See In:		Texas, complete Schedule T)	
				·		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/29/2008	Contributor address; City; State; Zip Code 3809 South Second Street, Suite B-300 Austin, TX 78704		\$200.00		
				(if trave) outside of i	Техыs, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	· · · · · · · · · · · · · · · · · · ·		
	President	,	Espey Consulta			

The INSTRUCTION Guide explains how to complete this form. 1 PAGE # Schedule: 3/8 Report: 5/12 2 FILER NAME Spelman, William 3 ACCOUNT # (Ethics Commission 00121212 4 Date 5 Full name of contributor out-of-state PAC (ID# 7 Amount of Ferchill, Cary 12/31/2008 Contributor address: City; State: Zip Code \$100.00 (If travel outside of Texas, complete Schedule: 3/8 Report: 5/12 3 ACCOUNT # (Ethics Commission 00121212 4 Date 5 Full name of contributor out-of-state PAC (ID# 10 Employer (See Instructions) 8 In-kind contributor 2/25/4 Tangilwaycod Trail Austin, 1'x 78703 (If travel outside of Texas, complete Schedule: 3/8 Report: 5/12 3 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) description (If app. 1/2/31/2008 Contributor address: City; State; Zip Code \$100.00 (If travel outside of Texas, complete Schedule: 3/8 Report: 5/12 4 Date Full name of contributor out-of-state PAC (ID# Amount of contributor (S) description (If app. 1/2/31/2008 Amount of contributor address: City; State; Zip Code \$100.00 (If travel outside of Texas, complete Schedule: 3/8 Report: 5/12 5 In-kind contributor address: City; State; Zip Code \$100.00 (If travel outside of Texas, complete Schedule: 3/8 Report: 5/12 6 Date Full name of contributor out-of-state PAC (ID# Amount of contributor (S) In-kind contribu	nion Ilcable)
4 Date 5 Full name of contributor out-of-state PAC (ID#	nion Ilcable)
12/31/2008 Ferchill, Cary Contribution (\$) description (if app. 25/24 Tanglewood Trail Austin, TX 78703 (if travel outside of Texas, complete Sched)	tlon (cable)
2524 Tangltewood Trail Austin, TX 78703 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)	tion licable)
Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)	tion licable)
Date Full name of contributor out-of-state PAC (ID#	Icable)
Fisher, Francis Contributor address; City: State: Zip Code \$100.00 Contributor address: Austin, TX 78705 Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Contributor address: City: State: Zip Code 12/30/2008 Contributor address: City: State: Zip Code 12/30/2008 Contributor address: City: State: Zip Code 1000 Liberty Park Drive #105 Austin, TX 78746 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Contributor of Contributor Contributor Contributor Contributor Secience Section (If applications) Contributor address: City: State: Zip Code Section (Instructions) Contributor address: Cit	Icable)
Salaris Park Ave.	le Т) 🔲
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribut contribution (\$) In-kind contribution (\$) description (if app. 12/30/2008 Contributor address: City; State; Zip Code (\$1000 Liberty Park Drive #106 Austin, TX 78746 (If trevel outside of Texas, complete Schede) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) In-kind contribution (\$) In-kind contribution (\$) In-kind contribution (\$) description (if app. 12/31/2008 Contributor address; City; State; Zip Code (\$) \$100.00 Secription (If app. 12/31/2008 State; Zip Code (\$) \$100.00 Secription (If app. 12/31/2008 State; Zip Code (\$) State; Zip Cod	le T)
Date Full name of contributor	
Frede, Martha Contribution (\$) description (if application) Contributor address: City; State; Zip Code \$100.00 Contributor address: City; State; Zip Code \$100.00 (if travel outside of Texas, complete Schede Contributor C	
Frede, Martha Contribution (\$) description (if application) Contributor address: City; State; Zip Code \$100.00 Contributor address: City; State; Zip Code \$100.00 (if travel outside of Texas, complete Schede Contributor C	
1000 Liberty Park Drive #106 Austin, TX 78746 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Gecic, Filip 12/31/2008 Contributor address; City; State; Zip Code \$100.00 \$100.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#	
Date Full name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) In-kind contribution (\$) description (if application of the contribution (\$) Contribution (\$) Amount of contribution (\$) description (if application of the contribution (\$) Amount of contribution (\$) application (\$) description (\$) description (\$) application (\$) Amount of contribution (\$) application (\$) applicatio	
Gecic, Filip contribution (\$) description (if app. 12/31/2008 Contributor address; City; State; Zip Code \$100.00 \$100.00	
3816 S. Lamar Blvd. Apt. 3603	
(If travel outside of Texas, complets Schadu	ю T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#) Amount of In-kind contribution (\$) description (If app	
12/31/2008 Contributor address; City; State; Zip Code \$350.00 A700 N. Capital of Texas Hwy. #532 Austin, TX 78746	
(If travel outside of Texas, complete Schedu	
Principal occupation / Job title (See Instructions) Engineer Espey Consultants	.n 🗆

The Instruct	он Guide explains how to complete this form.		1 PAGE #	8 Report: 6/12			
2 FILER NAME	Spelman, William		3 ACCOUNT # 00121212	(Ethics Commission filers)			
4 Date	5 Full name of contributor ut-of-state PAC (ID Gregory, Bob	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
12/30/2008	6 Contributor address; City; State; Zlp Code 2939 Westfake Cove Austin, TX 78746		\$350.00	 			
			(if travel outside of	Texas, complete Schedule T)			
9 Principal occu President &	pation / Job title (See Instructions) CEO	10 Employer (See In Texas Disposa	structions) Systems, Inc.				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
12/31/2008	Contributor address; City; State; Zip Code 1705 Margaret Austin, TX 78704		\$200.00	 			
	roguit, various		1 '	। Texas, complete Schedule T)			
Principal occur Attorney	pation / Job title (See Instructions)	Employer (See In National Wildlife	structions) Federation				
Date	Full name of contributor	*	Amount of contribution (\$)	In-kind contribution description (if applicable)			
12/30/2008	Contributor address; Clty; State; Zip Code 2943 Thousand Oaks Austin, TX 78746		\$100.00	 			
	Trading Trade to			'			
			<u> </u>	Texas, complete Schedule T)			
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)				
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
12/21/2008	Contributor address; City; State; Zip Code 4302 Avenue D. Austin, TX 78751		\$200.00	1 1 1			
			(If travel outside of	Texas, complète Schedule T)			
Principal occup Consultant	ation / Job title (See Instructions)	Employer (See In: Civic Economic:	structions)	_			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
12/31/2008	Contributor address; City; State; Zip Code 2401 Briargrove Drive		\$ 100.00				
	Austin, TX 78704						
Dela-le et e	ation I lab title /Con (network)	Employee (Pec 1	<u> </u>	Taxes, complete Schedula T)			
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	suddivits)				

Г	The Instruction	он Guine explains how to complete this form.		1 PAGE#	2.2
-				1	8 Report: 7/12
2	FILER NAME	Spelman, William		3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (I	n# \	7 Amount of	1 8 In-kind contribution
		Koegler, Kurt		contribution (\$)	description (if applicable)
	12/31/2008	6 Contributor address; City; State; Zip Cook 1701 Bauerle Ave Austin, TX 78704-3303	3	\$350.00] []
	!			(if travel outside of	Texas, complete Schedule T)
9	Principal occup Business Exe	oation / Job title (See Instructions) ec	10 Employer (See In Stubbs Legend		
	Date	Full name of contributor out-of-state PAC (I	D#)	Amount of	In-kind contribution
		Kozmetsky, Cynthia		contribution (\$)	description (if epplicable)
	12/30/2008	Contributor address; City; State; Zip Code 4802 Ridge Oak Drive Austin, TX 78731	3	\$350.00	
				fif traval outside of	! Texas, complete Schedule T)
	Principal occur	ation / Job title (See Instructions)	Employer (See In	<u>_`</u>	
	President	adoli) soo iiso (ooo iiisadalolis)	KMS Ventures		
_	Date	Full name of contributor out-of-state PAC (I	D#)	Amount of	In-kind contribution
		Lewis, Fred		contribution (\$)	description (if applicable)
	12/30/2008	Contributor address; City; State; Zip Code 4509 Edgemont Dr. Austin, TX 78731	:	\$350.00	
				iif travel outside of	Texas, complete Schedule T)
 	Principal occurs	ation / Job title (See Instructions)	Employer (See In		
	Attorney	and the same to the same same same same same same same sam	Campaigns for		
	Date	Full name of contributor ut-of-state PAC (I	D#)	Amount of	In-kind contribution
		Lipscombe, John		contribution (\$)	description (if applicable)
	12/31/2008	Contributor eddress; City; State; Zip Code 6500 Mesa Dr. Austin, TX 78731	, , , , , , , , , , , , , , , , , , , ,	\$100.00	!
				(if travel outside of	Texas, complete Schedule T)
-	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	7#)	Amount of	In-kind contribution
	Date	Lorenz, Perry & Sheridan	,	contribution (\$)	description (if applicable)
	12/29/2008	Contributor eddress; City; State; Zip Code 1311 A East 6th Street Austin, TX 78702		\$700.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occurs	ation / Job title (See Instructions)	Employer (See Ins		
		ospitality executive	self / Mitchell Fa		

L		<u> </u>			
	The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/	8 Report: 8/12
2	FILER NAME	Spelman, William		3 ACCOUNT # 00121212	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID) Medina, Arnoldo)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/30/2008	6 Contributor address; City: State; Zip Code 2902 Ashwood St. Houston, TX 77025	• • • • • • • • • • • • • • • • • • • •	\$175.00	
				(if travel outside of	Texas, complete Schedule T) 🔲
9	Principal occuj	palion / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	')	Amount of contribution (\$)	In-kind contribution description (if epplicable)
	12/18/2008	Contributor address; City; State; Zlp Code 4112 Speedway Austin, TX 78751	,	\$350.00	1
				<u> </u>	Texas, complete Schedule T)
	Principal occup researcher/w	oation / Job title (See Instructions) riter	Employer (See In self	structions)	
	Date	Full name of contributor out-of-state PAC (ID# Moody, Keith & Monique)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/30/2008	Contributor address; City; State; Zip Code 3215 Nancy Gale Dr. Austin, TX 78735		\$700.00	
				(if traval outside of	Texas, complete Schedule T)
	Principal necus	ation / Job title (See Instructions)	Employer (See In:		TOXES TOTAL CONTROL OF
	Engineer / ho	memaker	Espey Consulta		
	Date	Full name of contributor out-of-state PAC (ID# Morrison, Susan)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/31/2008	Contributor address; City; State; Zlp Code 4205 Ramsey Ave. Austin, TX 78756		\$100.00	l
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable) web design & consulting
	12/31/2008	Contributor address; City; State; Zlp Code 1512A pennsylvania Austin, TX 78702		\$300.00	
				(If Irough outside of	Texas, completa Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	.'	county occupation delibration ()

P.O. Box 12070

SCHEDULE A

The	The instruction Guide explains how to complete this form. 1 Total pages Schedule A: Schedule 7/8 Report 9/12						
2 FILER NAME	Spelman, William		3 ACCOUNT # (Ethics Commission Filers) 00121212				
4 Date	5 Full name of contributorout-of-state PAC(ID#: Neavel, Dick)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
12/30/2008				,			
12/30/2008	6 Contributor address; City; State; Zip Code 2905 Scenic Dr. Austin, TX 78703		\$250.00	 			
			L	or rexas, complete schedule 1)			
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See the retire					
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_)	Amount of	In-kind contribution			
	Patel, Snehal		contribution (\$)	description (if applicable)			
12/30/2008	Contributor address; City; State; Zip Code 2902 Ashwood St.		\$175.00				
Houston, TX 77025							
	nouscon, 1x //025						
				of Texas, complete Schedule T)			
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)				
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution			
25.5	Reis, Brian & Valerie	·	contribution (\$)	description (if applicable)			
12/30/2008	Contributor address; City; State; Zip Code 6516 Rotan Dr.		\$700.00	 			
	Austin, TX 78749						
				of Texas, complete Schedule T)			
Principal occup Vice Pre	nation / Job title (See Instructions) esident/CFO	Employer (See I Espey Consul	nstructions) tants, Inc./Es	spey Consultants, Inc.			
Date	Full name of contributor)	Amount of	In-kind contribution			
	Robinson, Garland John		contribution (\$)	description (if applicable)			
12/30/2008							
12/30/2008	Contributor address; City; State; Zip Code		\$200.00				
	3411 Hillview						
	Austin, TX 78703						
			(if travel outside o	of Texas, complete Schedule T)			
Principal occup	ation / Job title (See Instructions)	Employer (See I		rande, compare contours ./			
Retire			,				
n .	Full of persituate			In this disconnection disconnection			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)			
	Shea, Brigid						
12/31/2008	Contributor address; City; State; Zip Code		\$200.00				
	2604 Geraghty Ave.		φ200.00 I	i			
	Austin, TX 78757		1				
	1200244 14 70737						
				of Texas, complete Schedule T)			
Principal occup Presiden	ation / Job title (See Instructions) t (Consultant)	Employer (See le	nstructions) & Associates	l			
		brigid snea	a ASSOCIALES				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

	The INSTRUCT	ON GUIDE exptains how to complete this form.		1 PAGE # Schedule: 8/	8 Report: 10/12
2	FILER NAME	Spelman, William		3 ACCOUNT# 00121212	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID: Sheffleid, Mike	*	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/31/2008	6 Contributor address; City; State; Zip Coda 300 W. Sequoia Spur Georgetown, TX 78628		\$200.00	1 1
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Staff Represe	pation / Job title (See Instructions) antative	10 Employer (See In Combined Law		ociations of Texas
	Data	Full name of contributer)	Amount of contribution (\$)	In-kind contribution dascription (If applicable)
	12/31/2008	Contributor address; City; State; Zip Code 3926 Canyon Glen Circle Austin, TX 78732		\$350.00] -
		7.703.02		(If travel outside of	Texas, complete Schedule T)
	Principal occur	ation / Job title (See Instructions)	Employer (See In	•	10.00; comp.n.c outour ,
		l Operations Manager	Capital One Ba		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution dascription (if applicable)
	12/22/2008	Contributor address; City; State; Zip Code P.O. Box 2388 Austin, TX 78768	,	\$100.00	1
				(if travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Emp				structions)	
-	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/31/2008	Contributor address; City; State; Zip Code 1000 E. 8th Austin, TX 78702	•••••	\$700.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occupa real estate / hi	ation / Job title (See Instructions) omemaker	Employer (See In: Contructive Ven		
	Date	Full name of contributor		Amount of contribution (\$)	in-kind contribution description (if epplicable)
	12/31/2008	Contributor address; City; State; Zip Code 2108 Wright St. Austin, TX 78704		\$75.00 	
				(if travel outside of	fexae, complets Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		

POLITICAL EXPENDITURES

SCHEDULE F

, OLITI	OAL EXILIBITIONES			SCHEDOLE I	
The Instruc	tion Guide explains how to complete this form.			s Schedule F: e: 1/1 Report: 11/12	
2 FILER NAME Spelman, William			3 ACCOUNT # (Ethics Commission filers) 00121212		
4 Date	5 Payeename Checkmark Typesetting			7 Amount (\$)	
12/19/2008	6 Payee address; City: State: Zip Code 3217 N IH 35 Austin, TX 78722			\$65.30	
required.) Ad	rment (See instructions regarding type of information vertising expense-graphic design e of Texas, complete Schadule T)	9 ·· Complete if dir Candidate / Officeholdor n		to benefit C/OH ** Office sought Office held	
Date	Payee name Paypa l			Amount (\$)	
12/31/2008	Payee address; City; State; Zip Code P.O. Box 7022 Mountain View, TX 94039			\$200.11	
required.)	rment (See instructions regarding type of information Credit card processing fees for online donations of Texes, complete Schedule T)	•• Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought Office hold	
Date	Payeename Worley Printing			Amount (\$)	
12/19/2008	Payee address; City; State; Zip Code 3217 N IH 35 Austin, TX 78722			\$628.93	
required.)	ment (See instructions regarding type of information Printing expense-campaign materials	•• Complete if dir Candidate / Officeholder n	•	to benefit C/OH •• Office sought Office held	
(If trevel outside	de of Texas, complete Schedule T)				
Date	Payee name			Amount (\$)	
	Payee address; City; State; Zip Code				
Purpose of payr required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH Office sought Office held	
(If travel outside	e of Texes, complete Schedule T)			_	
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NE	EDED		

POLITICAL EXPENDITURES

SCHEDULE G

yee name Threadgill's yee address; City; State; Zip Code 301 W. Riverside Dr. Austin, TX 78704 Toose of expenditure (See instructions regarding type of information rec Event expense- food & meeting space fees avel outside of Texas, complete Schedule T) yee name USPS yee address; City; State; Zip Code Downtown Station Austin, TX 78701 pose of expenditure (See instructions regarding type of information rec Advertising expense-postage ravel outside of Texas, complete Schedule T) yee name yee address; City; State; Zip Code			Amount (\$) \$449.25 Reimbursoment from political contributions intended Amount (\$) \$29.00 Reimbursement from political contributions intended
Phreadgill's yee address; City; State; Zip Code 301 W. Riverside Dr. Austin, TX 78704 Pose of expenditure (See instructions regarding type of information received to the expense of expenditure (See instructions regarding type of information received to the expense of expenditure (See instructions regarding type of information received to the expense of expenditure (See instructions regarding type of information received to the expense of expenditure (See instructions regarding type of information received to the expense of expenditure (See instructions regarding type of information received to the expense of expenditure (See instructions regarding type of information received to the expense of expenditure (See instructions regarding type of information received to the expense of expenditure (See instructions regarding type of information received to the expense of expenditure (See instructions regarding type of information received to the expense of e		×	(\$) \$449.25 Reimbureement from political contributions intended Amount (\$) \$29.00 Reimbursement from political contributions intended
Austin, TX 78704 Pose of expenditure (See instructions regarding type of information received to expense food & meeting space fees aveloutside of Texas, complete Schedule T) yee name			Reimbursement from political contributions intended Amount (\$) \$29.00 Reimbursement from political contributions intended
Event expense- food & meeting space fees avel outside of Texas, complete Schedule T) yee name USPS yee address; City; State; Zip Code Downtown Station Austin, TX 78701 pose of expenditure (See instructions regarding type of information rec Advertising expense-postage ravel outside of Texas, complete Schedule T)			from political contributions intended Amount (\$) \$29.00 Reimbursement from political contributions intended
yee name USPS yee address; City; State; Zip Code Downtown Station Austin, TX 78701 pose of expenditure (See instructions regarding type of information rec Advertising expense-postage ravel outside of Texas, complete Schedule T)	quired.)	· K	Amount (\$) \$29.00 Reimbursement Irom political contributions intended
USPS yee address; City; State; Zip Code Downtown Station Austin, TX 78701 pose of expenditure (See instructions regarding type of information red Advertising expense-postage ravel outside of Texas, complete Schedule T)	quired.)		(\$) \$29.00 Reimbursement from political contributions intended
Downtown Station Austin, TX 78701 pose of expenditure (See instructions regarding type of information rec Advertising expense-postage ravel outside of Texas, complete Schedule T)	quired.)	K	Reimbursement Irom political contributions intended
pose of expenditure (See instructions regarding type of information rec Advertising expense-postage ravel outside of Texas, complete Schedule T)	quired.)	K	from political contributions intended
Advertising expense-postage ravel outside of Texas, complete Schedule T) yee name	quired.)		from political contributions intended
yee name			
·	• • • • • • • •		Amount
ee address; City: State; Zip Code			(\$)
pose of expenditure (See instructions regarding type of information rec	quired.)		Reimbursement frem political contributions intended
ree name			Amount
ee address; City; State; Zip Code			(\$)
pose of expenditure (See instructions regarding type of information re	quired.)		Reimbursement from political
travel outside of Texas, complete Schedule T)			contributions intended
ee name			Amount (\$)
ee address; City; Stale; Zip Code		•	
nosa of expanditure (See instructions regarding tune of information reg	juired.)		Reimbursement from political contributions
2020 of experiorate (each instructions regarding type of information req			intended
e e	e name e address; City; State; Zip Code	e name	e name e address; City; State; Zip Code pse of expenditure (See instructions regarding type of information required.)

SCHEDULE W (part 1 of 2) - attach to form C/OH and form SPAC ANNUAL RECONCILIATION

Reference _2-2-25, Austin City Code

For each checking, savings or other financial institution account maintained during 2008, enter the following information indicated. For each additional institution, use a copy of this schedule.

(1) The name of the financial institution and type of account:	
UFCU - Checking & Savings	-
(2) A listing of date, payee and amount of checks issued on that account that have not cleared	
by December 31:	
-,	
Date:12-19-08	
Payce: Worley Printing	
Amount: \$628.93	
Date:12-19-08	
Payee:Checkmark Typesetting	
Amount: \$65.30	_
D 12.21.09	
Date: 12-31-08	-
Payee: Paypal	-
Amount:\$200.11	-
Attack additional masses if accounts	
Attach additional pages, if necessary. [3] A listing of checks received as contributions and deposited, but dishonored by the	
contributor's financial institution:	
Condition of S mancial histitudon.	
Date of receipt:	
Contributor:	
Amount:	
Date of receipt	
Date of receipt: Contributor:	
Amount:	
Date of receipt:	
Contributor:	
Amount:	
Attach additional pages, if necessary.	

2008:_____\$11,021______

(7) The ending balance for

SCHEDULE V – attach to form C/OH PERSONS SOLICITING CONTRIBUTIONS ON YOUR BEHALF Reference 2-2-14, Austin City Code

Enter the name and address of any person who has solicited and obtained contributions on your behalf, during the reporting period, of \$200 per person from five or more individuals. (You need not include individuals who raise funds totaling \$5,000 or less through a fundraising event in that individual's residence.)

Name of person soliciting contributions: Brian Reis

Address: 3809 South 2nd St., Ste. B-300, Austin, TX, 78704

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT#	21212	2 Total pages filed: 5	OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST William NICKNAME LAST Bill Spelmar	SUFFIX	AUSTIN REC			
4 ORIGINAL REPORT TYPE 5 ORIGINAL PERIOD	July 15 30th day before election 8th day before election Month Day Year	Other (specify) sceeded \$500 limit Sith day after treasurer popointment (officeholder only) nal report Month Day Yeer HROUGH 12 31 09	Date Hand-delivered or Postifier Reed Receipt # 1 Amount ITT Date Processed			
6 EXPLANATION OF CO	, ,					
 Update expenditures under \$50 Move iContact expenditure (01/01/10 to July 15 2010 Finance Report) Add the following expenditures: a) 7/20/09- Wufoo, b) 8/19/09- Wufoo, c) 9/19/09- Wufoo d) 10/19/09- Wufoo, c) 11/19/09- Wufoo, f) 12/19/09- Wufoo Update maintained balance. 						
7 AFFIDAVIT		I swear, or affirm, under penalty report is true and correct. Check ONLY if applicable:	of perjury, that this corrected			
CANDY HINKLE 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. AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subsci	ribed before me by	polman this the	3 day of July.			
Candy 1	riffy which witness my hand a	and seal of office. ndy Hinkle ame of officer administering oath T	Ustary Public itle of officer administering oath			
(

Austin, Texas 78711-2070

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

_			
The C/OH Instruction	2 Total pages filed: 1 of 4		
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER	William		
NAME			Date Received
	NICKNAME LAST	SUFFIX	
	Bill Spelman		
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #: CITY;	STATE; ZIP CODE	
OFFICEHOLDER	301 W 2nd St		
MAILING ADDRESS	Austin, TX 78701		Date Hand-delivered or Postmarked
			Receipt # Amount
x change of address			- Allowing
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
OFFICEHOLDER PHONE	(512) 974.2256		
6 CAMPAIGN	M\$/MR\$/MR FIRST	MI	Date Imaged
TREASURER	David		
NAME		SUFFIX	
	Anderson		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER	1515 Oxford Ave.		
ADDRESS (residence or business)	Austin, TX 78704		
(residence of business)			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER	(512) 924.2393		
PHONE	()		
9 REPORTTYPE	X 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 (Atlach C/OH - FR)
10 PERIOD	Month Day Year	Month Day	Year
COVERED	07 / 01 / 09 THROUGH	12 / 31	/ 09
	0, , 01 , 03	12 / 31 /	, 03
11 ELECTION	ELECTION DATE ELECTION TYPE		
IT ELECTION	Month Day Year		
	05 / 09 / 2009	Runoff	General Special
		1	
12 OFFICE	OFFICE HELD (Wany) Council Member, Place 5	13 OFFICE SOUGHT (if known)
	Council Member, Place 5		
14 NOTICE	DIDECT CAMBAICAL CURPING TO A COMPANY TO THE COMPAN	TER MARK BY OTHERS MITTERS	CAMPINATE'S BRICK COMMENTS OF THE STATE OF T
OF DIRECT	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITUR CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION		
CAMPAIGN EXPENDITURE	, , , , , , , , , , , , , , , , , , ,	TORE II THE TREATMENT TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE	SHOT THE BINES - SPINA FIGH EXTENSIONE.
BY OTHER	Name		
INDIVIDUALS			
_	Address / PO Box; Apt. / Suite #; City; State; Zip Cod-	e	
_			
additional pages			
	GO TO PAG	SE 2	
		<u>-</u>	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

			
15 C/OH NAME S	pelman, Willia	am	16 ACCOUNT # (Ethics Commission Filers 00121212
17 NOTICE FROM POLITICAL	candidate / officeho	otice of political contributions accepted or political expenditures made in der. These expenditures may have been made without the candidate's concepted are required to report this information only if they receive not	or officeholder's knowledge or consent.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTÉE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	\$ 190.28
	4. TOTAL	POLITICAL EXPENDITURES	\$ 190.28
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD .		\$ 20,413.70
OUTSTANDING LOAN TOTALS	_	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	S 0
19 AFFIDAVIT			perjury, that the accompanying report normation required to be reported by
		Signature of Cand	idate or Officeholder
AFFIX NOTARY STAMP	/ SEAL ABOVE		
		the said	_, this the day
of, 20	0, to cer	tify which, witness my hand and seal of office.	
Signature of officer add	ministering oath	Printed name of officer administering oath Ti	tle of officer administering oath

P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 Texas Ethics Commission **POLITICAL EXPENDITURES** SCHEDULE F 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. Schedule: 1/2 Report: 3/4 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Spelman, William 00121212 5 Payee name Amount 4 Date (\$) iContact (12/15/09-12/31/09) 40.58 12/15/2009 6 Payee address; City; State: Zip Code 2635 Meridian Pkwy., Ste. 200 Durham, NC 27713 8 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office held Email Services (If travel outside of Texas, complete Schedule T) Payee name Amount (\$) Wufoo City; State; Zip Code Payee address; 07/20/2009 \$24.95 16057 Tampa Palms Blvd. West Tampa, FL 33647 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office held Website Services (If travel outside of Texas, complete Schedule T) Date Pavee name Amount (\$) Wufoo Payee address; City; State; Zip Code 08/19/2009 \$24.95

	16057 Tampa Palms Blvd. West Tampa, FL 33647		,,,,,,,	
Purpose of payment (See instructions regarding type of information required.) Website Services		Complete if direct expenditure Candidate / Officeholder name	e to benefit C/OH •• Office sought Office held	
	de of Texas, complete Schedule T)			
Date	Payee name Wufoo		Amount (\$)	
09/19/2009	Payee address: City: State: Zip Code 16057 Tampa Palms Blvd. West Tampa, FL 33647		\$24.95	
Purpose of payment (See instructions regarding type of information required.) Website Services		Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought		
(If travel outside	e of Texas, complete Schedule T)			
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEEDED		

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 **POLITICAL EXPENDITURES** SCHEDULE F 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. Schedule: 2/2 Report: 4/4 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Spelman, William 00121212 Date 5 Payee name Amount (\$) Wufoo 10/19/2009 City; State; Zip Code 6 Payee address; \$24.95 16057 Tampa Palms Blvd. West Tampa, FL 33647 8 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officaholder name Office sought Office held Website Services (If travel outside of Texas, complete Schedule T) Date Payee name Amount (\$) Wufoo City; State; Zip Code Payee address; 11/19/2009 \$24.95 16057 Tampa Palms Blvd. West Tampa, FL 33647 Purpose of payment (See instructions regarding type of information -- Complete if direct expenditure to benefit C/OH -required.) Candidate / Officeholder name Office sought Office held Website Services (If travel outside of Texas, complete Schedule T) Amount Date Payee name (\$) Wufoo City; State; Zip Code Payee address; 12/19/2009 \$24.95 16057 Tampa Palms Blvd. West Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought Office held Website Services (If fravel outside of Texas, complete Schedule T) Payee name Amount City; State; Zip Code Pavee address:

			1
Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure Candidate / Officeholder name	e to benefil C/OH •• Office sought	Office held
(If travel outside of Texas, complete Schedule T)			

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT# 001:	21212	2 Total pages filed: 60	OFFICE USE ONEY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Will: NICKNAME LAST Bill Spelt	SUFFIX	Date Received IPM 18 PM
4 ORIGINAL REPORT TYPE 5 ORIGINAL PERIOD COVERED	July 15 Ex 30th day before election 15 a 8th day before elaction Fin Month Day Year	Other (specify) cceeded \$500 limit ith dey efter treasurer popointment (officeholder only) nal report Month Day Yeer HROUGH 03 30 2009	Date Hand-delivered of Postmarked [7] Receipt # JAmount Date Processed Dete Imaged
6 EXPLANATION OF CO Please see the at	RRECTION tached corrections below.		
7 AFFIDAVIT		I swear, or affirm, under penalty report is true and correct. Check ONLY if applicable:	
My Common July	by HinkLE nission Expires 17, 2014	later than the 14th business d that the report as originally filed I swear, or affirm, that any error originally filed was made in goo	ay after the date I learned is inaccurate or incomplete. or omission in the report as
Candy His	ribed before me by 11141 tiff which, witness my hand a	dy Minkle	ok Times
r 			

The amended report contains the following corrections:

- 1.Corrected contributors names:
- a) A/TCEMSE-PAC to Austin/Travis County Emergency Medical Services Employee PAC
- b) AFSCME PAC to American Federation of State, County, and Municipal Employees PAC
- c) JJ Baskin to Jefferson Jones Baskin
- d) BMcPAC to Brown McCarroll PAC
- e) BOMA Austin PAC to Building Owners & Managers Association of Austin PAC
- f) CDMPAC to Camp Dresser McKee PAC
- g) CT Chang to Chi-Tong Chang
- h) LAN-PAC to Lockwood, Andrews, Newman, Inc. PAC
- i) Roma Austin Design to Roma Austin collaborate Design Studio, PLLC
- 2. Detailed description of expenditures:
- a) Apple Annies
- b) Cuatros
- c) Johnny Degollado
- d) Susan Harry
- e) Kelly Graphics
- f) Kinkos
- g) Karl Thomas Musselman
- h) Nuevo Leon
- i) Office Max
- j) Paypaí
- k) Jim Ranes
- I) Scholz
- m) Jeff Smith
- n) Taco Shack
- o) UT Campus Computer Store
- p) Worley Printing Company
- 3. Remove the following duplicate expenditures: Expenditures can be found in Jan 15 2009 Report (a&b) and 8 Day Report (c),
 - a) Checkmark Typesetting (1/16/09)
 - b) Worley Printing (1/14/09)
 - c) Checkmark Typesetting (3/30/09)
- 4. Update Total Expenditures from \$39,658.89 to \$33,842.30 (removing the duplicated expenditures).

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) 00121212	2 Total pages filed: 1 of 58
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST William	MI	OFFICE USE ONLY
NAME	NICKNAME LAST Bill Spelman	SUFFIX	· Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PO Box 13534 Austin, TX 78711	DITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmerked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 974,2256	EXTENSION	Receipt # Amount
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Processed
TREASURER NAME	David NICKNAME LAST Davc Anderson	SUFFIX	Date Imaged ,
7 CAMPAIGN TREASURER ADDRESS (Rosidonce or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI 1515 Oxford Ave. Austin, TX 78704	TE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 924.2393	extension	
9 REPORTTYPE	January 15 x 30th day before election	n Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Bth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 01 / 09 THROU	Month Day JGH 03 / 30	Year / 09
11 ELECTION	Month Day Year 05 / 09 / 2009 ELECTION TYS		General Special
12 OFFICE	OFFICE HELD (if eny)	13 OFFICE SOUGHT (if known City Council, Place 5	n)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expenditures are required to disclose this information.		
BY OTHER INDIVIDUALS	Namo	_	
	Address / PO Box; Apt. / Suite #; City; State; Z	Zip Code	
additional peges			
	GO ТО Я	PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

			16 ACCOUNT # (Ethics Commission Filers)		
17 NOTICE FROM POLITICAL	candidate / officeholi	der. These expenditures may	accepted or political expenditures made to y have been made without the candidate's coord this information only if they receive notion	r officeholder's knowledge or consent.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	SPECIFIC	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TRE	EE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS		
18 CONTRIBUTION TOTALS			ONS OF \$50 OR LESS (OTHER THAN TEES OF LOANS). UNLESS ITEMIZED	\$ 2,918.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$ 50,808.78	
EXPENDITURE TOTALS			\$ 135.59		
	4. TOTAL	POLITICAL EXPENDI	TURES	\$ 33,842.30	
CONTRIBUTION BALANCE	_	POLITICAL CONTRIBUTIO DRTING PERIOD	NS MAINTAINED AS OF THE LAST O	\$ 22,117.23	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF A Y OF THE REPORTING F	ALL OUTSTANDING LOANS AS OF TH	E 0	
19 AFFIDAVIT			· · · · ·	perjury, that the accompanying report information required to be reported by	
			Signature of Candi	date or Officeholder	
AFFIX NOTARY STAMP	/ SEAL ABOVE				
				_, this the day	
of, 20	0, to cert	tify which, witness my	hand and seal of office.		
Signature of officer adi	ministering oath	Printed name of o	fficer administering oath Tit	le of officer administering oath	

SCHEDULE A

The	Instruction Gulde explains how to complete this	1 Total pages Schedule A: Schedule: 1/39 Report: 3/58		
2 FILER NAME Spel	man, William		3 ACCOUNT # (E 0012:	ithics Commission Filers) 1212
4 Date	5 Full name of contributorout-of-state PAC(ID#: Austin/Travis County Emergency		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/02/2009	Medical Services Employee PAC 6 Contributor address; City; State; Zip Code A/TCEMSE-PAC		\$350.00	
	400 W 14th St., Ste 230 Austin, TX 78701		(If traval outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	· · · · · · · · · · · · · · · · · · ·	or toxage complete confidence ()
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/14/2009	Contributor address; City; State; Zip Code 3313 Lake Cliff Ct. Austin, TX 78746		\$350.00	
	,		(If travel outside of	of Texas, complete Schedule T)
Principal occup Attor	netion / Job title (See Instructions)	Employer (See I Barron &		
Date	Full name of contributor	-y,	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/12/2009	and Municipal Employees PAC Contributor address; City; State; Zip Code 1625 L. St. NW		\$350.00	
	Washington, DC 20036		(If traval outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		Trexas, complete contegure 17
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
02/12/2009	Contributor address; City; State; Zip Code 10700 Lovridge Drive Austin, TX 78739		\$200.00 	
	1	F I		of Texas, complete Schedule T]
	ation / Job title (See Instructions) ject Manager	Employer (See h		
Date	Full name of contributor out-of-state PAC (ID#: Alsup, Jim		Amount of contribution (\$)	In-kind contribution description (if applicable)
03/29/2009	Contributor address; City; State; Zip Code 2610 St. Anthony Austin, TX 78703		\$150.00	
			 (If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See instructions)	Employer (See In		

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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

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POLITICAL CONTRIBUTIONS

	OTHER THAN PLEDGES OR LOANS					
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 2/3	39 Report 4/58	
2	FILER NAME	Spelman, William		3 ACCOUNT# 00121212	(Ethics Commission filers)	
4	Date	5 Full name of contributor out-of-state PAC (IDA Amalgamated Transit Union PAC	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
1	02/25/2009	6 Contributor address; City; State; Zip Code 5025 Wisconsin Ave. N.W. Washington, DC 20016-4139	••••••	\$300.00	, 	
	<u>.</u>			(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor out-of-state PAC (ID# Andre, Sarah	ļ	Amount of contribution (\$)	In-kind contribution description (if applicable)	
 	01/23/2009	Contributor address; City; State; Zip Code 2318 Canterbury St Austin, TX 78702	,	\$100.00	 	
				(if travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
(01/07/2009	Contributor address; City; State; Zip Code 1511A W. 10th Street Austin, TX 78703		\$100.00	[
					Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
(03/03/2009	Contributor address; City, State; Zip Code 2704 Maria Anna Rd. Austin, TX 78703		\$700.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup CEO / homen	ation / Job title (See Instructions) naker	Employer (See In: Stratus Manage	structions) ment, LLC / none		
-	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
(02/03/2009	Contributor eddress; City; State; Zlp Code 14500 Blanco Rd. Apt. 1332 San Antonio, TX 78216		\$100.00	 	
		asir manier in the se		(If travel outside of	Texas, complete Schedule T)	
-	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	39 Report: 5/58
2	FILER NAME	Spełman, William		3 ACCOUNT # 00121212	(Ethics Commission filers)
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	02/24/2009	6 Contributor address; City; State; Zip Code P.O. Box 152588 Austln, TX 78715		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	03/25/2009	Contributor address; City; State, Zip Code Associated Builders & Contractors PAC 3006 Longhorn Blvd, Ste 104	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$300.00	!
		3006 Longhorn Blvd. Ste 104 Austin, TX 78758		(if traval outside of	Texas, complete Schedule T)
_	Principal occup	 pation / Job title (See Instructions)	Employer (See In	,	Toward combane of
_	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/10/2009	Contributor address; City; State; Zip Code Austin Firefighters PAC 7537 Cameron Rd. Austin, TX 78752		\$350.00	 -
<u> </u>	Densinal assum	ation / Job title (See Instructions)	Employer (See In:		Texes, complete Schedule T)
	r tindipas occup	allott 7 300 file (300 filstractions)	Employer (Gee in	Sil dickions/	
	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/27/2009	Contributor address; City; State; Zip Code 400 W 14th St 230 Austin, TX 78701		\$350.00	
	,			(If travel outside of	Texas, complete Schedule T)
ĺ	Principal occup	ation / Job title (See Instructions)	Employer (See In		
	Date	Full name of contributor	4)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/02/2009	Contributor eddress; City; Stata; Zip Code 5705 Scout Island Cove Austin, TX 78731		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins Homemaker	structions)	

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: Schedule: 4/39 Report: 6/58	
2 FILER NAME	Spelman, William		3 ACCOUNT # (E 0012121	thics Commission Filers)	
4 Date	5 Full name of contributorout-of-state PAC (ID#: Baer, Therese		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
02/12/2009	6 Contributor address; City; State; Zip Code 5904 Mountainclimb Dr. No. 1 Austin, TX 78731		\$ 350.00	 	
			(If travel outside	of Texas, complete Schedule T)	
9 Principal occup Presi	pation / Job title (See Instructions) dent	10 Employer (See I Baer Engine	nstructions)	or rexas, complete concede 1)	
Date	Full name of contributor		Amount of	La kind contribution	
Date	Baird, Charles		contribution (\$)	In-kind contribution description (if applicable)	
01/22/2009	Contributor address; City: State; Zip Code PO Box 1242		\$100.00		
	Austin, TX 78767-1242				
			(If travel outside o	of Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor)	Am o unt of	In-kind contribution	
	Barnes III, Jay		contribution (\$)	description (if applicable)	
02/17/2009	Contributor address; City; State; Zip Code		\$ 350.00	1	
	1108 W 7th St.				
	Austin, TX 78703		#f travel outside	of Texas, complete Schedule T)	
Principal occur	eation / Job title (See Instructions)	Employer (See I	<u>_</u>	or ready complete conductor ry	
Archi				sarek Architects	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/25/2009	Contributor address; City; State; Zip Code 1618 Waterson Ave.		\$ 77.77		
	Austin, TX 78703		!		
			(If travel outside o	of Texas, complete Schedule T)	
Principal occup	eation / Job title (See Instructions)	Employer (See II	nstructions)		
Date	Full name of contributor Dout-of-state PAC (ID#:	,	Amount of	In-kind contribution	
Date	Baum, Gerald		contribution (\$)	description (if applicable)	
02/03/2009	Contributor address; City; State; Zip Code 8608 Tailwood Dr.		\$100.00		
	Austin, TX 78759				
				(7	
D-1 -2 -1 -	asia / Jahasia / One Januari and			of Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See I	istructions)		

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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

	<u> </u>			
The Instruction (Guide explains how to complete this form.		1 PAGE # Schedule: 5/	39 Report: 7/58
2 FILER NAME	Spelman, William		3 ACCOUNT# 00121212	(Ethics Commission filers)
1	Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9	Contributor address; City; State; Zip Code 00 S. Lamar Bivd/ #312 sustin, TX 78704		\$200.00	1
			(If travel outside of	Texas, complete Schedule T)
9 Principal occupation Software Engine	on / Job title (See Instructions) Ser	10 Employer (See In Bortand	structions)	
Date B	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 908 Rickerhill Lane justin, TX 78739		\$350.00	! !
				Texas, complete Schedule T)
Principal occupate Regional Engine	on / Job title (See Instructions)	Employer (See In Advanced Drain		
Date B	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zlp Code 816 Kenwood Ave. ustin, TX 78704		\$100.00]
				·
0.1			L	Texes, complete Schedule T)
Principal occupation	on / Job title (See Instructions)	Employer (See In.	structions)	
Date B	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; Stata; Zlp Code 108 Burnet Rd ustin, TX 78756		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupation	on / Job title (See Instructions)	Employer (See Ins	structions)	
Date Be	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City, State; Zip Code 4741 Arrowhead olente, TX 78641	.,,	\$200.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occupation Executive Director	on / Job title (See Instructions) or	Employer (See Ins Downtown Austi	structions)	

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch Schedule: 6	nedule A: /39 Report: 8/58
2 FILER NAME Chalman William			3 ACCOUNT # (E	Ethics Commission Filers)
	Spelman, William		00121	212
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
	Beuerlein, Steve		contribution (\$)	description (if applicable)
03/24/2009	2000220211, 20010			1
03/24/2009	6 Contributor address; City; State; Zip Code 2605 Woodmont Avenue		\$250.00	
	Austin, TX 78703			1
			(If travel outside	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I	<u> </u>	
Owner		Burlingto	on Ventures,	Inc.
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Blacklock, Shirley & Dan		contribution (\$)	description (if applicable)
	, , ,			!
03/20/2009	Contributor address; City; State; Zip Code 13005 Shawnee		\$700.00	1 J
	Manchaca, TX 78652			
			(If traval autoida (l of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See)		or rexas, complete schedule 1)
	cretary/Retired		rroll/Retired	L
-			· · · · · · · · · · · · · · · · · · ·	1
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Blodgett, Terrell		contribution (\$)	description (if applicable)
03/24/2009	Contributor address: City; State; Zip Code		\$350.00	l
	1801 Lavaca, #13-E			1
	Austin, TX 78701			1
			(If travel outside	। of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See ii		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Retired	and (and memorial)	Retired	,	
1				1
Date	Full name of contributor		Amount of	In-kind contribution
	Brown McCarroll PAC		contribution (\$)	description (if applicable)
03/03/2009			\$350.00	1
03, 03, 2003	Commission address, City, State, Elp Code		\$350.00	<u>'</u>
	111 Congress Ave			
	Austin, TX 78701-4043			
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	ion of Nuchin	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Building Owners & Managers Associati	CON OI AUSCIN	00/11/12/11/01/ (0)	good prior (in applicable)
03/17/2009	Contributor address; City; State; Zip Code		\$350.00	
-,- ,	PO Box 200532		1	
)		
	Austin, TX 78720		!	
				of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ir	nstructions)	
			<u> </u>	

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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

	——————————————————————————————————————					
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 7/	39 Report: 9/58	
2	FILER NAME	Spelman, William		3 ACCOUNT # 00121212	(Ethics Commission filers)	
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	03/10/2009	6 Contributor address; City; State; Zip Code 1700 Bridgeway Austin, TX 78704		\$200.00	[
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Civíl Enginee	ation / Job title (See Instructions) r	10 Employer (See In Jones & Carter	structions)		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	02/14/2009	Contributor address; City; State; Zip Code 3115 Helms St. #307 Austin, TX 78705	,	\$125.00) 	
					Texas, complete Schedula T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable) Event Expense	
	02/19/2009	Contributor address; City; State; Zip Code 4900 Avenue H. Austin, TX 78751		\$202.64	ι []	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	'E	Towns, complete sense of	
				•		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	02/26/2009	Contributor address; City; State; Zip Code 111 Congress Ave., Ste, 1400 Austin, TX 78701-4043		\$350.00	 	
				(if travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/12/2009	Contributor address; City; State; Zip Code P.O. Box 5606 Austin, TX 78763		\$100.00	<u> </u> 	
				(if travel outside of	Texae, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins		Total complete contrato 1/	
			. •	•		

Texas Ethics Commission

SCHEDULE A

1				
The	Instruction Guide explains how to complete this	s form,	1 Total pages Schedule A: Schedule: 8/39 Report: 10/58	
2 FILER NAME	Spelman, William		3 ACCOUNT # (E 0012121	thics Commission Filers) 2
4 Date	5 Full name of contributor Doutsof-state PAC (ID#)	١	7 Amount of	8 In-kind contribution
4 Date			contribution (\$)	description (if applicable)
	Bush, Peter		(0)),
02/12/2009	6 Contributor address; City; State; Zip Code 1797 Sandy Creek Rd.		\$100.00	
	Red Rock, TX 78662			1
			(If trave) outside	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I		
		10 1 2 1		****
Date	Full name of contributor out-of-state PAC (ID#:	١	Amount of	In-kind contribution
-	Butler, Susan		contribution (\$)	description (if applicable)
03/24/2009	Contributor address; City; State; Zip Code		\$100.00	
	6710 Bryn Mawr			
	Austin, TX 78723			
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See i	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
	Carter, William & Kristi		contribution (\$)	description (if applicable)
			÷700 00	! !
03/30/2009	Contributor address; City; State; Zip Code 1701 Fall Creek Dr.		\$700.00	
	Cedar Park, TX 78613			
	oodar rark, in 70015		ar 1	
D-innin-1-nn	cation (lab attle (Con Loster asino)	Feeders (Con I		of Texas, complete Schedule T)
	eation / Job title (See Instructions) t & General Manager/CEO	Employer (See Instructions) SuperShuttle/Carter Transportation Services		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Camp Dresser McKee PAC		contribution (\$)	description (if applicable)
01/29/2009	Contributor address; City; State; Zip Code 3050 Fost Oak Blvd. Ste 300		\$350.00	
	Houston, TX 77056			
			(If traval outside o	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In		17 Texas, complete ochedule 17
	,		,	
Date	Full name of contributor out-of-state PAC (ID#:	,	Amount of	In-kind contribution
Date	CH2MHILL Texas PAC		contribution (\$)	description (if applicable)
03/17/2009			\$350.00	
03/11/2009	Contributor address; City; State; Zip Code		\$350.00	
	12377 Ment Dr. 10th Floor			
	Dallas, TX 75251		1	
				f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	nstructions)	

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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

SCHEDULE A

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: Schedule: 9/39 Report: 11/58				
2 FILER NAME	Spelman, William			3 ACCOUNT # (Ethics Commission Filers) 00121212	
4 Date	5 Full name of contributorout-of-state PAC(ID#: Chan, Raymond & Grace)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
01/30/2009	6 Contributor address; City; State; Zip Code 1605 Churchwood Cove		\$700.00	 -	
	Austin, TX 78746		Aff travel outside a	I of Texas, complete Schedule T)	
			(if traver outside o	or rexas, complete scriedule ()	
	pation / Job title (See Instructions) er/Finance Manager	10 Employer (See Raymond Chan		Raymond Chan & Assoc.	
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution	
	Chang, Chi-Tong		contribution (\$)	description (if applicable)	
01/30/2009	Contributor address; City; State; Zip Code 13401 Wyoming Valley Dr.		\$150.00		
	Austin, TX 78727				
			(If travel outside o	f Texas, complete Schedule T]	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#:	١	Amount of	In-kind contribution	
Oale	Chen, Sam		contribution (\$)	description (if applicable)	
01/30/2009	Contributor address; City; State; Zip Code		\$350.00		
	5000 Mission Oaks Blvd. 24		1		
1	Austin, TX 78735				
			(if travel outside o	of Texas, complete Schedule T)	
Principal occup Owner	pation / Job title (See Instructions)	Employer (See) Banister Oa	nstructions) aks Hotel, Inc	<u>.</u>	
Date	Full name of contributor		Amount of contribution (\$)	łn-kind contribution description (if applicable)	
01/30/2009	Contributor address; City; State; Zip Code 8629 C Toro Creek Cove		\$350.00 		
	Austin, TX 78759				
			[If travel outside o	f Texas, complete Schedule T)	
Principal occup Office Ma	nation / Job title (See Instructions) nager	Employer (See I Frank Lam	nstructions) & Associates		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
Date	Clark, Steve		contribution (\$)	description (if applicable)	
03/30/2009	Contributor address; City; State; Zip Code		\$350.00		
	4210 River Garden Trail				
	Austin, TX 78746				
				f Texas, complete Schedule T)	
	ation / Job title (See Instructions)	Employer (See In		-	
Chairma	an	Cypress Rea	l Estate Advis	sors, Inc.	

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if contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

	The Instruction	א Guide explains how to complete this form.		1 PAGE# Schedule: 10)/39 Report: 12/58	
2	FILER NAME	Spelman, William		3 ACCOUNT# 00121212	(Ethics Commission filers)	
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	1 8 In-kind contribution description (if applicable)	
	01/22/2009	6 Contributor address; City; State; Zrp Code 5106 Evergreen Ct. Austin, TX 78731		\$200.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Researcher	ation / Job tille (See Instructions)	10 Employer (See in State of Texas	structions)		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	02/13/2009	Contributor eddress; City; State; Zip Code 907 E. 15th St.		\$100.00	l 1	
		Austin, TX 78702		liftenuel outsids of	Texas, complete Schedule T)	
			F - 1 10 - 1-		Texas, complete schedule 1)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/28/2009	Contributor address; City; State; Zip Code 5807 Shoal Creek Blvd.		\$200.00	! !	
		Austin, TX 78757		(If travel outside of	Texas, complete Schedule T)	
	Principal occup attorney	ation / Job title (See Instructions)	Employer (See In Kelly, Hart & Ha	•		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/26/2009	Contributor address, City; State; Zip Code 1014 e. 9TH Street Austin, TX 78702		\$100.00	 	
				(if travel outside of	Texas, complete Schedule 17	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	_		
	Date	Full name of contributor ut-of-state PAC (ID: Clinton, Ryan)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/13/2009	Contributor address; City; State; Zip Code 5320 Krueger Lane	• • • • • • • • • • • • • • • • • • • •	\$100.00	!	
		Austin, TX 78723		(if travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	•		

		THAN PLEDGES OR LOA	NO		
	The INSTRUCT	ON GUIDE explains how to complete this form.	-	1 PAGE# Schedule: 11	/39 Report: 13/58
2	FILER NAME	Spelman, William		3 ACCOUNT# 00121212	(Ethics Commission filers)
4	Date	5 Full name of contributor	#	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	02/27/2009	6 Contributor address; City, State, Zip Code 2601 Great Oaks Pkwy. Austin, TX 78756		\$100.00	
ļ				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
⊨	~ .			1	t 1 1 1 1 1 2 0
	Date	Full name of contributor	#}	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/12/2009	Contributor address, City; State; Zip Code 19820 Domick Hill Lane Pflugerville, TX 78660	•••••	\$200.00	}
		Priogeryme, 1X 10000			١
Ļ.	D		Fautous (Cap la	l '	Texas, complete Schedule T)
	Land Survey	pation / Job title (See Instructions)	Employer (See In McGray & McG	ray Land Surveyo	ıs
	Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/25/2009	Contributor address; City; State; Zip Code 6717 Valbum Dr Austin, TX 78731-1803		\$100.00	
				(if travel outside of	Texas, complete Schedule T)
_	Principal occup	ation / Job title (See Instructions)	Employer (See In		
	Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/19/2009	Contributor eddress; Clty; State; Zlp Code 2132 Fardown		\$350.00	
		Holladay, UT 84121			
				•	Texas, complete Schedula T)
	Principal occup Real Estate	ation / Job title (See Instructions)	Employer (See In: Self	structions)	
	Date	Full name of contributor	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/27/2009	Continbutor address; City; State; Zip Code 11000 Spicewood Pkwy. Austin, TX 78750-3404		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
_		ation / Job title (See Instructions)	Employer (See Ins	structions)	<u> </u>
	real estate bro	oker	McAllister & Ass	ociates	

02/03/2009

Physician

Contributor address; City, State; Zip Code

108 Haneman Cv. Leander, TX 78641

Principal occupation / Job title (See Instructions)

\$350.00

Employer (See Instructions)

Self

(If travel outside of Texas, complete Schedule T)

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POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 12/39 Report: 14/58 2 FILER NAME Spelman, William 3 ACCOUNT # (Ethics Commission filers) 00121212 Date 5 Full name of contributor ut-of-state PAC (ID# Amount of 8 In-kind contribution contribution (\$) description (if applicable) Cowden, Allen 6 Contributor address; City; State; Zip Code 03/17/2009 \$150.00 5703 Bull Creek Austin, TX 78756 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Amount of In-kind contribution description (if applicable) contribution (\$) Cox, Carta 03/18/2009 Contributor address; City; State; Zip Code \$100,00 1605 Westover Rd. Austin, TX 78703 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution Date description (if applicable) contribution (\$) Craighead, Garry

Date	Full name of contributor	lD#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/09/2009	Contributor address; City, State; Zip Cod 5905 Tom Wooten DR Austin, TX 78731	е	\$100.00 1	
			(If travel outside of 7	axes, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
			ļ ,	
02/18/2009	Contributor address; City; State; Zip Cod 1403 W. 10th St. Austin, TX 78703	6	\$200.00 	
02/18/2009	Contributor address; City; State; Zip Cod 1403 W. 10th St.	6		exas, complete Schedule T)

POLITICAL CONTRIBUTIONS OTHER THAN DI FRCES OF LOAMS

OTHER THAN PLEDGES OR LOANS				
The Instruct	TON GUIDE explains how to complete this form.		1 PAGE# Schedule: 13	3/39 Report: 15/58
2 FILER NAME	Spelman, William		3 ACCOUNT# 00121212	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	ln-kind contribution description (if applicable)
02/10/2009	6 Contributor address; City; State; Zip Code PO Box 684909 Austin, TX 78768		\$300.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occur Carpenter	pation / Job title (See Instructions)	10 Employer (See In Self	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable) Event Expense
02/12/2009	Contributor address, City; State; Zip Code 313 A Elizabeth Austin, TX 78704		\$189.38	
			(if travel outside of	i Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		Texas, complete schedule 1)
,, 	,		,	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2009	Contributor address; Clty; State; Zip Code 1703 Alta Vista Ave Austin, TX 78704		\$250.00	
			(if traval outside of	Texes, complete Schedule T)
Principal occu attorney	pation / Job title (See Instructions)	Employer (See In Graves, Dough	structions) orty, Hearon & Mo	oody, P.C.
Date	Full name of contributor	†)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/09/2009	Contributor address; City; State; Zip Code 1517 Northwood Austin, TX 78703		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu attorney	pation / Job title (See Instructions)	Employer (See In Scott, Douglass	structions) & McConnico, L.I	L.P.
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/30/2009	Contributor address; City; State; Zip Code 508 Generd St. Austin, TX 78751		\$100.00	! ! !
		····	<u>'</u>	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	

OTHE	OTHER THAN FLEDGES OR LOANS					
The Name	стюм Guipe explains how to complete this form.		1 PAGE# Schedule: 14	1/39 Report: 16/58		
2 FILER NAM	AE Spelman, William		3 ACCOUNT# 00121212	(Ethics Commission filers)		
4 Date	5 Full name of contributor ut-of-state PAC (ID Dorn, Edwin	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
01/22/200	6 Contributor address: City; State; Zip Code Box Y University Station Austin, TX 78713		\$100.00	 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal or	cupation / Job title (See Instructions)	10 Employer (See In	structions)			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
03/18/200	Ontributor address; City; State; Zip Code 3305 Northland Dr., Ste. 212 Austin, TX 78731		\$200.00	 		
	744iii, 17/0/51		(If travel outside of	Texas, complete Schedule T)		
Principal od real estate	cupation / Job title (See Instructions)	Employer (See in Self	structions)	***		
Date	Full name of contributor D out-of-state PAC (ID Ducloux, Claude	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
03/26/200	Contributor address; City; State: Zip Code 3512 Native Dancer Cove Austin, TX 78746		\$100.00	t † 		
			(If travel outside of	Texas, complete Schedule T)		
Principal od	cupation / Job title (See Instructions)	Employer (See In	structions)			
Date	Full name of contributor Out-of-state PAC (ID) Dwyer, James	#	Amount of contribution (\$)	In-kind contribution description (if applicable)		
03/25/200	9 Contributor address; City; State; Zip Code 11017 Rio Vista Dr. Austin, TX 78726	, , , , , , , , , , , , , , , , , , , ,	\$150.00	 		
			(If trovel suitaide of	Texas, complete Schedule T)		
Principal oc	cupation / Job title (See Instructions)	Employer (See In		Total, composition of		
Data	Full name of contributor	g)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
01/02/200	9 Contributor eddress; City; State; Zip Code 1705 Rebb Road Austin, TX 78704		\$350.00	! !		
			الم عدادة المادية المادية	Towns complete Battadista To		
•	cupation / Job title (See Instructions)	Employer (See In	structions)	Texas, complete Schedule T)		
atlomey		Graves Doughe	rty Hearon & Moo	ay		

	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 15	/39 Report: 17/58
2	FILER NAME	Spełman, William		3 ACCOUNT# 00121212	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID Fairbrother, Paul	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/26/2009	6 Contributor address; City; State; Zip Code 1010 Mopac Circle Ste. 200		\$350.00	
		Austin, TX 78748		(if travel outside of	Texas, complets Schedule T)
9	Principal occup Consultant	ation / Job title (See Instructions)	10 Employer (See In Government Pa		
·	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if epplicable)
	03/19/2009	Contributor address, City; State; Zip Code P.O. Box 123 Austin, TX 78767		\$250.00	
		7.453.7, (7.15.5)		(if travel outsids of	Texas, complete Schedule T)
\vdash	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	· · · · · ·
	President		Staats Falkenbe	erg & Partners, Inc	3.
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/12/2009	Contributor address; City; State; Zip Code 309 Lake Cliff Trail Austin, TX 78746		\$350.00	
		7,000,000		(If travel outside of	Texas, complete Schedule T)
├	Principal occup	ation / Job title (See Instructions)	Employer (See In:	<u> </u>	
	President	,	Heritage Title C	ompany of Austin	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/12/2009	Contributor address; City; State; Zip Code 16204 Double Eagle Dr.		\$100.00	!
		Ausun, 12 /8/1/			_
_	Principal servin	otion (Joh title (Con Instructions)	Employer (See In		Taxes, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Elithiokei (269 ili	Subctions)	
	Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/12/2009	Contributor address, City; State; Zip Code 414 Ridgewood Rd Austin, TX 78746		\$100.00	
				(if travel outside of	Texes, complete Schedule 7)
	Principal occup	ation / Job title (See Instructions)	Employer (\$ee Ins	'	. ,

	The INSTRUCTO	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 16	/39 Report: 18/58	
2	FILER NAME	Spelman, William		3 ACCOUNT# 00121212	(Ethics Commission filers)	
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	02/11/2009	6 Contributor address; City; State; Zip Code 4104 River Place Blvd. Austin, TX 78730		\$350.00	 	
				(If travel outside of	Texas, complate Schedule T)	
9	Principal occup Engineer	oation / Job tille (See Instructions)	10 Employer (See In Brown & Gay E			
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/22/2009	Contributor address; City; State; Zip Code 5601 Montview St. Austin, TX 78758		\$250.00	 	
		, was a		(if travel outside of	Texas, complete Schedule T)	
 	Principal occur	pation / Job title (See Instructions)	Employer (See In	structions)		
	Professor		UT			
	Date	Full name of contributor out-of-state PAC (ID# Friday, Philip		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	02/26/2009	Contributor address; City; State; Zip Code 700 Lavaca, Ste 1150 Austin, TX 78701		\$100.00	 	
		Ausun, IX POPOT		(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (If applicable)	
	03/16/2009	Contributor address; City; State; Zip Code 700 Lavaca, Ste 1150 Austin, TX 78701		\$100.00	[
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See in:	structions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/13/2009	Contributor address; City; State; Zip Code 5904 Quernus Cv. Austin, TX 78735		\$200.00] 	
				(if travel outside of	Texas, complets Schedule T)	
	Principal occup Employee	ation / Job title (See Instructions)	Employer (See In: Seton Healthcar	structions)		

The Instruction	ОН GUIDE explains how to complete this form.		1 PAGE# Schedule: 17	/39 Report: 19/58
2 FILER NAME	Spelman, William		3 ACCOUNT# 00121212	(Ethics Commission filers)
4 Date	5 Full name of contributor	#	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/22/2009	6 Contributor address, City; State, Zip Code 1101 Eest 11th St Austin, TX 78702		\$500.00	
			(if travel outside of	Texas, complete Schedule T)
9 Principal occu CEO / home	pation / Job title (See Instructions) maker	10 Employer (See In Balcones Reso	nstructions) urces, Inc. / none	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/17/2009	Contributor address; City; State; Zip Coda 3908 Avanue G Austin, TX 78751-4706		\$200.00	
			(H traval autolds of	Texas, complets Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In		Texas, compage screeding ()
Engineer		Dynalog Syster		
Oate	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/11/2009	Contributor address; City; State; Zip Code 1212 Guadalupe St. Apt 502 Austin, TX 78701		\$100.00	! ! !
				Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
01/01/2009	Contributor address; City; State; Zip Code 3302 Enfield Rd Austin, TX 78703		\$350.00	
				· ~
Principal occup engineer	ation / Job title (See Instructions)	Employer (See In King Engineerin	structions)	Texas, complete Schedule 1)
Date	Full name of contributor	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/30/2009	Contributor address; City; Stata; Zip Code 2902 Stratford Dr Austin, TX 78746		\$700.00	
			(If traval outside of	Texas, complete Schedule T)
	ation / Job title (See Instructions) veloper / homemaker	Employer (See Ins The Gottesman	structions) Company / none	

The Instruc	now Guine explaine how to complete this form.		1 PAGE# Schedule: 18	3/39 Report: 20/58	
2 FILER NAME	Spelman, William		3 ACCOUNT# 00121212	(Ethics Commission filers)	
4 Date	5 Full name of contributor	H)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
03/16/2009	6 Contributor address; City: State; Zlp Code 2939 Westlake Cove Austin, TX 78746		\$350.00	1 1	
	Ausuii, 17 70740		(If travel outside of	Texas, complete Schedule T)	
9 Principal occ President 8	upation / Job title (See Instructions) CEO	10 Employer (See In Texas Disposal	structions) Systems, Inc.	!	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/19/2009	Contributor address; City; State; Zip Code 10531 Grand Oak Circle Austin, TX 78750		\$700.00	 -	
			(If travel outside of	Yexas, complete Schedule T)	
	upation / Job title (See Instructions) ent / homemaker	Employer (See In Texas Landfill N	structions) Management / non	ee	
Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
01/22/2009	Contributor address; Cily; State; Zip Code 403 Chaparral Road Austin, TX 78745		\$100.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occi	upation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
01/29/2009	Contributor address; City; State; Zip Code 1412 W 6th 1/2 St Austin, TX 78703		\$350.00	 	
			(if travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Environmental Planner		Employer (See In: RECON Enviror	structions) nmental Consultar	nts, Inc.	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
01/22/2009	Contributor address; City; State; Zip Code 3404 A Grooms St Austin, TX 78705		\$350.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occi Administrati	ipation / Job title (See Instructions) we Support	Employer (See In: UT Austin	•	,	

IAN PLEDGES OR LOA			
be explains how to complete this form.		1 PAGE# Schedule: 19)/39 Report: 21/58
etman, William		3 ACCOUNT# 00121212	(Ethics Commission filers)
	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
Shenendoah		\$150.00	
		(If travel outside of	Texas, complete Schedule T)
Job title (See Instructions)	10 Employer (See In	istructions)	
	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Box W	· · · · · · · · · · · · · · · · · · ·	\$300.00	
		<u>, </u>	Теха», complete Schedule Т)
Job title (See Instructions)			
•	#	Amount of contribution (\$)	In-kind contribution description (if applicable)
Meadowheath Dr.		\$600.00]
		(If travel outside of	Taxas, complete Schedule T)
Job title (See Instructions) Chairwoman			ngineering
	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Box W		\$300.00	
n, IX 78/13		(If travel outside of	Texas, complete Schedule T)
Job litle (See Instructions)		•	·
)	Amount of contribution (\$)	In-kind coninbution description (if applicable)
Foxwood Cove		\$350.00	
		(if travel outside of	Texes, complete Schedule T)
Job title (See Instructions)		structions)	, <u> </u>
	De explains how to complete this form. Selman, William Full name of contributor	Definition of contributor cont	De explains how to complete this form. 1 PAGE # Schedule: 18

		THAN I EEDOED ON EDA			
	The bistruction	Эн Guioe explains how to complete this form.		1 PAGE # Schedule: 20)/39 Report: 22/58
2	FILER NAME	Spelman, William		3 ACCOUNT # 00121212	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (If applicable)
	02/10/2009	6 Contributor address; City; State; Zip Code 4100 Jackson Ave. No. 311 Austin, TX 78731		\$150.00	}
				(If travel outside of	Texas, complete Schedule T)
9	Principal occur	nation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor Out-of-state PAC (ID# Holderness, Earl		Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/22/2009	Contributor address; City; State; Zip Code 2943 Thousand Oaks Austin, TX 78746		\$200.00	; []
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	vation / Job title (See Instructions)	Employer (See In	structions)	
			retired		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/01/2009	Contributor address; City; State; Zip Code P.O. Box 162452 Austin, TX 78716		\$350.00	
					·
	Dissipal assura	otion I lab title (Con Instructions)	Employer/Coo.ln	<u> </u>	Texas, complete Schodule T)
		ation / Job title (See Instructions) il Sytems Manager	Employer (See In: CH2MHill	structions)	
_	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/24/2009	ConInbutor address; City; State; Zip Code 3200 Riva Ridge Road Austin, TX 78746		\$350.00	
					' -
	Origainal accum	akian / Jah Killa /Can Instructions)	Employee (See In	•	Texas, complete Schedule T)
	investor	ation / Job title (See Instructions)	Employer (See Ins	structions	
•	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/17/2009	Contributor address, City; State; Zip Code 504 E. 42nd St. Austin, TX 78751-4302		\$ 350. 00	
				ild tomoral accepted a = 4	Tours annualists Cabadula St.
	Principal occurs	ation / Job title (See Instructions)	Employer (See Ins		Taxas, complete Schedule T)
	Vice Presiden		PBS&J		

	The Instructi	ON GUIDE explains how to complete this form,		1 PAGE # Schedule: 21	1/39 Report: 23/58
2	FILER NAME	Spelman, William	-	3 ACCOUNT# 00121212	(Ethics Commission filers)
4	Date	5 Full name of contributor	*	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	01/30/2009	6 Contributor address; City; State; Zip Code 7914 Bee Caves Rd. Austin, TX 78746	• • • • • • • • • • • • • • • • • • • •	\$700.00	
İ				(If travel outside of	Texas, complete Schedule T)
9	Principal occup President / Pr	astion / Job title (See Instructions) resident	10 Employer (See In Encotech / Acc	structions) urate CAD and Te	echnical Services
Γ	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/30/2009	Contributor address; City, State; Zip Code 7914 Bee Caves Rd. Auslin, TX 78746		\$350.00	[]
		Auslin, 12 forto			·
			Paralara (Oraș la		Texas, complete Schedule T)
	teacher	eation / Job title (See Instructions)	Employer (See In The Children's (
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/28/2009	Contributor address; City; State; Zip Code 4212 Park Hollow Court Austin, TX 78746		\$250.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup President	ation / Job title (See Instructions)	Employer (See In: Good Company	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/27/2009	Contributor address; City; State; Zip Code 1628 Westlake Dr Austin, TX 78746		\$700.00	1 1 1
				(if travel outside of	Texas, complete Schedule T)
	Principal occup President / Co	ation / Job title (See Instructions) b-Owner	Employer (See Ins Journeyman Co	structions) inst. / Joumeymar	n Const.
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/07/2009	Contributor address; City; State; Zip Code 8008 Dark Valley Cv. Austin, TX 78737		\$100.00	
l				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch Schedule: 22	nedule A: 2/39 Report: 24/58
2 FILER NAME	Spelman, William		3 ACCOUNT # (E 0012121	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Lam, Frank)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/30/2009	6 Contributor address; City: State; Zip Code 508 W 16th St. Austin, TX 78701		\$350.00	
	_ ,		(If travel outside	of Texas, complete Schedule T)
9 Principal occup Preside	pation / Job title (See Instructions) ent	10 Employer (See I Frank Lam 8	nstructions) & Associates	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
01/30/2009	Contributor address; City; State; Zip Code 2508 Enfield Rd. #23		\$350.00	
	Austin, TX 78703		İ	
			(If travel outside of	of Texas, complete Schedule T)
Principal occup Medical	pation / Job title (See Instructions) Coder	Employer (See I Shoal Cree	nstructions) ek Hospital	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/14/2009	Contributor address; City; State; Zip Code		\$100.00	
	Austin, TX 78703			
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_ Landwermeyer, John		Amount of contribution (\$)	In-kind contribution description (if applicable)
02/12/2009	Contributor address; City: State: Zip Code 1211 Meadow Lark Dr Cedar Park, TX 78613		\$150.00	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See fr	nstructions)	
Date	Full name of contributor out-of-state PAC(fD#: Lockwood, Andrews, Newman, Inc. PA	AC AC	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/12/2009	Contributor address; City; State; Zip Code 2925 Bnarpark Dr. 4th Floor Houston, TX 77042		\$350.00	of Texas, complete Schedule T}
Principal occup	pation / Job title (See Instructions)	Employer (See Ir		·
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

The Instruction Guide explains	how to complete this form.	_===	1 PAGE # Schedule: 23	1/39 Report: 25/58	
2 FILER NAME Spelman, Will	iam		3 ACCOUNT# 00121212	(Ethics Commission filers)	
4 Date 5 Full name of Lee, Chien-Yir	contributor)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
01/29/2009 6 Contributor e 8303 Pommel C Austin, TX 7875	ove		\$700.00	} ! [
			(if travel outside of	Tsxas, complete Schedule T)	
9 Principal occupation / Job title (S Principal / housewife	ea Instructions)	10 Employer (See In Hejl, Lee & Ass	structions) ociates, Inc. / non-	e	
Date Full name of Lee, Wendy	contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
01/29/2009 Contributor s 910 Duncan Lan	e #63		\$300.00	 	
Austin, TX 7870	5		(If travel outside of	Taxas, complete Schedule T)	
Principal occupation / Job title (S Teacher	ee instructions)	Employer (See In AISD	1 1		
Date Full name of Lehmann, Mar	contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/04/2009 Contributor a 500 Douglas #10 Las Vegas, NV	7		\$200.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (Se Retired	ee Instructions)	Employer (See Ins Retired	structions)		
Date Full name of Lipscombe, Jo.	contributor 📋 out-of-state PAC (ID: hn	#)	Amount of contribution (\$)	In-kind conInbution description (If applicable)	
03/26/2009 Contributor a 6800 Mesa Dr. Austin, TX 7873	, , 		\$200.00	 	
			(If trevel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (Se	ee Instructions)	Employer (See Ins	structions)	1	
Date Full name of Lowerre, Richa	contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/26/2009 Contributor a 725 Patterson Austin, TX 7870.	•		\$100.00 		
			(if travel outside of)	Texas, complete Schedule T)	
Principal occupation / Job title (Se	e Instructions)	Employer (See Ins	structions)		

Texas Ethics Commission POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE # The INSTRUCTION GUIDE explains how to complete this form. Schedule: 24/39 Report: 26/58 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Spelman, William 00121212 Date Amount of In-kind contribution contribution (\$) description (if applicable) Lucy, Stephen City; State; Zip Code \$350.00 02/11/2009 6 Contributor address; 5524 Tar Road Midlothian, TX 76065 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Engineer Jaster-Quintanilla Dallas, LLP In-kind contribution Date Amount of contribution (\$) description (if applicable) Lynk, Steven 01/19/2009 Contributor address; City; State; Zip Code \$100.00 6004 Ronchamps Dr. Round Rock, TX 78681 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Date contribution (\$) description (if applicable) Majer, Richard 03/18/2009 Contributor address; City; State; Zip Code \$350.00 1704-A Newning Ave. Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) D.R. Horton Vice President ut-of-state PAC (ID# Full name of contributor In-kind contribution Date Amount of contribution (\$) description (if applicable) Majone, Pat 03/25/2009 Contributor address: City; State, Zip Code \$100.00 8300 Puerta Vista Austin, TX 78759-8029 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution contribution (\$) description (if applicable) Martin, Donald 01/29/2009 Contributor address, City; State; Zip Code \$350.00 1221 S Mopac, Ste 115 Austin, TX 78746-7400 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Don Martin Public Affairs public affairs

POLITICAL CONTRIBUTIONS

	OTHER THAN PLEDGES OR LOANS					
	The Matructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 25	5/39 Report: 27/58	
2	FILER NAME	Spelman, William		3 ACCOUNT# 00121212	(Ethics Commission filers)	
4	Date	5 Full name of contributor ut-of-state PAC (ID: Martinez, Roberto	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if epplicable)	
	02/28/2009	6 Contributor address; City; State; Zip Code 5905 Thames Dr. Austin, TX 78723	• • • • • • • • • • • • • • • • • • • •	\$100.00	 	
				(If travel outside of	Texas, complete Schedula 1)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	estructions)		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/27/2009	Contributor address; City; State; Zip Code 111 Laurel Lana Austin, TX 78705		\$100.00	<u> </u> 	
				(if trevel outside of	Texas, complate Schedule 7)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	<u>-</u>	
	Date	Full name of contributor	/	Amount of contribution (\$)	In-kind contribution description (If applicable)	
	01/22/2009	Contributor address; City; State; Zip Code 2511 McCullough St Austin, TX 78703		\$250.00	 	
				(If travel outside of	Texas, complete Schedule 7)	
	Principal occup real estate	ation / Job title (See Instructions)	Employer (See In Trammell Crow		-	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if epplicable)	
	01/19/2009	Contributor address; City; State; Zip Code 5133 China Gurden Dr. Austin, TX 78730		\$200.00	! ! !	
				(if travel outside of	Texas, complete Schedule T)	
	Principal occup Engineer	ation / Job title (See Instructions)	Employer (See In: URS	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# McCreary, Lou	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
ī	01/30/2009	Contributor address; City; Stata; Zip Code 901 South Mopac, Ste. 300 Austin, TX 78746		\$100.00	! ! !	
				(If travel outside of	Toxas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		

The bistruct	пон Guibe explains how to complete this form.		1 PAGE # Schedule: 26	5/39 Report: 28/58
2 FILER NAME	Spelman, William		3 ACCOUNT# 00121212	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/29/2009	6 Contributor address; City; State; Zip Code 906 Crystal Creek Drive Austin, TX 78746		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	<u> </u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/30/2009	6300A Carson Ridge	• • • • • • • • • • • • • • • • • • • •	\$75.99	{
	Austin, TX 78741		ill termini outhelds of	Taxas, complets Schedule T)
Principal Acc	upation / Job title (See Instructions)	Employer (See In	<u> </u>	Taxas, complets schedule 1)
Principal occi.	parenty you do (See madecuris)	Lilipioyer (See in	isuucions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/04/2009	Contributor address; City; State; Zip Code 5327 Western Hills Dr Austin, TX 78731		\$350.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occu Engineer	pation / Job litle (See Instructions)	Employer (See In McGray & McG	structions) tray Land Surveyo	rs
Dete	Full name of contributor Out-of-state PAC (ID#	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/14/2009	Contributor address; City; State; Zip Code 4200 Park Hollow Court Austin, TX 78746		\$350.00	!
			(if travel outside of	Texes, complete Schedule T)
Principal occu attorney	pation / Job title (See Instructions)	Employer (See In Graves Doughe	structions) erty Hearon & Moc	ody
Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/26/2009	Contributor address; City; State; Zip Code 19822 Teller Blvd Spring, TX 77388		\$100.00	
		ſ	(if travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In:		
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	

POLITICAL CONTRIBUTIONS

	OTHER THAN PLEDGES OR LOANS					
	The INSTRUCTION	он Guios explains how to complete this form.		1 PAGE # Schedule: 27	/39 Report: 29/58	
2	FILER NAME	Spelman, William		3 ACCOUNT # 00121212	(Ethics Commission filers)	
4	Date	5 Full name of contributor	‡)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	01/22/2009	6 Contributor address; City; State; Zip Code 2501 Wilson St. Austin, TX 78704	.,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	oation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/21/2009	Contributor address; City; State; Zip Code 11605 Broad Oaks Drive Austin, TX 78759		\$100.00	 - 	
			·	· ·	Texas, complete Schedule T)	
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/27/2009	Contributor address; City; State; Zip Code 330 Monarch Lene Austin, TX 78737		\$100.00) 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job Irtle (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/29/2009	Contributor address, City; State; Zip Code 400 N. Lowell Lane Austin, TX 78733		\$350.00 	, I	
	<u> </u>				Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See In requested	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/17/2009	Contributor address; City; State; Zip Code 3213 French Place Austin, TX 78722	.,	\$200.00 		
				(If travel outside of 3	Texas, completa Schedule T)	
	Principal occupa Professor	ation / Job title (See Instructions)	Employer (See In: University of Te			

P.O.Box 12070 Texas Ethics Commission Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 28/39 Report: 30/58 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Spelman, William 00121212 5 Full name of contributor out-of-state PAC (ID# Date Amount of In-kind contribution description (if applicable) contribution (\$) Myers, Teresa 02/09/2009 6 Contributor address; City; Stete; Zip Code \$100.00 823 Hams Ave Austin, TX 78705 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# Date Amount of In-kind contribution contribution (\$) description (if applicable) Neeley, Charles Contributor address; City; State; Zip Code \$100.00 01/08/2009 8803 Splitarrow Dr. Austin, TX 78717 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution Date contribution (\$) description (if applicable) Nias, James 02/03/2009 Contributor address: City, State, Zip Code \$350.00 1116 Reagan Terrace Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Jackson Walker L.L.P. attomev Full name of contributor ut-of-state PAC (ID# Date Amount of In-kind contribution description (if applicable) contribution (\$) Oliver, Guy \$350.00 03/16/2009 Contributor address; City; State; Zip Code 3267 Bee Cave Rd , #107 #92 Austin, TX 78746 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Executive **V&S** Enterprises Data Full name of contributor out-of-state PAC (ID#_ Amount of in-kind contribution contribution (\$) description (if applicable) Oliver, Jason Contributor eddress; 03/16/2009 City; State, Zip Code \$350.00 3267 Bee Cave Rd. #107 #92 Austin, TX 78746 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Executive V& S Enterprises

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 29/39 Report: 31/58 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Spelman, William 00121212 Date 5 Full name of contributor out-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) Oliver, Stacy 03/16/2009 6 Contributor addross; City; State; Zip Coda \$350.00 3267 Bee Cave Rd, #107 #92 Austin, TX 78746 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Executive V& S Enterprises Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution description (if applicable) contribution (\$) 03/16/2009 Contributor address, City; State; Zip Code \$350.00 3267 Bee Cave Rd. #107 PMB # 92 Auslin, TX 78746 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) V&S Énterprises Executive In-kind contribution Date Amount of contribution (\$) description (if applicable) PANTEX PAC City; State; Zip Code 03/03/2009 Contributor address: \$350.00 111 Congress Ave, Suite 1400 Austin, TX 78701 (If travel outside of Texes, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution contribution (\$) description (if applicable) Paterson, Robert Contributor address, City; State; Zip Code 01/22/2009 \$100.00 1904 Newning Ave. Austin, TX 78704 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Date Amount of contribution (\$) description (If applicable) Pedersen, Craig Contributor address; 02/03/2009 City; State; Zip Code \$200.00 4703 Trail Crest Circle Austin, TX 78735 (If traval outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

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Vice President - Water Resources - Texas

P.O.Box 12070 (512)463-5800 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 30/39 Report: 32/58 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Spelman, William 00121212 5 Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution Date contribution (\$) description (if epplicable) Pence, Bert 03/17/2009 6 Contributor eddress; City, State; Zip Code \$100.00 708 Rio Grande Austin, TX 78701 (If traval outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) In-kind contribution Date Amount of contribution (\$) description (If applicable) Personett, Michael 02/12/2009 Contributor address; Crty; State; Zrp Code \$100.00 2802 Jorwoods Dr. Austin, TX 78745 (if traval outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) in-kind contribution Date contribution (\$) description (if applicable) Phillips, Gregory \$150.00 02/02/2009 Contributor address; City; \$tate; Zip Code 4100 Michael Neill Dr. Austin, TX 78730 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution contribution (\$) description (if applicable) Pinnelli, Janis & Joe 02/05/2009 Contributor address; City; State; Zip Code \$700.00 P.O. Box 50038 Austin, TX 78763 (if travel outside of Texas, complete Schedule 1) Principal occupation / Job title (See Instructions) Employer (See Instructions) general contractors / contractor J. Pinnelli & Co. / J. Pinnelli & Co. Date Amount of In-kind contribution contribution (\$) description (if applicable) Price, Velva 01/01/2009 Contributor eddress; City; State: Zip Code \$200.00 1601 Ridgement Dr. Austin, TX 78723 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) **Hubert Bell** attomey

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 31	1/39 Report: 33/58	
2 FILER NAME	Spelman, William		3 ACCOUNT # 00121212	(Ethics Commission filers)	
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
01/21/2009	6 Contributor address; City; State; Zip Code 1217 W. 8th St. Austin, TX 78703		\$350.00] }	
	7.66.11. 77.79.60		(If travel outside of	1 Texes, camplete Schedule T)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In requested	structions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/24/2009	Contributor address; City; State; Zip Code 1475 Federal Heights Dr. Salt Lake City, UT 84103-4443		\$350.00	 	
	direction only, or overso-1745		(If travel outside of	Texas, complete Schedule 7)	
Principal occur advertising	pation / Job title (See Instructions)	Employer (See In Reagan Adverti			
Date	Full name of contributor	#	Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/25/2009	Contributor address; City; State; Zip Code 4231 Westlako Dr, Apt 1D		\$350.00	 	
	Austin, TX 78746		(If travel outside of	Texas, complete Schedule T)	
Principal occup advertising	pation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor ut-of-state PAC (ID) Reagan, William and Julia	*	Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/23/2009	Contributor address; City; State; Zip Code 1492 Penrose Dr. Selt Lake City, UT 84103		\$700.00	1 1	
	diff care only, of barros		(If travel outside of	I Texas, complete Schedule T)	
Principal occup advertising / a	ation / Job title (See Instructions) advertising	Employer (See In self / self	structions)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/25/2009	Contributor address; City; State; Zip Code 4100 McBrine Place Austin, TX 78746		\$350.00		
			(if travel outside of	Texes, complete S <i>c</i> hedule T)	
Principal occup Executive	ation / Job title (See Instructions)	Employer (See In: Reagan Adverti:			

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: Schedule: 32/39 Report: 34/58						
2 FILER NAME	Spelman, William		3 ACCOUNT # (E 0012121	thics Commission Filers) 2		
4 Date	5 Full name of contributorout-of-state PAC (ID#: Richards, Daniel		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
02/17/2009	6 Contributor address; City; State; Zip Code 816 Congress Ave. Ste 1200		\$350.00	 		
	Austin, TX 78701		(If travel outside	(of Texas, complete Schedule T)		
9 Principal occup Attorney	pation / Job title (See Instructions)	10 Employer (See Hilgers, B	· ·	· ,		
Date	Full name of contributor	udio, PLLC	Amount of contribution (\$)	In-kind contribution description (if applicable)		
02/05/2009	Contributor address; City; State; Zip Code 515 Congress Ave., Ste 1600		\$100.00	 		
	Austin, TX 78701		(If travel outside o	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See				
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
01/12/2009	Contributor address; City; State; Zip Code 3610 Moon River Rd.		\$200.00	 		
	Austin, TX 78746		(If travel outside o	 of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
01/22/2009	Contributor address; City; State; Zip Code 1503 Wild Cat Hollow Austin, TX 78746		\$350.00 			
			(If travel outside o	of Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See I				
Real Esta	te	Southwest S	Strategies Gro	oup, Inc.		
Data	Full name of contributor	,	Amount of	In-kind contribution		
Date	Full name of contributor		contribution (\$)	description (if applicable)		
01/15/2009	Contributor address; City; State; Zip Code 6101 Mount Villa Cove		\$100.00			
	Austin, TX 78731		//4 4	of Toyon, complete Schoolide To		
Dringing! agg:::	ation / Joh title (See Instructions)	Employer (See I		of Texas, complete Schedule T)		
мплора: оссир	ation / Job title (See Instructions)	стіріоует (зее г	naducions)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

		CAL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS		SCHEDULE A
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 33	/39 Report: 35/58
2	FILER NAME	Spelman, William		3 ACCOUNT# 00121212	(Ethics Commission filers)
4	Date	5 Full name of contributor Out-of-state PAC (ID) Schissler, James	‡)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/12/2009	6 Contributor address; City; State; Zip Code 6556 Needham Lane Austin, TX 78739		\$200.00	l
				(If travel outside of	Texas, complete Schedule T)
9		ation / Job title (See Instructions) sign / clvil engineer	10 Employer (See In Jones & Carter	structions)	
	Date	Full name of contributor	1)	Amount of contribution (\$)	In-kind contribution doscription (if applicable)
	03/25/2009	Contributor address; Clty; State; Zip Coda 3114 Wheeler St. Austln, TX 78705-2816		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
-	Principal occup	eation / Job title (See Instructions)	Employer (See In:	structions)	
		_			
	Dale	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/15/2009	Contributor address; City; State; Zip Code 604 West 11th St. Austin, TX 78701	.,,	\$100.00	
				(If trave) outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Deta	Full name of contributor Dout-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/25/2009	Contributor address; City; State; Zip Code 2602 Broken Oak Austin, TX 78745		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa Controller	ation / Job litle (See Instructions)	Employer (See Ins Journeyman Co	structions)	Total, compare constant (,
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/18/2009	Contributor address; City; Stata; Zip Code 5304 Magdetena Drive		\$100.00	
		Austin, TX 78735		(if traval outside of	rexee, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	•	content of the conten

		CAL CONTRIBUTIONS THAN PLEDGES OR LOA!	NS		SCHEDULE A
	The INSTRUCTA	ON GUEDE explains how to complete this form.		1 PAGE# Schedule: 34	/39 Report: 36/58
2	FILER NAME	Spelman, William		3 ACCOUNT # 00121212	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Soeur, Channy and Laura)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	01/01/2009	6 Contributor address; City; State; Zip Code 2004 Gann Hill Dr. Cedar Park, TX 78613		\$700.00	! ! !
l				(If travel outside of	Texas, complete Schedule T)
9		oation / Job title (See Instructions) ffice Manager	10 Employer (See In: CAS Consulting		S Consulting & Services
	Date	Full name of contributor		Amount of contribution (\$)	fn-kind contribution description (if applicable)
	01/21/2009	Contributor address; City: State, Zip Code 2004 E. Gann Hill Dr. Cedar Park, TX 78613		\$350.00	
				(if travel outside of	Texas, complete Schedule T)
T		pation / Job title (See Instructions)	Employer (See In		
	Technician		Jennifer Regala	do-Ellis, OD	
	Date	Full name of contributor ut-of-state PAC (ID# Soifer, Jan)	Amount of contribution (\$)	In-kind contribution description (If applicable)
	01/29/2009	Contributor address; City; State; Zip Code S408 Hurlock Driva Austin, TX 78731		\$100.00	
				(If travel outside of	Texes, complete Schedule T)
Т	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
					,
	Date	Full name of contributor ut-of-state PAC (ID# Speck, Lawrence		Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/10/2009	Contributor address; City; State; Zip Code 800 W, 5th St , Apt. 1102 Austin, TX 78703		\$350.00	
				(If Irraral outside of	Texas, complete Schedule T)
	Principal occup architect	ation / Job title (See Instructions)	Employer (See Ins Page Southerland	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/07/2009	Contributor address; City, State; Zip Code 906 W, 17th St Austin TY 78701		\$100.00	
		Austin, TX 78701		(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

OTHER	THAN PLEDGES OR LOAI	1 5		
The Instruction	N Guide explains how to complete this form.		1 PAGE # Schedule: 35	5/39 Report: 37/58
2 FILER NAME	Spelman, William		3 ACCOUNT # 00121212	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Texas Working Families PAC	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (If applicable)
02/17/2009	6 Contributor address; City; State; Zip Code Texas Working Families PAC 5747 Greyrock San Antonio, TX 78228		\$100.00	! 1 !
W			(if travel outside of	Texas, complete Schedule T)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
02/03/2009	Contributor address, City; State; Zip Code 4106 Avenue F		\$200.00	!
	Austin, TX 78751		(If travel outside of	Texas, complate Schedule T)
Principal occupa Teacher	ation / Job title (See Instructions)	Employer (See Ins UT	structions)	· ·
Date	Full name of contributor		Amount of contribution (\$)	in-kind contribution description (if applicable)
02/20/2009	Contributor address; City; State; Zip Code 3203 French Pl. Austin, TX 78722		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupa	tion / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor • out-of-state PAC (ID#, Tovo, Kathryne)	Amount of contribution (\$)	In-kirid contribution description (if applicable)
	Contributor address; City; State; Zip Code 800 Christopher St. Auslin, TX 78704		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupa	tion / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor Out-of-state PAC (ID# Unibe, Hector)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1105 Elm St. Austin, TX 78703-4826		\$100.00	 - -
ļ			(if travel outside of	Texas, complete Schedule 1)
Principal occupa	tion / Job title (See Instructions)	Employer (See Ins	tructions)	

	**************************************	TION TO THE TANK	10/40/10/17/2010	10.2/10	70 0000 1-000 020-0000
		CAL CONTRIBUTIONS THAN PLEDGES OR LOAD	NS		SCHEDULE A
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 36	6/39 Report: 38/58
2	FILER NAME	Spelman, William		3 ACCOUNT # 00121212	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Van Bavel, Nick	·	7 Amount of contribution (\$)	8
	02/09/2009	6 Contributor address; City; State; Zip Code 213 W 41st St Austin, TX 78751		\$200.00	J ! !
	ļ.		ļ	(if travel outside of	Texas, complete Schedule T)
9	Principal occup Investor	pation / Job title (See Instructions)	10 Employer (See Ins Self	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/23/2009	Contributor address; City: State; Zip Coda 4700 Fm 3242 Cameron, TX 76520		\$100.00] { }
	I			(If travel outside of	Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See In:		Tanda company company ()
	T INIOIPM OUTER	Music (Cod mondation)	Employed (222	411 - 41141147	
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution
		Warneke , Jean		contribution (\$)	description (if applicable)
	03/14/2009	Contributor address; City; State, Zip Code P.O. 80x 2388 Austin, TX 78768		\$150.00	1 1 1
				(if travel outside of	Texas, complete Schedule T)
_	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	<u> </u>	
	·				
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/26/2009	Contributor address; City; State; Zip Code P.O. Box 2388 Austin, TX 78768		\$250.00	
		Trading 17775.55		(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Ins State of Texas	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/26/2009	Contributor address; City; State; Zip Code 2716 Rio Mesa Dr. Austln, TX 78732		\$200.00	!
				الم مادودون المرسودة	Taxaa aamalma Sabadula 73
	Principal occur	pation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
	Senior Project		URS		1

Texas Ethics Con	mmission P.O.Box 12070 Austin,	, Texas 78711-2070	(512)46	63-5800	1-800-325-8506
	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAI	NS	•	sc	HEDULE A
The Instructiv	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 37	7/39 Repc	ort: 39/58
2 FILER NAME	Spelman, William		3 ACCOUNT # 00121212		ommission filers)
4 Date	5 Full name of contributor ul-of-state PAC (ID# Whatley, John	¥)	7 Amount of contribution (\$)		kind contribution option (if applicable)
02/01/2009	6 Contributor address; City; State; Zip Code 2909 W. 35th St. Austin, TX 78703	•••••	\$100.00	1 1	
			(if travel outside of	Texas, com	plete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See Ins	structions)		
Date	Full name of contributor	¥)	Amount of contribution (\$)		kind contribution iption (if applicable)
03/27/2009	Contributor address; City: State; Zip Code 3435 Shiraz Loop Round Rock, TX 78665		\$350.00	 	
l		ļ	(If travel outside of	Texas, com	plete Schedula T)
Principal occup Vice Presider	pation / Job title (See Instructions) nt	Employer (See Ins Journeyman Co	structions)		
Date	Full name of contributor out-of-state PAC (ID# Whitfield, Gail	<i>i</i>)	Amount of contribution (\$)	In-k descri	kind contribution iption (if applicable)
02/02/2009	Contributor address; Crly; State; Zip Code 1520 Ben Crenshaw Way, Apt 221 Austin, TX 78746-6169		\$250.00] 	_
			_ ·	Taxas, com	plete Schedule T)
Principal occup Owner	pation / Job title (See Instructions)	Employer (See Ins The Whitfield Co			
Date	Full name of contributor	·	Amount of contribution (\$)		kind contribution ption (if applicable)
02/12/2009	Contributor address; City; State; Zip Code 5900 Rain Creek Pkwy. Austin, TX 78759		\$175.00) 	
	<u> </u>			Texae, comp	plete Schedule T)
Principal occupa	pation / Job title (See Instructions)	Employer (See Ins	itructions)		
Date	Full name of contributor)	Amount of contribution (\$)		kind contribution ption (if applicable)
01/22/2009	Contributor address; City, State; Zip Code 908 E. Live Oak St. Austin, TX 78704		\$100.00 }	 	
			(If travel outside of	Гехав, сотр	plete Schadule T)
Principal occupa	pation / Job title (See Instructions)	Employer (See Ins	itructions)		

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 38/39 Report: 40/58 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Spelman, William 00121212 5 Full name of contributor out-of-state PAC (ID#_ Date Amount of In-kind contribution contribution (\$) description (if applicable) Winkelman, Marc 03/26/2009 6 Contributor address; City; State; Zip Code \$100.00 304 Hillcrest Court Austin, TX 78746 (If travel outside of Texas, complete Schedule T) g Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution Date contribution (\$) description (if applicable) Wooley, John C. 02/12/2009 Contributor address: City; State; Zip Code \$350.00 3609 Arrowhead Dr Austin, TX 78731 (if travel outside of Texes, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Fugro Consultants Engineer Full name of contributor ut-of-state PAC (ID#_ Amount of In-kind contribution Date contribution (\$) description (if applicable) Worley, John Brent 01/22/2009 Contributor address; City; State; Zip Code \$70.00 4106 Avenue A Austin, TX 78751 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution contribution (\$) description (if applicable) Worley, John Brent 02/23/2009 Contributor address: City: State: Zip Code \$75.00 4106 Avenue A Austin, TX 78751 (if travel outside of Texas, complets Schodule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

Principal occupation / Job title (See Instructions)

POLITICAL CONTRIBUTIONS

	The Instruction	พ Guide explains how to complete this form.	1 PAGE # Schedule: 39/39 Report: 41/58
2	FILER NAME	Spelman, William	3 ACCOUNT # (Ethics Commission filers) 00121212
4	Date	5 Full name of contributor	7 Amount of 8 in-kind contribution contribution (\$) description (if applicable)
	03/05/2009	6 Contributor address; City; State; Zip Code 4705 Timberline Dr Austin, TX 78746	\$350.00
			(If travel outside of Texas, complete Schedule T)
9	Principal occup President/Ow	ation / Job title (See Instructions) ner	10 Employer (See Instructions) Investors Alliance, Inc.

The Instruc	tion Guide explains how to complete this form.		1 Total pages Schedule	s Schedule F:	: 42/58
2 FILER NAMI	≘ Spelman, William		3 ACCOUNT 00121	# (Ethics Commission fil 212	ers)
4 Date	5 Payeename Apple Annies			7 Amour	nt
03/20/2009	6 Payee address; City; State; Zip Code PO Box 684806 Austin, TX 78768			\$218.45	
required.)	ment (See instructions regarding type of information Event Expense-food for event	9 - Complete if direction of Candidate / Officeholder na	•	to benefit C/OH Office sought	Office held
(If travel outsid	e of Texas, complete Schedule T)				
Date	Payee name Yznaga, Mark			Amour (\$)	rl
02/24/2009	Payee address; City; State; Zip Code 2401 Brairgrove Drive Austin, TX 78704			\$1,000.00	
required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought	Office heid
(If travel outside	e of Texas, complete Schedule T)				
Date	Payeename CheckMark Typesetting			Amoun (\$)	
03/30/2009	Payee address; City; State; Zip Code 3217 N IH 35 Austin, TX 78722			\$30.31	
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	-	to benefit C/OH •• Office sought	Office held
	inting				
(If travel outsi	da of Texas, complete Schedule T)				
Date	Payee name Yznaga, Mark			Arnoun (\$)	rt
03/17/2009	Payee address; City; State; Zip Code 2401 Brairgrove Drive Austin, TX 78704			\$1,000.00	
required.) Yaz	ment (See instructions regarding type of information rd signs, labels, bumper stickers	•• Complete if dire Candidate / Officeholder na		to benefit C/OH Office sought	Office held
(If travel outside	e of Texas, complete Schedule T)				
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NE	EDED		

The Instruc	tion Guide explains how to complete this form.	1	Total pages Schedule	S Schedule F: : 2/16 Report: 43/58
2 FILER NAME	E Spelman, William	3	ACCOUNT 00121	# (Ethics Commission filers)
4 Date	5 Payeename Cuatros			7 Amount (\$)
03/20/2009	6 Payee address; City; State; Zip Code 1004 W 24th St. Austin, TX 78705			\$83.66
required.)	yment (See instructions regarding type of information ent Expense-food for event	9 Complete if direc Candidate / Officeholder nan	•	to benefit C/OH •• Office sought Office held
(If travel outside	e of Texas, complete Schedule T)			
Date	Payeename Davis, Ian			Amount (\$)
01/14/2009	Payee address; City; State; Zip Code 600 Bouldin Ave. Austin, TX 78704			\$1,500.00
required.)	ment (See instructions regarding type of information	•• Complete if direc Candidate / Officaholdar nam		to ben e fit C/OH •• Office sought Office held
	e of Texas, complete Schedule T)	<u> </u>		
Date	Payeename Davis, Ian			Amount (\$)
01/27/2009	Payee address; City; State; Zip Code 600 Bouldin Ave. Austin, TX 78704			\$1,500.00
required.)	ment (See instructions regarding type of information lary	•• Complete if direct Candidate / Officeholder nam		lo benefit C/OH •• Office sought Office held
(If travel outsic	de of Texas, complete Schedule T)			
Date	Payeename Davis, Ian			Amount (\$)
02/11/2009	Payee address; City; State; Zip Code 600 Bouldin Ave. Austin, TX 78704			\$1,500.00
required.) Sa	ment (See instructions regarding type of information alary of Texas, complete Schedule T)	•• Complete if direct Candidate / Officeholder nam	-	o benefit C/OH •• Office sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	DED	

The Instruc	tion Guide explains how to complete this form.		1 Total pages Schedule	Schedule F: :: 3/16 Report: 44/58
2 FILER NAME	Spelman, William		3 ACCOUNT 00121	# (Ethres Commission filers)
4 Date 03/02/2009	5 Payeename Davis, Ian			7 Amount (\$)
03, 02, 2003	6 Payee address: City: State; Zip Code 600 Bouldin Ave. Austin, TX 78704			\$1,500.00
required.) Salary	ment (See instructions regarding type of information , e of Texas, complete Schedule T)	9 Complete if dir Candidate / Officeholder n	•	to benefit C/OH Office sought Office held
Date	Payee name			Amount
03/17/2009	Davis, Ian			(\$)
	Payee address; City: State: Zip Code 600 Bouldin Ave. Austin, TX 78704			\$1,500.00
Purpose of pay required.) Salary	ment (See Instructions regarding type of information	•• Complete if dire Candidata / Officeholder n		to benefit C/OH •• Office sought Office held
(If travel outside	of Texas, complete Schedule T)			
Date	Payeename Degollado, Johnny			Amount (\$)
03/26/2009	Payee address; City; State; Zip Code 609 Montopolis Drive Austin, TX 78741			\$203.25
required.)	ment (See instructions regarding type of information xpense-entertainment	•• Complete if dire Candidate / Officeholder na	•	to benefit C/OH •• Office sought Office held
(if travel outside	de of Texas, complete Schedule T)			
Date	Payeename Degollado, Johnny			Amount (\$)
03/27/2009	Payee address; City; State; Zip Code 609 Montopolis Drive Austin, TX 78741			\$150.00
required.)	ment (See instructions regarding type of information opense-entertainment	•• Complete if dire Candidate / Officeholder no	•	to benefit C/OH •• Office sought Office held
(ii naasi ontside	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED	

P.O. Box 12070

The Instruc	tion Gulde explains how to complete this form.		1 Total pages Schedule	s Schedule F: : 4/16 Report	:: 45/58
2 FILER NAME	Spelman, William		3 ACCOUNT	# (Ethics Commission fi	ers)
4 Date	5 Payee name Facebook			7 Amou (\$)	nt
03/09/2009	6 Payee address; City; State; Zip Code 156 University Avc. Palo Alto, CA 94301			\$25.00	
8 Purpose of pay required.) advertising	rment (See instructions regarding type of information	9 ··· Complete if dir Candidate / Officeholder n		to benefit C/QH •• Office sought	Office held
(If travel outside	e of Texas, complete Schedule T)				
Date 03/10/2009	Payee name Facebook Payee address; City: State; Zip Code 156 University Ave. Palo Alto, CA 94301			Amoui (\$) \$25.00	11
required.) advertising	ment (See instructions regarding type of information of Texas, complete Schedule T)	Complete if dire Candidate / Officeholder no		to benefit C/OH •• Office sought	Office held
Date 03/11/2009	Payee name Ifacebonk Payee address; City; State; Zip Code 156 University Ave. Palo Alto, CA 94301			Amour (\$) \$25.00	nt
Purpose of payr required.) advertising	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder no	•	to benefit C/OH ··	Office held
(If travel outside	de of Texas, complete Schedule T)				
Date 03/13/2009	Payee name Facebook Payee address; City; State; Zip Code 156 University Avc. Palo Alto, CA 94301			Amour (\$) \$49.12	t
required.) advertising	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought	Office held
(If travel outside	of Texas, complete Schedule T)	. OF THE POST 45 117	-	_	
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED		

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The Instruc	tion Guide explains how to complete this form.		1 Total pages Schedule	:Schedule F: : 5/16 Report: 46/58
2 FILER NAME	Spelman, William		3 ACCOUNT 00121	# (Ethics Commission filers)
4 Date	5 Payee name Faccbook			7 Amount (\$)
03/14/2009	6 Payee address; City; State; Zip Code 156 University Avc. Palo Alto, CA 94301			\$25.00
required.) advertising	rment (See instructions regarding type of information	9 Complete if dir Candidate / Officaholder n		to benefit C/OH •• Office sought Office held
(If travel outside	e of Texas, complete Schedule T)			
Date	Payee name Facebook			Amount (\$)
03/16/2009	Payee address; City: State; Zip Code 156 University Ave. Palo Alto, CA 94301			\$25,00
Purpose of pay- required.) advertising	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office soughl Office held
(If travel outside	of Texas, complete Schedule T)			
Date	Payee name Faccbook			Amount (\$)
03/23/2009	Payee address; City; State; Zip Code			\$16.24
	156 University Ave. Palo Alto, CA 94301			
Purpose of payi required.) advertising	ment (See instructions regarding type of information	 Complete if dir. Candidate / Officaholder no. 		to benefit C/OH •• Office sought Office held
(If travel outside	de of Texas, complete Schedule T)			
Date	Payee name Glazer, Matt			Amount (\$)
01/27/2009	Payee address; City; State; Zip Code 6606 Woodhuc Dr. Austin, TX 78745			\$250.00
Purpose of payr required.) Contract Labo	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
(If travel outside	of Texas, complete Schedule T)			
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED	

The Instruc	tion Guide explains how to complete this form.			Schedule F: : 6/16 Report	: 47/58
2 FILER NAME	Spelman, William	3	ACCOUNT 00121	# {Ethics Commission file 212	ers)
4 Date	5 Payeename Harry, Susan			7 Amour (\$)	rt
01/15/2009	6 Payee address; City; State; Zip Code 2520 Longview St., Ste 211 Austin, TX 78705			\$2,850.0	00
required.) Rental Contra	ment (See instructions regarding type of information Expense & ct Labor-Fundraising Consultant e of Texas, complete Schedule T)	9 ·· Complete if direct e Candidate / Officeholder name	•	to benefit C/OH •• Office sought	Office held
Date	Payeename Harry, Susan			Аrпoun (\$)	t
02/05/2009	Payee address; City; State; Zip Code 2520 Longview St., Ste 211 Austin, TX 78705			\$2,000.00	
required.)	ment (See instructions regarding type of information	Complete if direct e Candidate / Officeholder name	•	to benefit C/OH •• Office sought	Office hold
Contra	et Labor-Fundraising Consultant				
(If travel outside	of Texas, complete Schedule T)				
Date 02/18/2009	of Texas, complete Schedule T) Payee name Harry, Susan Payee address; City; State; Zip Code 2520 Longview St., Ste 211 Austin, TX 78705			Amount (\$) \$1,150.00	
Date 02/18/2009 Purpose of payr required.) Rental E	Payee name Harry, Susan Payee address; City; State; Zip Code 2520 Longview St., Ste 211 Austin, TX 78705 ment (See instructions regarding type of information Expense &	•• Complete if direct e Candidate / Officeholder name	•	(\$) \$1,150.00	
Date 02/18/2009 Purpose of payr required.) Rental E	Payee name Harry, Susan Payee address; City; State; Zip Code 2520 Longview St., Ste 211 Austin, TX 78705 Thent (See instructions regarding type of information Expense & Labor-Fundraising Consultant le of Texas, complete Schedule T)	,	•	(\$) \$1,150.00 to benefit C/OH •• Office sought	Office held
Date 02/18/2009 Purpose of payr required.) Rental E	Payee name Harry, Susan Payee address; City; State; Zip Code 2520 Longview St., Ste 211 Austin, TX 78705 ment (See instructions regarding type of information Expense &	,	•	(\$) \$1,150.00	Office held
Date 02/18/2009 Purpose of payr required.) Rental I Contract (if travel outsic	Payee name Harry, Susan Payee address; City; State; Zip Code 2520 Longview St., Ste 211 Austin, TX 78705 ment (See instructions regarding type of information Expense & Labor-Fundraising Consultant le of Texas, complete Schedule T) Payee name	,	•	\$1,150.00 so benefit C/OH •• Office sought	Office held
Date 02/18/2009 Purpose of payr required.) Rental E Contract (If travel outside) Date 02/18/2009	Payee name Harry, Susan Payee address; City; State; Zip Code 2520 Longview St., Ste 211 Austin, TX 78705 ment (See instructions regarding type of information Expense & Labor-Fundraising Consultant le of Texas, complete Schedule T) Payee name Harry, Susan Payee address; City; State; Zip Code 2520 Longview St., Ste 211	,	xpenditure to	\$1,150.00 so benefit C/OH Office sought Armount (\$) \$2,500.00	Office held
Purpose of payr required.) Date 02/18/2009 Purpose of payr required.) Date 02/18/2009 Purpose of payr required.) Contract L	Payee name Harry, Susan Payee address; City; State; Zip Code 2520 Longview St., Ste 211 Austin, TX 78705 ment (See instructions regarding type of information Expense & Labor-Fundraising Consultant le of Texas, complete Schedule T) Payee name Harry, Susan Payee address; City; State; Zip Code 2520 Longview St., Ste 211 Austin, TX 78705	Candidate / Officeholder name	xpenditure to	\$1,150.00 so benefit C/OH Office eought Armount (\$) \$2,500.00	Office held

The Instruc	tion Guide explains how to complete this form.		1 Total pages Schedule F: Schedule: 7/16 Report: 48/58		
2 FILER NAME	Spelman, William		3 ACCOUNT # (Ethics Commission filers) 00121212		
4 Date	5 Payeename Harry, Susan			7 Amount (\$)	
03/09/2009	6 Payee address; City: State: Zip Code 2520 Longview St., Ste 211 Austin, TX 78705			\$3,150.00	
required.) Rental Contrac	ment (See instructions regarding type of information Expense & t Labor-Fundraising Consultant e of Texas, complete Schedule T)	9 Complete if dir Candidate / Officeholder n	•	to benefit C/OH Office sought Office held	
Date	Payee name			Amount	
	iContact			(\$)	
02/13/2009	Payee address; City; State; Zip Code 2635 Meridian Parkway Durham, NC 27713			\$322.15	
Purpose of pay	ment (See instructions regarding type of information	· Complete if dir	ect expenditure	to benefit C/OH ••	
required.) Email	Service	Candidate / Officeholder n	ame	Office sought Office held	
	of Texas, complete Schedule T)				
Date	Payee name			Amount	
03/05/2009	iContact Payee address; City; State; Zip Code 2635 Meridian Parkway Durham, NC 27713			(\$) \$322.15	
required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n	-	to benefit C/OH •• Office sought Office held	
(If travel outside	de of Texas, complete Schedule T)				
Date	Payeename Kalambacher, Colin			Amount (\$)	
01/27/2009	Payee address; City; State; Zip Code 1003 E. 38th St Austin, TX 78705			\$300.00	
required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought Office held	
(If trevel outside	of Texas, complete Schedule T)				
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	ATTACH ADDITIONAL COPIES	OF THIS FURM AS N	ことひとひ		

The Instruc	tion Guide explains how to complete this form.		1 Total pages Schedule F: Schedule: 8/16 Report: 49/		c: 49/58
2 FILER NAMI	E Spelman, William		3 ACCOUNT 00121	# (Ethics Commission fil 212	lers)
4 Date	5 Payeename Kelly Graphics			7 Amou	rni
02/02/2009	6 Payee address; City; State; Zip Code 1322 Lost Creek Blvd. Austin, TX 78746			\$730.17	
required.)	ment (See instructions regarding type of information ng Expense-Yard signs	9 •• Complete if dire Candidate / Officeholder na		to benefit C/OH Office sought	Office held
(If travel outsid	e of Texas, complete Schedule T)				
Date	Payeename Kinko's			Amour (\$)	nt
01/26/2009	Payee address; City: State: Zip Code 2901-C Medical Arts Austin, TX 78705			\$46.28	
required.) Printing	ment (See instructions regarding type of information expenses - Copies of Texas, complete Schedule T)	•• Complete if dire Candidate / Officeholder ne		to benefit C/OH •• Offico sought	Office held
(1) 1101010101010	or road, complete concedit .)		+		
Date	Payeename Kinko's			Amoun (\$)	nt
03/17/2009	Payee address; City: State: Zip Code 2901-C Medical Arts Austin, TX 78705			\$179.33	
required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officaholder na		to benefit C/OH •• Office sought	Office held
(If travel outside	de of Texas, complete Schedule T}				
Date	Payeename Marcel Rodriguez Productions			Amoun (\$)	t
03/24/2009	Payee address; City; State; Zip Code 1043 Rosemont St.			\$150.00	
	Austin, TX 78723	10000 <u>1</u> 000			
Purpose of payr required.) video pro	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought	Office held
(If travel outside	of Texas, complete Schedula T)				
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED		

The Instruction Guide explains how to complete this form. 2 FILER NAME Spelman, William	1 Total pages Schedule F: Schedule: 9/16 Report: 50/58		
2 FILER NAME Spelman, William			
	3 ACCOUNT # (Ethics Commission filers) 00121212		
4 Date 5 Payee name Karl Thomas Musselman	7 Amount (\$)		
01/29/2009 6 Payee address; City: State: Zip Code	\$250.00		
1512 A Pennsylvania Ave. Austin, TX 78702			
Purpose of payment (See instructions regarding type of information required.) Contract Labor	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held		
(If travel outside of Texes, complete Schedule T)			
Date Payeename Karl Thomas Musselman	Amount (\$)		
03/30/2009 Payee address; City: State; Zip Code 1512 A Pennsylvania Ave. Austin, TX 78702	\$250.00		
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH		
Contract Labor	Candidate / Officeholder namo Office soughl Office held		
(If trevel outside of Texas, complete Schedule T)	<u> </u>		
Date Payee name Nuevo Leon	Amount (\$)		
03/26/2009 Payee address; City; State; Zip Code	\$694.38		
1501 E 6th St.			
Austin, TX 78702			
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Event Expense-food & meeting space for event			
(If travel outside of Texas, complete Schedule T)			
Date Payeename Oak Hill Gazette	Amount (\$)		
02/19/2009 Payee address; City; State; Zip Code	\$390.00		
7200 W. Hwy 71 Austin, TX 78735			
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH Candidate / Office holder name		
Advertising	Candidate / Cilicentitual Harrie Office sought Grace field		
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(If travel outside of Texas, complete Schedule T)			

The Instruc	tion Guide explains how to complete this form.		1 Total page: Schedule	s Schedule F: e: 10/16 Repo:	rt: 51/58
2 FILER NAME	Spelman, William		3 ACCOUNT # (Ethics Commission filers) 00121212		өга)
4 Date	5 Payeename Office Max			7 Amou (\$)	nt
02/21/2009	6 Payee address; City; State; Zip Code 907 West 5th St. Austin, TX 78703			\$4.72	
required.)	ment (See instructions regarding type of information	9 → Complete if dir Candidate / Officeholder n		to benefit C/OH Office sought	Office held
(if travel outside	e of Texas, complete Schedule T}				
Date	Payeename Office Max			Amoui (\$)	nt .
02/24/2009	Payee address; City; State; Zip Code 907 West 5th St. Austin, TX 78703			\$90.88	
required.) Other expe	ment (See instructions regarding type of information enses-Office supplies e of Texas, complete Schedule T)	⊷ Complete if dir Candidate / Officoholder n		to benefit C/OH •• Office sought	Office held
Date 03/10/2009	Payee name Office Max Payee address; City; State; Zip Code 907 West 5th St. Austin, TX 78703		. ,	Amour (\$) \$16.23	l .
required.) Other e	ment (See instructions regarding type of information expenses-Office supplies de of Texas, complete Schedule T)	•• Complete if dir Candidate / Officeholder ni	•	to benefit C/OH Office sought	Office held
Date	Payee name Office Max			Amour (\$)	t
03/16/2009	Payee address; City; State; Zip Code 907 West 5th St. Austin, TX 78703			\$42.15	
required.) Other ex	ment (See instructions regarding type of information spenses-Office supplies of Texas, complete Schedule T)	Complete if dire Candidate / Officeholder na	•	to benefit C/OH •• Office sought	Office held
,	-	OF THIS FORM AS NO	EDED		
	ATTACH ADDITIONAL COPIES	OF THIS FURM AS NE	EUEU		

The Instruct	tion Gulde explains how to complete this form.		1 Total pages Schedule F: Schedule: 11/16 Report: 52/58		
2 FILER NAME	Spelman, William		3 ACCOUNT # (Ethics Commission filers) 00121212		
4 Date	5 Payee name PayPal			7 Amount (\$)	
03/30/2009	6 Payee address; City: State; Zip Code PO Box 7022 Mountain View, CA 94039			\$289.44	
required.) Credit for onl	ment (See instructions regarding type of information Card processing fees ine donations of Texas, complete Schedule T)	9 ·· Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought Office hold	
Date	Payeename Ranes, Jim			Amount (\$)	
01/29/2009	Payee address; City; State; Zip Code 1501 Barton Springs Rd. #233 Austin, TX 78704			\$124.95	
required.)	ment (See instructions regarding type of information	·· Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held	
_	expense-graphic design				
(II travel outside	of Texas, complete Schedule T)				
Date 01/26/2009	Payee name Scholz Payee address; City; State: Zip Code 1607 San Jacinto Blvd. Austin, TX 78701		, , . ,	Amount (\$) \$904.98	
required.) Event space	ment (See instructions regarding type of information expense-food & meeting for event de of Texas, complete Schedule T)	•• Complete if dire Candidate / Officeholder na	,	to benefit C/OH Office sought Office held	
Date	Payee name Schol z	_		Amount (\$)	
03/17/2009	Payee address; City: State: Zip Code 1607 San Jacinto Blvd. Austin, TX 78701			\$80.00	
required.) Event expended for	ment (See instructions regarding type of information ense-food & meeting event of Texas, complete Schedule T)	•• Complete it dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held	
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NE	EDED		

The Instruc	tion Guide explains how to complete this form.	*		Schedule F: : 12/16 Report: 53/58
2 FILER NAME	Spelman, William	3	ACCOUNT 00121	# (Ethics Commission filers)
4 Date	5 Payeename Smith, Jeff			7 Amount (\$)
03/18/2009	6 Payee address; City; State; Zip Code 906 Rio Grande Austin, TX 78701			\$500.00
required.)	ment (See instructions regarding type of information ng expense	9 •• Complete if direct e Candidate / Officeholder name	•	to benefit C/OH •• Office sought Office held
(if travel outsid	e of Texas, complete Schedule T}			
Date	Payee name Taco Shack			Amount (\$)
02/23/2009	Payee address; City; State; Zip Code 402 Brazos Austin, TX 78701			\$50.28
required.)	ment (See instructions regarding type of information	Complete if direct e Candidate / Officeholder name		to benefit C/OH •• Office sought Office held
	verage Expense			
(If travel outside	o of Texas, complete Schedule T)			
Date	Payee name Taco Shack			Amount (\$)
03/09/2009	Payee address; City; State: Zip Code 402 Brazos Austin, TX 78701			\$50.28
required.)	ment (See instructions regarding type of information	•• Complete if direct ex Cendidate / Officeholder name	•	to benefit C/OH •• Office sought Office held
	de of Texas, complete Schedule T)			
Date	Payee name USPS	-		Amount (\$)
01/22/2009	Payee address: City; State; Zip Code			\$27.00
	Downtown Station Austin, TX 78701			
required.)	ment (See instructions regarding type of information	•• Complete if direct ex Candidate / Officeholder name		o benefit C/OH •• Office gought Office held
(if travel outside	of Texas, complete Schedule T)			
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEED	ED	

The Instruction Guide explains how to complete this form.			1 Total pages Schedule F: Schedule: 13/16 Report: 54/5	
2 FILER NAME	Spelman, William		3 ACCOUNT # (Ethics Commission filers) 00121212	
4 Date	5 Payee name USPS			7 Amount (\$)
01/22/2009	6 Payee address; City; State; Zip Code Downtown Station Austin, TX 78701			\$54.00
8 Purpose of pay required.) Postage	ment (See instructions regarding type of information	9 Complete if direct Candidate / Officeholder no		to benefit C/OH Office sought Office held
(If traval outside	e of Texes, complete Schedule T)			
Date	Payee name USPS			Amount (\$)
01/22/2009	Payee address; City: State; Zip Code Downtown Station Austin, TX 78701			\$60.00
Purpose of payi required.) Postage	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
(If travel outside	of Texas, complete Schedule T)			
Date	Payee name USPS			Amount (\$)
02/02/2009	Payee address; City; State; Zip Code			\$84.00
	Downtown Station Austin, TX 78701			
Purpose of payr required.) Postage	nent (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
(If travel outsid	le of Texes, complete Schedule T)			
Date	Payee name USPS			Amount (\$)
02/09/2009	Payee address; City; State; Zip Code Downtown Station Austin, TX 78701			\$675,00
Purpose of payr required.) Postage	nent (See instructions regarding type of information	Complete if dire Candidate / Officeholder ne		to benefit C/OH Office sought Office held
(If trave) outside	of Texas, complete Schedule T)			
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED	

The Instruc	tion Gulde explains how to complete this form.			s Schedule F: :: 14/16 Report: 55/58	
2 FILER NAM	E Spelman, William		3 ACCOUNT # (Ethics Commission filers) 00121212		
4 Date	5 Payee name USPS			7 Amount (\$)	
02/20/2009	6 Payee address; City; State; Zip Code Downtown Station Austin, TX 78701			\$275.40	
required.) Postage	rment (See instructions regarding type of information e of Texas, complete Schedule T)	9 ·· Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought Office held	
· · · · · · · · · · · · · · · · · · ·					
Date	Payee name USPS			Amount (\$)	
02/20/2009	Payee address; City; State; Zip Code Downtown Station Austin, TX 78701			\$2.16	
Purpose of pay required.) Postage	ment (See instructions regarding type of information	•• Complete if dire Candidata / Officeholdar na	•	to benefit C/OH •• Office sought Office hold	
(If trevel outside	of Texas, complete Schadule T)				
Date	Payee name USPS			Amount (\$)	
02/20/2009	Payee address; City; State; Zip Code Downtown Station Austin, TX 78701			\$32.40	
Purpose of pay- required.) Postage	ment (See instructions regarding type of information	•• Complete if dire Cendidate / Officeholder na	•	to benefit C/OH •• Office sought Office held	
(If travel outside	de of Texas, complate Schedule T)				
Date	Payee name USPS	`-		Amount (\$)	
03/24/2009	Payee address; City; State; Zip Code Downtown Station Austin, TX 78701		, , , , ,	\$42.00	
Purpose of payi required.) Postage	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder ne		to benefit C/OH •• Office sought Office held	
(If travel outside	of Texes, complete Schedule T)				
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED		

The Instruction Guide explains how to complete this form.			1 Total pages Schedule F: Schedule: 15/16 Report: 56/		
2 FILER NAME	2 FILER NAME Spelman, William		3 ACCOUNT # (Ethics Commission filers) 00121212		
4 Date	5 Payeename UT Campus Computer Store			7 Amount (\$)	
03/16/2009	6 Payee address; City; State; Zip Code 220 Inner Campus Drive Austin, TX 78712			\$190.50	
8 Purpose of payment (See instructions regarding type of information required.) Accounting Expense-software 9 •• Complete if direct expenditure Candidate / Officeholder name				to benefit C/OH Office sought Office hold	
(if travel outside	e of Texes, complete Schedule T)				
Date	Payee name Watson, Courtney			Amount (5)	
02/09/2009	Payee address; City: State; Zip Code 11102 Prairie Dove Circle Austin, TX 78758			\$500.00	
required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held	
Salary					
(If travel outside	of Texae, complete Schedule T)				
Date	Payeename Watson, Courtney			Amount (\$)	
03/06/2009	Payee address; City; State; Zip Code			\$750.00	
	11102 Prairie Dove Circle Austin, TX 78758				
Purpose of payr required.) Salary	ment (See instructions regarding type of information	•• Complete if dire Cendidate / Officeholder na		to benefit C/OH •• Office sought Office held	
(If travel outsic	de of Texes, complete Schedule T)				
Date	Payeename Watson, Courtney			Amount (\$)	
03/24/2009	Payee address; City; State; Zip Code 11102 Prairie Dove Circle Austin, TX 78758			\$375.00	
Purpose of payr required.) Salary	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder no		to benefit C/OH Office aought Office held	
(If travel outside	of Texae, complete Schedule T)				
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED		

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 **POLITICAL EXPENDITURES** SCHEDULE F 1 Total pages Schedule F: The Instruction Gulde explains how to complete this form. Schedule: 16/16 Report: 57/58 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Spelman, William 00121212 4 Date Payee name Amount (\$) Wufoo 02/12/2009 \$49.90 6 Payee address; City; State; Zip Code 16057 Tampa Palms Blvd. West Tampa, FL 33647 Purpose of payment (See instructions regarding type of information .. Complete if direct expenditure to benefit C/OH .. required.) Candidate / Officeholder name Office held Office sought Website (If travel outside of Texas, complete Schedule T) Date Pavee name Amount (\$) Wufoo 03/19/2009 City; State; Zip Code Payee address; \$24.95 16057 Tampa Palms Blvd. West Tampa, FL 33647 Purpose of payment (See instructions regarding type of information .. Complete if direct expenditure to benefit C/OH .. required.) Candidate / Officeholdar name Office sought Office held Internet fees (If travel outside of Texas, complete Schedule T) Date Payee name Amount (\$) Yznaga, Mark City; State; Zip Code Payee address; \$2,000.00 02/04/2009 2401 Briargrove Drive Austin, TX 78704 Purpose of payment (See instructions regarding type of information .. Complete if direct expenditure to benefit C/OH .. required.) Candidate / Officeholder name Office sought Office held Consulting (If travel outside of Texas, complete Schedule T) Amount Date Pavee name (\$) City; State; Zip Code Payee address; Purpose of payment (See instructions regarding type of information .. Complete if direct expenditure to benefit C/OH .. required.) Candidate / Officeholder name Office sought Office held (If traval outside of Texes, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruct	tion Guide explains how to complete this form.	1 Total pages Sche Schedule: I/I R	
2 FILER NAMI	Spelman, William	3 ACCOUNT # (Ett 00121212	nics Commission filers)
4 Date	5 Payee name City of Austin 6 Payee address; City; State; Zip Code PO Box 1088		8 Amount (\$) \$500.00
03/06/2009	Austin, TX 78767 7 Purpose of expenditure (See instructions regarding type of information requiriling fcc	uired.)	Reimbursement from political contributions
	(If travel outside of Texas, complete Schedule T)		intended
Date	Payee name		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information requ	uired.)	Reimbursement from political contributions intended
Date	Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information requ	uired.)	Amount (\$) Reimbursement from political
	(If travel outside of Texas, complete Schedule T)		contributions intended
Date	Payee name Payee address; City: State; Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required (If travel outside of Texas, complete Schedule T)	uired.)	Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information requ	ired.)	Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM A	S NEEDED	

Bill Spelman

SCHEDULE V – attach to form C/OH PERSONS SOLICITING CONTRIBUTIONS ON YOUR BEHALF Reference 2-2-14, Austin City Code

Enter the name and address of any person who has solicited and obtained contributions on your behalf, during the reporting period, of \$200 per person from five or more individuals. (You need not include individuals who raise funds totaling \$5,000 or less through a fundraising event in that individual's residence.)

Name of person soliciting contributions: William Reagan

Address: 4100 McBrine Place, Austin, TX, 78746

Name of person soliciting contributions: Channy Soeur

Address: 2004 East Gann Hill Drive, Cedar Park, TX, 78613

FORM COR-C/OH

(512) 463-5800

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

P.O. Box 12070

1-	1000111711	· · · · · · · · · · · · · · · · · · ·		
1	ACCOUNT# 0012	21212	2 Total pages filed: 20	OFFICE USE ONLY
3	CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST William NICKNAME LAST Bill Spelman	MI SUFFIX	Date Received
4	ORIGINAL REPORT TYPE	July 15 Ext	noff Other (specify) ceeded \$500 limit In day after treasurer oppintment (officeholder only) al report	Date Hand-delivered or Commarked SS Receipt # Ahount III X ST CO CO Date Processed YY
5	ORIGINAL PERIOD COVERED	Month Day Year 03 / 31 / 09 TR	Month Day Yaar HROUGH 04 / 29 / 09	Data Imaged
6	1. Update maint 2. Corrected the 3. Detailed descr a) Ala b) Cor c) Offi d) Rin e) Wor f) Karl g) Ren	ained contribution balance. following contributors: Austin Board ription of expenditures: In Pogue Intractive Watson Interest of Max Interest	of Realtors to Austin Board of Realtors PAC . (4/7/09 to Courtney Watson for event reimb ge from Courtney Watson to USPS)	
7	AFFIDAVIT		I swear, or affirm, under penalty report is true and correct.	of perjury, that this corrected
	AFFIX NOTARY STAM	.1 <	Check ONLY if applicable: I swear, or affirm, that I am filir later than the 14th business d that the report as originally filed I swear, or affirm, that any error originally filed was made in goo Signature of Candidate this the	ay after the date I learned is inaccurate or incomplete. or omission in the report as id faith.
_4	andy K	nistering oath Printed na	dy Hinkle me d'officer administering oath	Notary Public itle of officer ladministering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

(512)463-5800

The C/OH INSTRUCTION GU	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00121212	2 PAGE# 1 of 18	200 9
3 CANDIDATE / OFFICEHOLDER NAME 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	MS/MRS/MR FIRST Mr. William NICKNAME LAST Spelman ADDRESS/PO BOX: APT / SUITE #: P.O. Box 13534 Austin, TX 78711	SUFFIX CITY: STATE: ZIP CODE	Date Received Date Hand-delivered	STING: DATE/TING: Or Date Plastmarked
C CAMBAIGN	MS/MRS/MR FIRST	Mi	Receipt #	Amount
5 CAMPAIGN TREASURER	David		Date Processed	
NAME	NICKNAME LAST Anderson	Suiffix Suiffix	Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STHEET ADDRESS (NO PO BOX PLEASE): APT /SL 1515 Oxford Avenue Austin, TX 78704	UITE#; CITY; STATE;	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 924-2393	EXTENSION		
8 REPORT TYPE	January 15 30th day before elect		15th day after coappointment (off	
9 PERIOD COVERED	Month Day Year THRO	монт Бау ОUGH 04/29/20	Year/ 09	
10 ELECTION	Month Day Year ELECTION TO Day Prima		General	Special
11 OFFICE	OFFICE HELD (1 ary)	12 OFFICE SOUGHT (Il known) City Council District	5	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures are campaign expenditures are campaign expenditures are campaign expenditures are campaign expenditures are campaign expenditures are campaign expenditures. Name Address/PO Box: Apx. / Sute #; City: State:			
addoonal pages				
	GO ТО	PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Sp	oelman, William	1		16 ACCOUNT # (Ethics Commission Filers) 00121212
17 NOTICE FROM POLITICAL	candidate / officehole	lder. These expenditures me	ns accepted or political expenditures made lay have been made without the candidate's aport this information only if they receive not	or officeholder's knowledge or consent.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	,	
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TRI	EASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
18 CONTRIBUTION TOTALS			IONS OF \$50 OR LESS (OTHER THAN NTEES OF LOANS), UNLESS ITEMIZED	\$ 0
		POLITICAL CONTRI THAN PLEDGES, LOAN	BUTIONS (S, OR GUARANTEES OF LOANS)	\$ 11,365.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITUR	RES OF \$50 OR LESS, UNLESS ITEMIZ	\$ °
	4. TOTAL	. POLITICAL EXPEND	DITURES	\$ 12756.39
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTE ORTING PERIOD	ONS MAINTAINED AS OF THE LAST D	\$ 25,499.51
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF AY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF THE	4E \$ 0
19 AFFIDAVIT				
				perjury, that the accompanying report information required to be reported by
			Signature of Cand	idate or Officeholder
			Oligitation of Salid	idate di Ciliconoldoi
AFFIX NOTARY STAMP				
Sworn to and subscrib	ed before me, by t	the said		, this the day
of, 20	0, to cert	ilfy which, witness my	y hand and seal of office.	
Signature of officer adr	ministering oath	Printed name of a	officer administering oath Ti	tle of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	1 Total pages Schedule A: Schedule: 1/10 Report: 3/18		
2 FILER NAME Spelman, William			3 ACCOUNT # (Ethics Commission Filers) 00121212	
4 Date	5 Full name of contributorout-of-state PAC(ID#: Austin Apartment Assn, PAC		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/03/2009	6 Contributor address; City; State; Zip Code		\$350.00	
	4107 Medical Parkway			ľ
	Austin, ȚX 78756			1
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor 🔲 cut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Austin Board of Realtors PAC			! !
04/04/2009	Contributor address; City; State; Zip Code		\$350.00	<u> </u>
04/04/2009	4106 Medical Parkway		\$350.00	
	Austin, TX 78756			
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of	In-kind contribution
	Barnes, Ben		contribution (\$)	description (if applicable)
	Contributes addresses City States 7th Code			'
04/23/2009	Contributor address; City; State; Zip Code		\$350.00	! !
	1706 Windsor Austin, TX 78703			
	Austin, IX 70703		(If travel outside	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Retired				
Date	Full name of contributor)	Amount of	In-kind contribution
	Barnes, Melanie		contribution (\$)	description (if applicable)
				1
04/23/2009	Contributor address; City; State; Zip Code		\$350.00	
	1706 Windsor			
	Austin, TX 78703			_
Principal acque	ention / Joh title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Attorney	ation / Job title (See Instructions)	Employer (See II	istructions)	
Date	Full name of contributor Dut-of-state PAC (ID#)	Amount of	In-kind contribution
	Bartram, John		contribution (\$)	description (if applicable)
04/01/2000	Contributes address. City State: 7in Code			
04/01/2009	Contributor address; City; State; Zip Code 204 East Milton St.		\$350.00	
	Austin, TX 78704			
	Addolff, In 10104		(16 beaugn) midnistra	of Toyon complete Orleady T
Principal occur	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Attorney	The last indicated and the last indicated and	Zp.230. (000 II		,
-				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	.NS		SCHEDULE A
The Instruct	ток Guide explains how to complete this form.		1 PAGE# Schedule: 2/	10 Report: 4/18
2 FILER NAME	Spelman, William (Mr.)		3 ACCOUNT# 00121212	(Ethics Commission filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID Beckham, Kimberly (Ms.))#)	7 Amount of contribution (\$)	ln-kind contribution description (if applicable)
04/01/2009	6 Contributor address; City; State; Zip Code 11205 Limoncillo Court Austin, TX 78750		\$350.00	Texas, complete Schedule T)
9 Principal occu Attorney	pation / Job title (See Instructions)	10 Employer (See In	<u> </u>	Texas, complete Scriedule 1)
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/09/2009	Contributor address; City; State; Zip Code 712 West 14th Street A Austin, TX 78701	•••••	\$350.00	! !
Principal occu	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
Attorney	,		,	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/01/2009	Contributor address; City; State; Zip Code 505 East H Street Austin, TX 78762	,	\$350.00	
Drieginal coasus	pation / Job title (See Instructions)	Franks de (Con la	<u> </u>	Texas, complete Schedule T)
Investor	REPORT JOB LING (See Instructions)	Employer (See In	svuctions)	
Date	Full name of contributor Out-of-state PAC (IDe Bernstein, Joshua (Mr.)	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/01/2009	Contributor address; City; State; Zip Code 801 West 5th Street Apt 806 Auslin, TX 78703	,	\$350.00	_
····				Texas, complete Schedule T)
Attorney	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (IDA Blood, Michelle (Ms.)))	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/23/2009	Contributor address; City; State; Zlp Code 4100 Bredwood Road Austin, TX 78722		\$100.00 100.00	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See ins	structions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The INSTRUCTION GUIDE explains how to complete this form.	1 PAGE # Schedule: 3/10 Report: 5/18				
2 FILER NAME Spełman, William (Mr.)		3 ACCOUNT# 00121212	(Ethics Commission filers)		
4 Date 5 Full name of contributor out-of-state PAC (I Brown, Frank (Mr.)	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
04/01/2009 6 Contributor address; City; State; Zip Code 802 Coqueina Lane Austin, TX 78748	e	\$350.00	1 ! !		
			Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Attorney	10 Employer (See In:	structions)			
Date Full name of contributor out-of-state PAC (II Byars, Samuel (Mr.)	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/01/2009 Contributor address; City; State; Zip Code 2103 Schyille Avenue Austin, TX 78703	3	\$350.00	! !		
		(If travel outside of	Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)	Employer (See Ins				
Attorney					
Date Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (If applicable)		
O4/01/2009 Contributor address; City; State; Zip Code 4182 Travis County Circle Austin, TX 78738		\$350.00	[]]		
		(It traval outside of	Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)	Employer (See Ins	 	Texas, complete schedule 1)		
Attorney					
Date Full name of contributor Out-of-state PAC (IE Carlton, Johnk (Mr.))#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
O4/04/2009 Contributor address; City; State; Zip Code 4903 South Crest Drive Austin, TX 78746	'	\$25.00	 		
		(If travel outside of	Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Attorney	Employer (See Ins	tructions)	· · · -		
Date Full name of contributor ☐ out-of-state PAC (10)	Amount of	In-kind contribution		
Cartlidge, Ron (Mr.)		contribution (\$)	description (if applicable)		
O4/04/2009 Contributor address; City; State; Zip Code 1802 Woodland Austin, TX 78741		\$25.00 			
		(it travel outside of 1	Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)	Employer (See Inst	tructions)			

POLITICAL CONTRIBUTIONS

OTHER THAN PLEDGES OR LOANS					
The Instruction	ION GUIDE expiring how to complete this form.		1 PAGE # Schedule: 4/	10 Report; 6/18	
2 FILER NAME	Spelman, William (Mr.)		3 ACCOUNT # 00121212	(Ethics Commission filers)	
4 Date	5 Full name of contributor) #)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
04/01/2009	6 Contributor address; City; State; Zip Code 300 West 6th Street Austin, TX 78701		\$350.00] []	
			(If travel outside of	Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See la	istructions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/01/2009	Contributor address; City; State; Zip Code 1400 Yaupon Austin, TX 78748	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$350.00	1 1 1	
			(if travel outside of	Texas, complete Schedule T)	
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In	istructions)		
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/23/2009	Contributor address; City; State; Zip Code 401 Texas Drive Austin, TX 78633		\$350.00		
				Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor Out-of-state PAC (IDA Cook, Jennifer (Ms.)])	Amount of contribution (\$)	In-kind contribution description (if epplicable)	
04/04/2009	Contributor address; City; State; Zip Code 300 west 6th Austin, TX 78701		\$25.00		
			(If travel outside of	Texas, complete Schedule T)	
Principal occupi	ation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor ut-of-state PAC (ID# Cooksey, Frank (Mr.)))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/04/2009	Contributor address; City; State; Zip Code 2208 Matthews Drive Austin, TX 78703		\$100.00 		
		, <u></u>	(If travel outside of T	exas, complete Schodule T)	
Principal occupi	ation / Job title (See Instructions)	Employer (See Ins	structions)		

POLITICAL CONTRIBUTIONS

OTHER THAN PLEDGES OR LOANS				
The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE# Schedule: 5/	10 Report: 7/18
2 FILER NAME	Spelman, William (Mr.)		3 ACCOUNT # 00121212	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Crockett Jr, M. H. (Mr.)	<i>*</i>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/13/2009	6 Contributor address; City; State; Zip Code P.O Box Austin, TX 78768		\$350.00	!
<u> </u>			(if travel outside of	Texas, complete Schedule T)
9 Principal occu Real Estate	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Data	Full name of contributor	#	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/04/2009	Contributor address; City; State; Zip Code 2107 Griswold Lane Austin, TX 78703		\$50.00	1
	, and the second		(If travel outside of	Texas, complete Schedule 17)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/01/2009	Contributor address; City; State; Zip Code 503 Genard Austin, TX 78751		\$100.00	
			to ebletup taver (f)	Texas, complete Schodule 7)
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (IDA Eaton, David (Mr.)		Amount of contribution (\$)	In-kind contribution description (if epplicable)
04/03/2009	Contributor address; City; State; Zip Code 3702 Hkidan Hollow Austin, TX 78731		\$250.00 	
			(If travel outside of	Texas, complete Schedule 1).
Principal occupation / Job title (See Instructions) Teacher Employer (See Instructions)				
Date	Full name of contributor Out-of-state PAC (ID# Garza, Rancho (Mr.)		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/13/2009	Contributor address; City; State; Zip Code 17830 Serene Hills Austin, TX 78738		\$350.00 	
			(If travel outside of 7	exas, complete Schedule T)
Principal occup Real Estate	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
The Instruct	riow Guios explains how to complete this form.		1 PAGE#	/10 Report: 8/18
2 FILER NAME	Spelman, William (Mr.)		3 ACCOUNT # 00121212	(Ethics Commission filers)
4 Date	5 Full name of contributor	· · · · · · · · · · · · · · · · · · ·	7 Amount of contribution (\$)	# 8 m-kind contribution description (if applicable)
04/13/2009	6 Contributor address; City; State; Zip Code 3 Hillside Court Austin, TX 78746		\$200.00	! []
			(H travel outside of	l Texas, complete Schedule T)
9 Principal occur retired	pation / Job title (See Instructions)	10 Employer (See In	istructions)	
Date	Full name of contributor	*	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/04/2009	Contributor address; Clty; State; Zip Code 3722 Taylors Drive Austin, TX 78703		\$40.00	ł 1 ł
			(If travel outside of	Texas, complete Schedula T)
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (ID# Guess, Larry (Mr.))	Amount of contribution (5)	In-kind contribution description (if applicable)
04/13/2009	Contributor address; City; State; Zip Code 202 East Barton Temple, TX 76501	,	\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Builder	vation / Job title (See Instructions)	Employer (See In:	structions)	
Dale	Full name of contributor Out-of-state PAC (ID# Gullatt, Dowe (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/04/2009	Contributor address; City; State; Zip Code 3801 Edgemont Austin, TX 78731		\$50.00	
1	1	(" traval outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See ins		Tudas, compraise co-mand ()
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/01/2009	Contributor address; City; State; Zip Code 5805 Carryback Lane Austin, TX 78746		\$350.00	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		If travel outside of 1	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

Ĺ	OTHER THAN PLEDGES ON LOANS					
	The INSTRUCT	OW GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/	10 Report: 9/18	
2	FILER NAME	Spelman, William (Mr.)		3 ACCOUNT # 00121212	(Ethics Commission filers)	
4	Date	5 Full name of contributor	*	7 Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/01/2009	6 Contributor address; City; State; Zip Code 504 Furlong Drive Austin, TX 78746		\$350.00	1 	
				travel outside of	Texas, complete Schedule T)	
9	Principal occur Attorney	pation / Job title (See Instructions)	10 Employer (See In	nstructions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/01/2009	Contributor address; City; State; Zip Code	•	\$350.00	 	
		Austin, TX 78748		(If travel outside of	Texes, complete Schedule T)	
	Principal occup Attorney	nation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor out-of-state PAC (ID# Kargbo, Edward (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
! !	04/11/2009	Contributor address; City; State; Zip Code 7200 Waterline Road Austin, TX 78731		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Driver	ation / Job title (See Instructions)	Employer (See In	structions)		
-	Date	Full name of contributor Out-of-state PAC (ID# Kasper, Kristopher (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/02/2009	Contributor address; City; State; Zip Code 1603 Northridge Dr Austin, TX 78723		\$25.00 		
	_			(If travel outside of I	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/01/2009	Contributor address; City; State; Zip Code 100 Congress Avenue Austin, TX 78701		\$350.00 	1	
				, The ablatue levest III	exas, complete Schedule T)	
		ation / Job title (See Instructions)	Employer (See Ins		,,	
	Attomey					

POLITICAL CONTRIBUTIONS

OTHER	R THAN PLEDGES OR LOA	NS 		
The INSTRUCT	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/	/10 Report: 10/18
2 FILER NAME	Spelman, William (Mr.)		3 ACCOUNT # 00121212	(Ethics Commission filers)
4 Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/04/2009	6 Contributor address; City; State; Zlp Code 204 Westhaven Drive Austin, TX 78746	• • • • • • • • • • • • • • • • • • • •	\$175.00	†
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID/ Maebius, Andrew (Mr.)	*	Amount of contribution (\$)	In-kind contribution description (it applicable)
04/01/2009	Contributor address; City; State; Zip Code 3909 Balcones Drive Austin, TX 78731	•••••	\$350.00	! ! !
			(If travel outside of	Texas, complete Schedule T)
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See In	estructions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/01/2009	Contributor address; City; Stata; Zip Code 3018 North Lamar Blvd Suite 201 Austin, TX 78705		\$100.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In		Toxas, complete Schedule T)
		,		
Dato	Full name of contributor Out-of-state PAC (ID# Read, Julian (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2009	Contributor address; City; State; Zip Code 327 Congress Suite 500 Austin, TX 78701	.,	\$100.00	
			(If travel outside of	Texes, complete Schedule 1)
Principal occup	ation / Job title (See Instructions)	Employer (See in:	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/08/2009	Contributor address; City; State; Zip Code 1902 Anita Drive Austin, TX 78704		\$50. <i>0</i> 0 	
_			(If travel outside of 1	(exas, completa Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

POLITICAL CONTRIBUTIONS

SCHEDULE A

OTHER THAN PLEDGES OR LOANS				
The Matructo	ON GUIDE explains how to complete this form.	-	1 PAGE# Schedule: 9/	10 Report: 11/18
2 FILER NAME	Spelman, William (Mr.)		3 ACCOUNT # 00121212	(Ethics Commission filers)
4 Date	5 Full name of contributor		7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
04/02/2009	6 Contributor address; City; State; Zip Code 507 Harris Avenue Austin, TX 78705		\$25.00	\
			(If travel outside of	Texas, complete Schedula T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor Scrafford, J.Bruce (Mr.)	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/01/2009	Contributor address; City; State; Zip Code 105 Brooksholkow Dr Austin, TX 78734		\$350.00	. .
			l. i	Toxas, complete Schedule T)
Principal occup Attorney	eation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/04/2009	Contributor address; City: Stete; Zip Code 2604 Geraughty Austin, TX 78757		\$50.00	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Smith, David (Mr.)		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/01/2009	Contributor address; City; State; Zip Code 100 Congress Avanue Austin, TX 78701		\$350.00 	i
			(if travel outside of	Texas, complete Schedula T)
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/01/2009	Contributor address; Ciny; State; Zip Code 10919 Enchanted Rock Austin, TX 78726		\$350.00 	
]	(If travel outside of 1	(exas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See Ins		
Attorney				

ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
ION GUIDE EXPLAINS how to complete this form.		1 PAGE#	0/10 Report: 12/18
Spelman, William (Mr.)		3 ACCOUNT # 00121212	(Ethics Commission lilers)
5 Full name of contributor ut-of-state PAC (ID Team, Linda (Ms.)	*)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 500 Bellevue Place Austin, TX 78705		\$200.00	
		(If travel outside of	Texas, complete Schedule T)
pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 608 Harthan Street Austin, TX 78703	• • • • • • • • • • • • • • • • • • • •	\$25.00	
		(if travel outside of	Texas, complete Schedule T)
pation / Job title (See Instructions)	Employer (See Ins	structions)	
Full name of contributor Out-of-state PAC (IDs Wheeler, Richard (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1903 A Crested Butte Austin, TX 78746		\$350.00	

ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	texas, complete schedule 1)
nager			
	THAN PLEDGES OR LOA TON Guide explains how to complete this form. Spelman, William (Mr.) 5 Full name of contributor	THAN PLEDGES OR LOANS FOR GLIDE explains how to complete this form. Spelman, William (Mr.) 5 Full name of contributor out-of-state PAC (ID#	THAN PLEDGES OR LOANS TON Guide explains how to complete this form. 1

Purpose of payment (See instructions regarding type of information

(If travel outside of Texas, complete Schedule T)

required.)

advertising

** Complete if direct expenditure to benefit Candidate/Officeholder **

Candidate / Officeholder name:

Office sought:

Office held:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T)

POLIT	SCHEDULE F			
The Instructi	ом Силов explains how to complete this form.		1 PAGE# Schedule: 3/6	6 Report: 15/18
2 FILER NAME	Spelman, William (Mr.)		3 ACCOUNT # 00121212	(Ethics Commission filers)
4 Date 5 Payee nama Facebook Advertising			7 Amount (\$)	
04/27/2009	6 Payee address; City; State; Zip Code 156 University Avenue Palo Alto, CA 94301			\$25.00
8 Purpose of payment (See instructions regarding type of information required.) advertising 9 ** Complete It direct expenditure to beneather the complete it direct expenditure to beneather the complete it direct expenditure to beneather the complete it direct expenditure to beneather the complete it direct expenditure to beneather the complete it direct expenditure to beneather the complete it direct expenditure to beneather the complete it direct expenditure to beneather the complete it direct expenditure to beneather the complete it direct expenditure to beneather the complete it direct expenditure to beneather the complete it direct expenditure to beneather the complete it direct expenditure to beneather the complete it direct expenditure to beneather the complete it direct expenditure to beneather the complete it direct expenditure to beneather the complete it direct expenditure to beneather the complete it direct expenditure to beneather the complete it direct expenditure to be complete it direct expension.			afit Candidate/Officeholder **	
(If travel outside of Texas, complete Schedule T) Office sought: Office held:				
Date	Payee name Facebook Advertising			Amount (\$)
04/28/2009	Payee address; City; State; Zip Code 156 University Avenue Palo Alto, CA 94301	•••••		\$25.00
Purpose of payment (See instructions regarding type of information required.) advertising Complete if direct expenditure to bene Candidate / Officeholder name:			efil Candidate/Officeholder	
(11)	travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Facebook Advertising			Amount (\$)
04/29/2009	Payee address; City; State; Zip Code 156 University Avenue Palo Alto, CA 94301			\$28.88
Purpose of pay required.) advertising	ment (See instructions regarding type of information	" Complete il direct Candidate / Officehold		fit Candidate/Officeholder **
· ·	trevel outside of Texas, complete Schedule 1)	Office sought: Office held:		
Date	Payee name I Contact Corporation			Amount (\$)
04/04/2009	Payee address; City; State; Zip Code 2635 Meridian Parkway Durham, NC 27713			\$322.00
Purpose of pay required.) email service	ment (See instructions regarding type of information	** Complete if direct Candidate / Officehold		lit Candidate/Officeholder **
/14	travel outside of Taxes, complete Schodule D.	Office sought:		

P.O. Box 12070 **POLITICAL EXPENDITURES** SCHEDULE F 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. Schedule: 4/6 Report: 16/18 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Spelman, William 00121212 4 Date 5 Payee name Amount (\$) Musselman, Karl Thomas \$250.00 04/01/2009 City; State; Zip Code 6 Payee address; 1512 A Pennsylvania Avenue Austin, TX 78702 8 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Office held Candidate / Officeholder name Consulting (If travel outside of Texas, complete Schadule T) Payee name Amount (\$) Office Max City; State; Zip Code Payee address; \$223.03 04/17/2009 907 West 5th Street Austin, TX 78703 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Office held Candidate / Officeholder name Office sought Printing expense (If travel outside of Texas, complete Schedule T) Amount Date Pavee name (\$) Office Max City; State; Zip Code Payee address; 04/17/2009 \$154.44 907 West 5th Street Austin, TX 78703 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office sought Office held Printing expense (If travel outside of Texas, complete Schedule T) Date Payee name Amount Pogue, Alan (\$) City; State; Zip Code Payee address; \$ 108.25 04/28/2009 2104 East MLK Blvd. Austin, TX 78702 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought Office held Event expense-photographs (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

The Instruct	tion Guide explains how to complete this form.		1 Total pages Schedule F: Schedule: 5/6 Report: 17/18		
2 FILER NAME	Spelman, William		3 ACCOUNT # (Ethics Commission filers) 00121212		
4 Date	5 Payeename Rindy Miller Media			7 Amount (\$)	
04/21/2009	6 Payee address; City; State: Zip Code 2401 East 6th St., Ste. 1003 Austin, TX 78702			\$550.00	
8 Purpose of payment (See instructions regarding type of information required.) Advertising expense-video 9 Complete if direct expenditure Candidate / Officeholder name				to benefit C/OH •• Office sought Office held	
(If travel outside	e of Texas, complete Schedule T)				
Date 04/08/2009	Payee name University Federal Credit Union Payee address; City; State; Zip Code 4611 Guadalupe Austin, TX 78705			Amount (\$) \$60.00	
required.) checks	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought Office held	
(if travel outside	of Texas, complete Schedule T)				
Date 04/20/2009	Payee name Mark Yznaga Payee address; City; State; Zip Code 2401 Briargrove Austin, TX 78704			Amount (\$) \$1,000.00	
required.) Cons	ment (See instructions regarding type of information ulting de of Texas, complete Schedule T)	•• Complete if dir Candidate / Officeholder n	,	to benefit C/OH •• Office sough! Office held	
Date	Payee name	<u> </u>		Amount	
04/15/2009	USPS Payee address; City; State; Zip Code 510 Guadalupe Street Austin, TX 78701			\$25.52	
required.) Postage reimburs	ment (See instructions regarding type of information expense- sement to Courtney Watson of Texas, complete Schedule T)	Candidate / Officeholder n	ame	to benefit C/OH Office sought Office held	
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS N	FEDED		

POLITIC	CAL EXPENDITURES	lexas 78711-2070	(512) 463	SCHEDULE F	<u> </u>
The Instruc	tion Guide explains how to complete this form.		1 Total page Schedule	s Schedule F: :: 6/6 Report: 18/18	_
2 FILER NAMI	E Spelman, William		3 ACCOUNT 00123	# (Ethics Commission filers)	
4 Date	5 Payeename Watson, Courtney			7 Amount (\$)	
04/15/2009	6 Payee address; City: State; Zip Code 11102 Praire Dove Circle Austin, TX 78758			\$750.00	
8 Purpose of pay required.) Contract La	yment (See instructions regarding type of information	9 •• Complete if di Candidate / Officaholder r	•	to benefit C/OH •• Office sought Office held	
(If travel outsid	le of Texas, complete Schedule T)				
Date	Payee name Worley Printing	<u> </u>		Amount (\$)	
04/09/2009	Payee address; City; State; Zip Code			\$284.70	
	Austin, TX 78722				
required.)	/ment (See instructions regarding type of information	Complete if di Cendidate / Officeholder r		to benefit C/OH Office sought Office held	
	ting expense a of Texas, complete Schedule T)				
Date	Payee name Wufoo	_	-	Amount (\$)	_
04/20/2009	Payee address: City; State; Zip Code 16057 Tampa Palms Blvd West Tampa, FL 33647		, , ,	\$24 . 95	
Purpose of pay required.) Interr	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n	•	to benefit C/OH ·· Office sought Office held	
(If travel outsi	de of Texas, complete Schedule T)				
Date	Payee name	_		Amoun((\$)	=
	Payee address; City; State; Zip Code				
Purpose of pay- required.)	ment (See instructions regarding type of information	•• Complete if dir Candidale / Officeholder n		to benefit C/OH ·· Office sought Office held	
(If travel outside	e of Texas, complete Schedule T)				

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Bill Spelman

SCHEDULE V – attach to form C/OH PERSONS SOLICITING CONTRIBUTIONS ON YOUR BEHALF Reference 2-2-14, Austin City Code

Enter the name and address of any person who as solicited and obtained contributions on your behalf, during the reporting period, of \$200 per person from five or more individuals. (You need not include individuals who raise funds totaling \$5,000 or less through a fundraising event in that individual's residence.)

Name of person soliciting contributions: David Armbrust

Address: Armbrust & Brown, LLP, 100 Congress Avenue, Suite 1300, Austin, TX 78701

Name of person soliciting contributions: Nikelle Meade

Address: Brown McCarroll, LLP, 111 Congress Avenue, Suite 1400, Austin, TX 78701

Name of person soliciting

contributions: H.R. "Mickey" Bentley

Address: 7004 Bent Oak Circle, Austin, TX 78749

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT#	0121212	2 Total pages filed:	OFFICE PEE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST William NICKNAME LAST Bill Spelman	MI SUFFIX	Date Received USTIN CIT		
4 ORIGINAL REPORT TYPE	X July 15 Ex 30th day before election 15th ap	onoff Other (specify) cceeded \$500 limit th day after treasurer oppointment (officeholder only) and report	Date Hand-delivered or Postmarked Receipt # Amount Date Processed		
5 ORIGINAL PERIOD COVERED	Month Day Year 04 / 30 / 2009 TH	Month Day Year HROUGH 07 / 15 / 2009	Date Imaged		
6 EXPLANATION OF CO	6 EXPLANATION OF CORRECTION 1. Update period covering from 04/30/09-07/15/09 to 04/30/2009-06/30/2009 2. Update expenditures under \$50 3. Update expenditures total 4. Update maintained contribution balance 5. Detailed description of the following expenditures: a) Brent Adair, b) Alan Pogue, c) Another Option Productions 6. Add the following expenditures: a) 5/20/09 -Wufoo, b) 6/19/09 -Wufoo 7. Edit vendor expenditures a) 5/1/09 changed from Barksdale English to USPS b)5/9/09 changed from Barksdale English to USPS c)6/3/09 changed from Mark Yznaga to Office Max d)6/3/09 changed from Mark Yznaga to J Blacks Feel Good Lounge				
AFFIX NOTARY STAM	1.) <	I swear, or affirm, under penalty report is true and correct. Check ONLY if applicable: I swear, or affirm, that I am filin later than the 14th business d that the report as originally filed I swear, or affirm, that any error originally filed was made in good signally filed was made in good signally filed was made in good signalure of Candidate this the land seal of office.	ng this corrected report not lay after the date I learned is inaccurate or incomplete, or omission in the report as od faith,		
Signature of officer admi	nistering oath Printed na	me of officer administering oath T	itle of officer administering oath		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1 ACCOUNT#	2 Total pages filed:
The C/OH Instruction	Guide explains how to complete this form.	(Ethics Commission Filers) 00121212	1 of 9
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER	William		Date Received
NAME .	NICKNAME LAST	SUFFIX	
	Bill Spelman	99,712	
·	DIII OPCIMAN		
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	1
OFFICEHOLDER	P.O. Box 13534		Date Hand-delivered or Postmarked
MAILING ADDRESS	Austin, TX 78711		Date Matin-delineten of Frantisivan
change of address			Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	<u> </u>
OFFICEHOLDER	4.530	EXTENSION	Date Processed
PHONE	(512) 974.2256		
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Imaged
TREASURER NAME	David		
IVAIVIE	NICKNAME LAST	SUFFIX	
	Anderson		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER	1515 Oxford Ave.		
ADDRESS (residence or business)	Austin, TX 78704		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(512) 924.2393		
9 REPORT TYPE	<u> </u>		
3 NEI OIN =	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
		Month Day	Year
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	
OVENES	04 / 30 / 09 TAROUGH	06 / 30 /	/ 09
TI TOTION	ELECTION DATE ELECTION TYPE		
11 ELECTION	Month Day Year ELECTION TYPE		
	05 / 09 / 2009 Primary	Runoff	General Special
15.055.05	action with a war a	4.0 CECIDE COUCHT (if known	
12 OFFICE	OFFICE HELD (Many) Council Member, Place 5	13 OFFICE SOUGHT (if known))
	Council House, 1200		
14 NOTICE	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITUR	RES MADE BY OTHERS WITHOUT THE	CANDIDATE'S PRIOR CONSENT OR APPROVAL.
OF DIRECT CAMPAIGN	CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION		
EXPENDITURE	Name		
BY OTHER INDIVIDUALS	Notific		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code	ie	
additional pages			
additional bodge			
	GO TO PAG	2F 2	
		, L	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME S	pelman, Willia	m		16 ACCOUNT # (Ethics Commission Filers) 00121212
17 NOTICE FROM POLITICAL	candidate / officehok	otice of political contributions accepted ler. These expenditures may have bee eholders are required to report this info	n made without the candidate's o	or officeholder's knowledge or consent.
COMMITTEE(S)	СОММІТТЕЕ ТҮРЕ	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
additional pages	,	COMMITTEE CAMPAIGN TREASURER NA	AME.	
	ř	COMMITTEE CAMPAIGN TREASURER AD	DRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$ S, LOANS, OR GUARANTEES OF		\$ 0
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GU.		\$ 2,515.00
EXPENDITURE TOTALS	² 3. TOTAL F	OLITICAL EXPENDITURES OF \$5	O OR LESS, UNLESS ITEMIZ	\$ 49.90
	4. TOTAL	POLITICAL EXPENDITURES		\$ 11,276.72
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAIN RTING PERIOD	TAINED AS OF THE LAST D	\$ 21,854.89
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTS Y OF THE REPORTING PERIOD	TANDING LOANS AS OF TH	S 0
19 AFFIDAVIT	·	is true a		perjury, that the accompanying report information required to be reported by
			Signature of Candi	date or Officeholder
AFFIX NOTARY STAMP	/ SEAL ABOVE			
Sworn to and subscrib	ed before me, by t	ne said		_, this the day
of, 20), lo cert	fy which, witness my hand ar	d seal of office.	
Signature of officer add	ninistering oath	Printed name of officer adm	inistering oath Tit	le of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION	אס Guide explains how to complete this form.		1 PAGE# Schedule: 1/2	2 Report: 3/9
2 FILER NAME	Spelman, William (Mr.)		3 ACCOUNT # 00121212	(Ethics Commission filers)
			00121212	
4 Date	5 Full name of contributor ut-of-state PAC (ID# Agarawal, Vandana (Mr.)))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/05/2009	6 Contributor address; City; State; Zip Code 10710 Oak View Dr	•••••	\$25.00	; !
	Austin, TX 78759			1
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	,			
Date	Full name of contributor out-of-state PAC (ID# Bandi, Mr and Ms Upendra (Mr. and Ms))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Baridi, Wil and Wis Opendra (Will and Wis)		, , ,	', ', ', ', ', ', ', ', ', ', ', ', ',
05/05/2009	Contributor address; City: State; Zip Code 7404 Carissa Cove Austin, TX 78759		\$700.00	
	Additi, 17,10139			' <u> </u>
			-	Texas, complete Schodule T)
Builder	ation / Job title (See Instructions)	Employer (See In self employed	structions)	
Date	Full name of contributor)	Amount of	In-kind contribution
	Dasgupta, Sumit (Mr.)		contribution (\$)	description (if applicable)
05/05/2000	Contributor address; City: State; Zip Code		\$40.00	
05/05/2009	8900 Bluegrss Dr Austin, TX 78759		\$40.00	[
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
- Allicipal dough				
Date	Full name of contributor Out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Guntakala, Chandra (Mr.)		continuation (\$)	description (ii applicable)
05/05/2009	Contributor address; City; State; Zip Code		\$ 100.00	
00/00/2000	12405 Alarr Apt 1528 Austin, TX 78727		\$ 100.00	
	Austri, 1770/2/			<u></u>
			•	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of	In-kind contribution
	Kalluri, Ramesh and Shanti (Mr. and Ms)	, , , , , , , , , , , , , , , , , , ,	contribution (\$)	description (if applicable)
04/30/2009	Contributor address; City; State; Zip Code		\$700.00 i	
	1907 Bywater Dr Houston, TX 77077		7 · · - 7	
	Treation in the state of the st		i	_1
			(If travel outside of	Texas, complete Schedule T)
Principal occup engineer	ation / Job title (See Instructions)	Employer (See Ins self employed	tructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

<u> </u>			_	<u> </u>	
Т	he Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/	2 Report: 4/9
2 F	LER NAME	Spelman, William (Mr.)		3 ACCOUNT# 00121212	(Ethics Commission filers)
4	Date	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05	5/05/2009	6 Contributor address; City; State; Zip Code P.O. Box 203128 Austin, TX 78720		\$700.00	 - -
	incipal occup nysician	ation / Job title (See Instructions)	10 Employer (See In self employed	,	Texas, complete Schedule T)
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05	/06/2009	Contributor address; City; State; Zip Code 10505 Yucca Dr Austin, TX 78759		\$100.00	(
				(If travel outside of	Toxas, complete Schedule T)
Pri	incipal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/	/05/2009	Contributor address; City; State; Zlp Code Austin, TX		\$100.00	
		Auguit, 17		Manual autal de ar	}
Pri	incinal occup	ation / Job title (See Instructions)	Employer (See In:	-	Texas, complete Schedule T)
		(**************************************	•	,	
	Date	Full name of contributor Out-of-state PAC (ID# Thrower, Allen Ron (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/	/05/2009	Contributor address; City; State; Zip Codo 13304 View Ridgo Ct Austin, TX 78737		\$50.00	
	1			(if travel outside of	Texas, complete Schedule T)
Prir	ncipal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruct	tion Guide explains how to complete this form.		1 Total pages Schedule F: Schedule: 1/5 Report: 5/9		
2 FILER NAME	Spelman, William		3 ACCOUNT # (Ethics Commission filers) 00121212		
4 Date	5 Payeename Adair, Brent			7 Amour (\$)	nt
05/09/2009	6 Payee address; City; State; Zip Code 4707 Avenue H Austin, TX 78751		, , , ,	\$150.00	
8 Purpose of payment (See instructions regarding type of information required.) Event expense-Music entertainment 9 •• Complete if direct expenditu Candidate / Officeholder name				to benefit C/OH ··· Office sought	Office held
(If travel outside of Texas, complete Schedule T)					
	,			Amous	
Date 05/05/2009	Payee name Another Option Productions			Amour (\$) \$400.00	ш
Purpose of payment (See instructions regarding type of information required.)		" Complete if direct expenditure to benefit C/OH " Candidate / Office holder name Office sought Office held			Office held
Event expense-Town Hall food				-	
& meeti (If travel outsid e	ng space rent of Texas, complete Schedule T)				
Date	Payeename Bandi, Upendra			Amoun (\$)	t
06/30/3009	Payee address; City; State; Zip Code 7404 Carissa Cove Austin, TX 78759			\$388.33	
required.)	ment (See instructions regarding type of information oution return	•• Complete if dir Candidate / Officeholder n	•	to benefit C/OH •• Office sought	Office held
(If travel outsi	de of Texas, complete Schedule T)				
Date	Payeename Davis, Ian			Amoun (\$)	ı
05/04/2009	Payee address; City; State; Zip Code 600 Bouldin Ave. Austin, TX 78704			\$750.00	
required.) Campaign	ment (See instructions regarding type of information Management	•• Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought	Office held
(If travel outside	of Texas, complete Schedule T)				
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS N	EEDED		

Texas Ethics C	Commission P.O. Box 12070 Austin, 7	Texas 78711-2070	(512) 463-5800	1-800-325-8506
POLITI	CAL EXPENDITURES			CHEDULE F
The Instruc	ction Guide explains how to complete this form.		1 Total pages Schedu Schedule: 2/5	
2 FILER NAM	E Spelman, William		3 ACCOUNT # (Ethics 00121212	Commission filers)
4 Date	5 Payee name Davis, Ian		7	Amount (\$)
05/10/2009	6 Payee address; City; State; Zip Code 600 Bouldin Avenue Austin, TX 78704		\$°	
required.)	yment (See instructions regarding type of information Management	9 * •• Complete if di Candidate / Officeholder i	rect expenditure to bene name Office sou	
(If travel outsid	ie of Texas, complete Schedule T)			
Date 05/18/2009	Payee name Davis, Ian Payee address; City; State; Zip Code 600 Bouldin Avenue Austin, TX 78704		\$2	Amount (\$) , 250 . 00
required.)	yment (See instructions regarding type of information Management	↔ Complete if di Candidate / Officeholder r	rect expenditure to benei name Office sou	
(If travel outside	e of Texas, complete Schedule T)			
Date 06/09/2009	Payee name Ellerby, Sharon Payee address; City; State; Zip Code 600 Bouldin Ave. Austin, TX 78704	,	\$2	Amount (\$)
required.) Contrac	rment (See instructions regarding type of information Labor ide of Texas, complete Schedule T)	•• Complete if di Candidate / Officeholder r	rect expenditure to benef name Office sou	
Date	Payee name		<u> </u>	Amount
Date	USPS			(\$)
05/01/2009	Payee address; City; State; Zip Code 510 Guadalupe Street Austin, TX 78701		\$2	2.68
required.) Postage (to Barks)	ment (See instructions regarding type of information expense-stamp reimbursement dale English e of Texas, complete Schedule T)	•• Complete if dir Candidate / Officeholder n	rect expenditure to benef ame Office sou	
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS N	EEDED	

The Instruction Guide explains how to complete this form.			1 Total pages Schedule F: Schedule: 3/5 Report: 7/9			
2 FILER NAME	Spelman, William		3 ACCOUNT # (Ethics Commission filers) 00121212			
4 Date	5 Payee name USPS		7 Amount (\$)			
05/09/2009	6 Payee address; City; State; Zip Code 510 Guadalupe Street Austin, TX 78701			\$157.68		
8 Purpose of payment (See instructions regarding type of information required.) Postage expense-stamp reimbursement to Barksdale English 9 •• Complete if direct expendite Candidate / Officeholder name			•	to benefit C/OH •• Office sought	Office held	
(If travel outside	e of Texas, complete Schedule T)					
Date	Payee name Joe's Bar and Grill Payee address; City; State; Zip Code			Amour (\$)	nt	
05/09/2009	Payee address; City; State; Zip Code 506 West Avenue Austin, TX 78701			\$500.00		
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH Candidate / Office holder name			Office held	
	Night Party	Candidate / Officeriolder in	alle	Office sought	Office field	
(If travel outside	e of Texas, complete Schedule T)					
Date	Payeename Kalluri, Ramesh			Amour (\$)	nt	
06/30/2009	Payee address; City; State; Zip Code 1907 Bywater Dr. Houston, TX 77077			\$388.33		
Purpose of payment (See instructions regarding type of information required.) contribution return		•• Complete if dir Candidate / Officeholder n	•	to benefit C/OH Office sought	Office held	
(If travel outsi	de of Texas, complete Schedule T)					
Date	Payeename Paturu, Klarunakara		7	Amour (\$)	nt	
06/30/2009	Payee address; City; State; Zip Code PO Box 203128 Austin, TX 78720			\$388.33		
Purpose of payment (See instructions regarding type of information required.) contribution return		•• Complete if dir Candidate / Officeholder n		lo benefil C/OH •• Office sought	Office held	
(If travel outside	of Texas, complete Schedule T)					
	ATTACH ADDITIONAL COPIES	COETUIS FORM AS N	FEDEN			

P.O. Box 12070 POLITICAL EXPENDITURES SCHEDULE F 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. Schedule: 4/5 Report: 8/9 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Spelman, William 00121212 Date 5 Payee name Amount (\$) Pogue, Alan 05/02/2009 \$108.25 6 Payee address; City; State; Zip Code 2104 East MLK Blvd Austin, TX 78702 Purpose of payment (See instructions regarding type of information -- Complete if direct expenditure to benefit C/OH -required.) Candidate / Officeholder name Office sought Office held Event expense-photographs (If travel outside of Texas, complete Schedule T) Date Payee name Amount (\$) Pugh, Alex Payee address; City; State; Zip Code \$200.00 06/09/2009 600 Bouldin Ave Austin, TX 78704 Purpose of payment (See instructions regarding type of information -- Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought Office held Contract Labor (If travel outside of Texas, complete Schedule T) Payee name Amount Date (\$) Villager Newspaper City; State; Zip Code 05/01/2009 Payee address; \$240.00 1223 Rosewood Austin, TX 78702 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office sought Office held Advertisement (If travel outside of Texas, complete Schedule T) Date Payee name Amount (\$) Yznaga, Mark City; State; Zip Code Payee address; 05/17/2009 \$4,000.00 2401 Brairgrove Austin, TX 78704 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office held Office sought consulting (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

The Instruct	tion Guide explains how to complete this form.		1 Total pages Schedule F: Schedule: 5/5 Report: 9/9		
2 FILER NAME Spelman, William			3 ACCOUNT # (Ethics Commission filers) 00121212		
4 Date	5 Payeename Office Max	_		7 Amou (\$)	nt
06/03/2009	6 Payee address; City; State: Zip Code 907 W 5th St. Austin, TX 78703			\$158.22	
required.) Office ov reimburse	ment (See instructions regarding type of information rerhead expense-office supplies ment to Mark Yznaga e of Texas, complete Schedule T)	9 Complete if direction Candidate / Officeholder no		to benefit C/OH •• Office sought	Office held
Date	Payeename J Blacks Feel Good Lounge		Amount (\$)		
06/03/2009	Payee address; City; State; Zip Code 710 B W 6th St Austin, TX 78701-2708			\$175.00	
Purpose of payment (See instructions regarding type of information required.) Event expense-reimbursement to Mark Yznaga for food & beverage (If travel outside of Texas, complete Schedule T)		•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought	Office held
Date	Payee name Wufoo			Amount (\$)	
05/20/2009	Payee address; City; State; Zip Code 16057 Tampa Palms Blvd. West Tampa, FL 33647		,	\$24.95	
Purpose of payment (See instructions regarding type of information required.) Internet fees		•• Complete if dire Candidate / Officeholder na		lo benefit C/OH ++ Office sought	Office held
(If travel outsi	de of Texas, complete Schedule T)				
Date	Payee name Wufoo			Amour (\$)	at
06/19/2009	Payee address; City; State; Zip Code 16057 Tampa Palms Blvd. West Tampa, FL 33647			\$24.95	
Purpose of payment (See instructions regarding type of information required.) Internet fees (If travel outside of Texas, complete Schedule T)		•• Complete if dire Candidate / Officeholder na	· ·	lo benefit C/OH •• Office sought	Office held
,	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED		