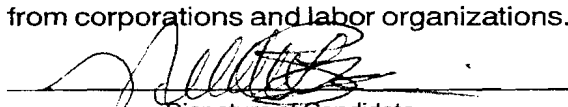


**AMENDMENT: APPOINTMENT OF A
CAMPAIGN TREASURER BY A CANDIDATE**

FORM ACTA

PG 1

1 CANDIDATE NAME	2 ACCOUNT #	3 Total pages filed: /																				
<p>See ACTA INSTRUCTION GUIDE for detailed instructions. Use this form for changes to existing information <i>only</i>. Do not provide information previously disclosed.</p>																						
4 CANDIDATE NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: none;">NEW</td> <td style="width:20%; border: none;">MS / MRS / MR</td> <td style="width:30%; border: none;">FIRST</td> <td style="width:10%; border: none;">MI</td> <td style="width:30%; border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">Mrs.</td> <td style="border: none;">Nelda</td> <td style="border: none;">Lucc</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">NICKNAME</td> <td style="border: none;">LAST</td> <td style="border: none;">SUFFIX</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">Blair</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>	NEW	MS / MRS / MR	FIRST	MI			Mrs.	Nelda	Lucc			NICKNAME	LAST	SUFFIX				Blair			<p>OFFICE USE ONLY</p> <hr/> <p>Date Received</p> <hr/> <p>Date Hand-delivered or Date Postmarked</p> <hr/> <p>Date Processed</p> <hr/> <p>Date Imaged</p>
NEW	MS / MRS / MR	FIRST	MI																			
	Mrs.	Nelda	Lucc																			
	NICKNAME	LAST	SUFFIX																			
		Blair																				
5 CANDIDATE MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: none;">NEW</td> <td style="width:20%; border: none;">ADDRESS / PO BOX;</td> <td style="width:10%; border: none;">APT / SUITE #;</td> <td style="width:15%; border: none;">CITY;</td> <td style="width:10%; border: none;">STATE;</td> <td style="width:15%; border: none;">ZIP CODE</td> </tr> <tr> <td style="border: none;"></td> <td colspan="5" style="border: none;">205 Grogan's Point Road, The Woodlands, Texas 77380</td> </tr> </table>		NEW	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		205 Grogan's Point Road, The Woodlands, Texas 77380												
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	205 Grogan's Point Road, The Woodlands, Texas 77380																					
6 CANDIDATE PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: none;">NEW</td> <td style="width:20%; border: none;">AREA CODE</td> <td style="width:30%; border: none;">PHONE NUMBER</td> <td style="width:10%; border: none;">EXTENSION</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(281)</td> <td style="border: none;">363-3632</td> <td style="border: none;"></td> </tr> </table>		NEW	AREA CODE	PHONE NUMBER	EXTENSION		(281)	363-3632													
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	(281)	363-3632																				
7 OFFICE HELD (if any)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: none;">NEW</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">The Woodlands Township, appointed member, Board of Directors</td> </tr> </table>		NEW			The Woodlands Township, appointed member, Board of Directors																
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8 OFFICE SOUGHT (if known)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: none;">NEW</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">The Woodlands Township, elected member, Board of Directors</td> </tr> </table>		NEW			The Woodlands Township, elected member, Board of Directors																
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9 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: none;">NEW</td> <td style="width:20%; border: none;">MS / MRS / MR</td> <td style="width:15%; border: none;">FIRST</td> <td style="width:10%; border: none;">MI</td> <td style="width:20%; border: none;">NICKNAME</td> <td style="width:10%; border: none;">LAST</td> <td style="width:15%; border: none;">SUFFIX</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">Dr.</td> <td style="border: none;">Ann</td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">Snyder</td> <td style="border: none;"></td> </tr> </table>		NEW	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX		Dr.	Ann			Snyder							
NEW	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX																
	Dr.	Ann			Snyder																	
10 CAMPAIGN TREASURER STREET ADDRESS (Residence or business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: none;">NEW</td> <td style="width:20%; border: none;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; border: none;">APT / SUITE #;</td> <td style="width:15%; border: none;">CITY;</td> <td style="width:10%; border: none;">STATE;</td> <td style="width:15%; border: none;">ZIP CODE</td> </tr> <tr> <td style="border: none;"></td> <td colspan="5" style="border: none;">31 Rolling Links Court, The Woodlands, Texas 77380</td> </tr> </table>		NEW	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE		31 Rolling Links Court, The Woodlands, Texas 77380												
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	31 Rolling Links Court, The Woodlands, Texas 77380																					
11 CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: none;">NEW</td> <td style="width:20%; border: none;">AREA CODE</td> <td style="width:30%; border: none;">PHONE NUMBER</td> <td style="width:10%; border: none;">EXTENSION</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(281)</td> <td style="border: none;">367-9631</td> <td style="border: none;"></td> </tr> </table>		NEW	AREA CODE	PHONE NUMBER	EXTENSION		(281)	367-9631													
NEW	AREA CODE	PHONE NUMBER	EXTENSION																			
	(281)	367-9631																				
12 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;">  Signature of Candidate </div> <div style="text-align: center;"> 3-13-08 Date Signed </div> </div>																					
GO TO PAGE 2																						



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME Nelda Luce Blair **16 ACCOUNT #** (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

<input type="checkbox"/> additional pages	<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,125
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,125
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT

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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Nelda Luce Blair, this the 9th day of April, 2008 to certify which, witness my hand and seal of office.

Denise Smelley

Notary

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A.
2

2 FILER NAME **Nelda Luce Blair** 3 ACCOUNT # (Ethics Commission filers)

4 Date 3/13/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Louie	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 112 Harbor Town Way Montgomery, TX 77356		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 3/24/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd Matthews	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11 Redhaven Pl. The Woodlands, TX 77381		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 3/24/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J.R. and Rena Moore	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 22 Cape Jasmine Pl. The Woodlands, TX 77381		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 3/24/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry Cheek	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 17 E. White Willow Cir. The Woodlands, TX 77381		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 3/31/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Ambler	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11301 Lake Forest Dr Conroe, TX 77384		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

[Handwritten signature]

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME Nelda Luce Blair		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/31/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mike Meador	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 112 Wroxton Dr. Conroe, TX 77304		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/31/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ed Jones	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 40 Waterway Court The Woodlands, TX 77380		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/31/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Novelli	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 42 Palmer Crest Ct. The Woodlands, TX 77381		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

RJB

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B:
1

2 FILER NAME

Nelda Luce Blair

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ 0

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS		SCHEDULE E	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1	
2 FILER NAME Nelda Luce Blair		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ 0	
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)	
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)	
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)	
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)	
Principal Occupation		Employer	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME Nelda Luce Blair		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name N/A	7 Amount (\$) 0
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.	1 Total pages Schedule G: 1
2 FILER NAME Nelda Luce Blair	3 ACCOUNT # (Ethics Commission tiers)

4 Date	5 Payee name N/A	8 Amount (\$) 0
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political 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)	<input type="checkbox"/> Reimbursement from political 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)	<input type="checkbox"/> Reimbursement from political 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)	<input type="checkbox"/> Reimbursement from political 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)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH**

SCHEDULE H

The Instruction Guide explains how to complete this form. 1 Total pages Schedule H:
1

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)
Nelda Luce Blair

4 Date	5 Business name N/A	7 Amount (\$) 0
6 Business address; City; State; Zip Code		

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

Date	Business name	Amount (\$)
Business address; City; State; Zip Code		

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

Date	Business name	Amount (\$)
Business address; City; State; Zip Code		

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

Date	Business name	Amount (\$)
Business address; City; State; Zip Code		

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:
1

2 FILER NAME

Nelda Luce Blair

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name N/A	8 Amount (\$)
	6 Payee address; City; State; Zip Code	0
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

Nelda Luce Blair

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name N/A	8 Amount (\$) 0
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1
2 FILER NAME Nelda Luce Blair		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee N/A		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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)	2 Total pages filed: 8								
3 CANDIDATE / OFFICEHOLDER NAME	MRS/ FIRST Nelda MI L. NICKNAME LAST Blair SUFFIX	OFFICE USE ONLY									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 205 Grogan's Point Road, The Woodlands, TX 77380	Date Received									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 363-3632	Date Hand-delivered or Date Postmarked									
6 CAMPAIGN TREASURER NAME	MRS FIRST Ann MI NICKNAME LAST Snyder SUFFIX	Receipt # Amount Date Processed									
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 31 Rolling Links Court, The Woodlands, Texas 77380	Date Imaged									
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 367-9631										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td style="width:25%; text-align: center;">January 15</td> <td style="width:25%; text-align: center;">30th day before election</td> <td style="width:25%; text-align: center;">Runoff</td> <td style="width:25%; text-align: center;">15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td style="text-align: center;">July 15</td> <td style="text-align: center;"><u>X</u> 8th day before election</td> <td style="text-align: center;">Exceeded \$500 limit</td> <td style="text-align: center;">Final report (Attach C/OH - FR)</td> </tr> </table>			January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)	July 15	<u>X</u> 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)								
July 15	<u>X</u> 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)								
10 PERIOD COVERED	Month April Day 1 Year 2008 THROUGH Month April Day 30 Year 2008										
11 ELECTION	ELECTION DATE Month May Day 10 Year 2008	ELECTION TYPE Primary Runoff <u>X</u> General Special									
12 OFFICE	OFFICE HELD (if any) The Woodlands Township Board of Directors - appointed	13 OFFICE SOUGHT (if known) The Woodlands Township Board of Directors - elected position									
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS additional pages	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.										
Name											
Address / PO Box: Apt. / Suite #: City: State: Zip Code											

GO TO PAGE 2

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

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

5 C/OH NAME Blair, Nelda L. (Mrs.) 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

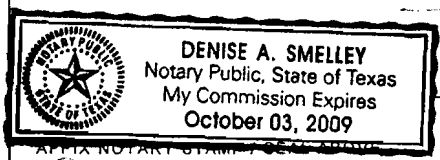
- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. -

COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
---	--

additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,031.02
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$22,271.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 278.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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



[Handwritten Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Nelda L. Blair, this the 1st day of May, 2008, to certify which witness my hand and seal of office.

[Handwritten Signature] Denise A. Smelley Notary Public

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/3 Report: 3/8

2 FILER NAME Blair, Nelda L (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

4 Date 04/01/2008
5 Full name of contributor out-of-state PAC (ID# _____)
Barrick, Don (Mr.)

7 Amount of contribution (\$) \$350.00
8 In-kind contribution description (if applicable)
Professional Graphics Design Labor

6 Contributor address; City; State; Zip Code
25318 Elm Creek Drive
Spring, TX 77380

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 04/16/2008
Full name of contributor out-of-state PAC (ID# _____)
Deison, R A (Mr.)

Amount of contribution (\$) \$500.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
307 North San Jacinto
Conroe, TX 77301

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 04/24/2008
Full name of contributor out-of-state PAC (ID# _____)
Greene, Frederick (Mr.)

Amount of contribution (\$) \$100.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
43 Biscay Place
The Woodlands, TX 77381

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 04/16/2008
Full name of contributor out-of-state PAC (ID# _____)
Hillco PAC

Amount of contribution (\$) \$250.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
823 Congress Avenue #900
Austin, TX 78701

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 04/29/2008
Full name of contributor out-of-state PAC (ID# _____)
Kosh, Casey (Mr.)

Amount of contribution (\$) \$300.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
19011 Pinewood Glen Drive
Spring, TX 77388

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

05-01-08 P04:50 IN [Signature]

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 2/3 Report: 4/8

2 FILER NAME Blair, Nelda L (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

4 Date **5** Full name of contributor out-of-state PAC (ID# _____)
04/29/2008 Larson, James (Mr.)

7 Amount of contribution (\$) **8** In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
74 Batesbrooke Court
The Woodlands, TX 77381

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
04/24/2008 Roe, Clifford (Mr.)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
765 Sawdust Road, Suite 1246
Spring, TX 77380-2945

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
04/29/2008 Saunders, Melanie (Mrs.)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
4509 Creekbend Drive
Houston, TX 77035

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
04/16/2008 Strong, Bret (Mr.)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
10 North Cochran's Green Circle
The Woodlands, TX 77380

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
04/01/2008 The Blair Law Firm, P.C.

Amount of contribution (\$) In-kind contribution description (if applicable)
Printing Supplies

Contributor address; City; State; Zip Code
7 Grogan's Park Drive
Redbud Building 3
The Woodlands, TX 77380

\$1,424.92

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

05-01-08 P04:50 IN [Signature]

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/3 Report: 5/8	
2 FILER NAME Blair, Nelda L (Mrs.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/22/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The Blair Law Firm, P.C.	7 Amount of contribution (\$) \$306.10	8 In-kind contribution description (if applicable) Postage
6 Contributor address; City; State; Zip Code 7 Grogan's Park Drive Redbud Building 3 The Woodlands, TX 77380		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

05-01-08 P04:50 IN RCV

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 6/8
2 FILER NAME Blair, Nelda L (Mrs.)		3 ACCOUNT # (Ethics Commission filers)
4 Date 04/30/2008	5 Payee name Corporate Incentives, Inc. 6 Payee address; City; State; Zip Code 26414 Oak Ridge Drive The Woodlands, TX 77380	7 Amount (\$) \$432.10
8 Purpose of payment (See instructions regarding type of information required.) Campaign Bumper Stickers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/30/2008	Payee name Corporate Incentives, Inc. Payee address; City; State; Zip Code 26414 Oak Ridge Drive The Woodlands, TX 77380	Amount (\$) \$2,299.85
Purpose of payment (See instructions regarding type of information required.) Campaign Yard Signs (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/30/2008	Payee name Corporate Incentives, Inc. Payee address; City; State; Zip Code 26414 Oak Ridge Drive The Woodlands, TX 77380	Amount (\$) \$301.07
Purpose of payment (See instructions regarding type of information required.) Campaign Balloons (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/30/2008	Payee name Corporate Incentives, Inc. Payee address; City; State; Zip Code 26414 Oak Ridge Drive The Woodlands, TX 77380	Amount (\$) \$263.80
Purpose of payment (See instructions regarding type of information required.) Campaign Lapel Stickers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: 05-01-08 P:14:50 L.H. [Signature]

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/2 Report: 7/8
2 FILER NAME Blair, Nelda L (Mrs.)		3 ACCOUNT # (Ethics Commission filers)
4 Date 04/14/2008	5 Payee name The Woodlands Land Development Company, LP 6 Payee address; City; State; Zip Code 2201 Timberloch Place The Woodlands, TX 77380	7 Amount (\$) \$500.00
8 Purpose of payment (See instructions regarding type of information required.) Sign Easements (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

05-01-08 P04:50 11 p.m.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 8/8

2 FILER NAME Blair, Nelda L (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
04/23/2008	FedEx Kinkos ----- Payee address; City; State; Zip Code 479 Sawdust Road The Woodlands, TX 77380 ----- Purpose of expenditure (See instructions regarding type of information required.) Campaign Banners (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	\$265.63 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
04/23/2008	FedEx Kinkos ----- Payee address; City; State; Zip Code 479 Sawdust Road The Woodlands, TX 77380 ----- Purpose of expenditure (See instructions regarding type of information required.) Turn Key Campaign Mailer (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	\$15,908.51 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
04/28/2008	Screaming Tees ----- Payee address; City; State; Zip Code 4638-A FM 2920 Spring, TX 77388 ----- Purpose of expenditure (See instructions regarding type of information required.) T-Shirts (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	\$218.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
05/01/2008	Spectrum Catering Concessions and Special Events ----- Payee address; City; State; Zip Code P.O. Box 7130 The Woodlands, TX 77387 ----- Purpose of expenditure (See instructions regarding type of information required.) Vote Rally Catering (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	\$2,082.01 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

05-01-08 P04:50 L. [Signature]

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)	2 Total pages filed: 1 of 6								
3 CANDIDATE / OFFICEHOLDER NAME	MRS/ FIRST Nelda MI L. NICKNAME LAST Blair SUFFIX	OFFICE USE ONLY									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 205 Grogan's Point Road, The Woodlands, TX 77380	Date Received									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 363-3632	Date Hand-delivered or Date Postmarked									
6 CAMPAIGN TREASURER NAME	MRS FIRST Ann MI NICKNAME LAST Snyder SUFFIX	Receipt # Amount									
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 31 Rolling Links Court, The Woodlands, Texas 77380	Date Processed									
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 367-9631	Date Imaged									
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">January 15</td> <td style="width:25%; text-align: center;">30th day before election</td> <td style="width:25%; text-align: center;">Runoff</td> <td style="width:25%; text-align: center;">15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td style="text-align: center;">July 15</td> <td style="text-align: center;">8th day before election</td> <td style="text-align: center;">Exceeded \$500 limit</td> <td style="text-align: center;">X Final report (Attach C/OH - FR)</td> </tr> </table>			January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)	July 15	8th day before election	Exceeded \$500 limit	X Final report (Attach C/OH - FR)
January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)								
July 15	8th day before election	Exceeded \$500 limit	X Final report (Attach C/OH - FR)								
10 PERIOD COVERED	Month May Day 1 Year 2008 THROUGH Month June Day 30 Year 2008										
11 ELECTION	ELECTION DATE Month May Day 10 Year 2008	ELECTION TYPE Primary Runoff <input checked="" type="checkbox"/> General Special									
12 OFFICE	OFFICE HELD (if any) The Woodlands Township Board of Directors - appointed	13 OFFICE SOUGHT (if known) The Woodlands Township Board of Directors - elected position									
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.										
additional pages	Name Tommy Williams Address / PO Box, Apt / Suite #, City, State, Zip Code 8 Hornsilver Place The Woodlands, TX 77381										

GO TO PAGE 2

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

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

5 C/OH NAME Blair, Nelda L. (Mrs.)

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,994.67
3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 26.30
4.	TOTAL POLITICAL EXPENDITURES	\$ 2,066.67
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

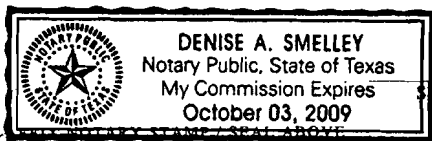
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

19 AFFIDAVIT

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



[Handwritten Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Nelda L. Blair, this the 30th day of June, 2008. to certify which witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Denise A. Smelley
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 4/6
2 FILER NAME Blair, Nelda L (Mrs.)		3 ACCOUNT # (Ethics Commission filers)
4 Date 05/10/2008	5 Payee name Blimpie 6 Payee address; City; State; Zip Code 25119 Grogan's Mill Road Suite B The Woodlands, TX 77380	7 Amount (\$) \$190.88
8 Purpose of payment (See instructions regarding type of information required.) Sandwich Trays for Poll Workers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/14/2008	Payee name Conroe Welding Supply Payee address; City; State; Zip Code 415 South Frazier Conroe, TX 77301	Amount (\$) \$65.55
Purpose of payment (See instructions regarding type of information required.) Helium Tank Rental (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/07/2008	Payee name Corporate Incentives, Inc. Payee address; City; State; Zip Code 26414 Oak Ridge Drive The Woodlands, TX 77380	Amount (\$) \$471.75
Purpose of payment (See instructions regarding type of information required.) Additional Yard Signs (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 5/6

2 FILER NAME Blair, Nelda L (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/29/2008

5 Payee name
OCS

8 Amount (\$)

\$1,312.19

6 Payee address; City; State; Zip Code
780 Westridge Road
The Woodlands, TX 77380

7 Purpose of expenditure (See instructions regarding type of information required.)
Portion of Campaign Website Programming

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

CANDIDATE/OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
** Complete only if 'Report Type' on page 1 is marked 'Final Report' **

Page 6 of 6

1 C/OH NAME Blair, Nelda L (Mrs.)	2 ACCOUNT # (Ethics Commission filers)
-----------------------------------	--

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below only if you are not an officeholder **

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



 Signature of Candidate

5 OFFICEHOLDER

** Complete this section only if you are an officeholder **

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.



 Signature of Officeholder