

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT # 00020673	2 PAGE # 1 of 100
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3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Senator Jane NICKNAME LAST SUFFIX Nelson	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Receipt #</td> <td style="width: 50%; padding: 2px;">Amount</td> </tr> <tr> <td style="padding: 2px;">Legal</td> <td style="padding: 2px;">Totals</td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount	Legal	Totals
Receipt #	Amount					
Legal	Totals					
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final Report					
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year 01/01/2005 THROUGH 06/30/2005					

6 EXPLANATION OF CORRECTION

Explain: This report clarifies expense types and vendor information.

7 AFFIDAVIT

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.

Jane Nelson _____
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by _____ this the ____ day of _____, 20____, to certify which, witness my hand and seal of office.

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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/93 Report: 4/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 05/11/2005	5 Payee name A Plus Jewelry by Charles 6 Payee address; City; State; Zip Code 202 Sawdust Rd Ste 109 Spring, TX 77380	7 Amount (\$) \$1,615.13
8 Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 01/30/2005	Payee name Allstate Indemnity Company Payee address; City; State; Zip Code 2014 Justin Rd Ste 106 Lewisville, TX 75077	Amount (\$) \$535.00
Purpose of payment (See instructions regarding type of information required.) Desc:insurance (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 01/03/2005	Payee name American Airlines Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	Amount (\$) \$550.00
Purpose of payment (See instructions regarding type of information required.) Desc:transportation (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 01/11/2005	Payee name American Airlines Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	Amount (\$) \$170.20
Purpose of payment (See instructions regarding type of information required.) Desc:transportation (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/93 Report: 5/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 01/27/2005	5 Payee name American Airlines 6 Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	7 Amount (\$) \$340.40
8 Purpose of payment (See instructions regarding type of information required.) Desc:transportation (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 02/03/2005	Payee name American Airlines Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	Amount (\$) \$170.20
Purpose of payment (See instructions regarding type of information required.) Desc:transportation (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 02/03/2005	Payee name American Airlines Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	Amount (\$) \$340.40
Purpose of payment (See instructions regarding type of information required.) Desc:transportation (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 02/10/2005	Payee name American Airlines Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	Amount (\$) \$340.40
Purpose of payment (See instructions regarding type of information required.) Desc:transportation (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/93 Report: 6/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 02/17/2005	5 Payee name American Airlines 6 Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	7 Amount (\$) \$170.20
8 Purpose of payment (See instructions regarding type of information required.) Desc:transportation (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 02/24/2005	Payee name American Airlines Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	Amount (\$) \$340.40
Purpose of payment (See instructions regarding type of information required.) Desc:transportation (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 03/03/2005	Payee name American Airlines Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	Amount (\$) \$340.40
Purpose of payment (See instructions regarding type of information required.) Desc:transportation (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 03/10/2005	Payee name American Airlines Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	Amount (\$) \$340.40
Purpose of payment (See instructions regarding type of information required.) Desc:transportation (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/93 Report: 7/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 03/17/2005	5 Payee name American Airlines 6 Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	7 Amount (\$) \$340.40
8 Purpose of payment (See instructions regarding type of information required.) Desc:transportation (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 03/24/2005	Payee name American Airlines Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	Amount (\$) \$340.40
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 03/30/2005	Payee name American Airlines Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	Amount (\$) \$170.20
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 04/13/2005	Payee name American Airlines Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	Amount (\$) \$340.40
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/93 Report: 8/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 04/20/2005	5 Payee name American Airlines 6 Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	7 Amount (\$) \$340.40
8 Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 04/27/2005	Payee name American Airlines Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	Amount (\$) \$340.40
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 05/04/2005	Payee name American Airlines Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	Amount (\$) \$340.40
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 05/09/2005	Payee name American Airlines Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	Amount (\$) \$278.40
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/93 Report: 9/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 05/11/2005	5 Payee name American Airlines 6 Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	7 Amount (\$) \$340.40
8 Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 05/17/2005	Payee name American Airlines Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	Amount (\$) \$340.40
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 05/29/2005	Payee name American Airlines Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	Amount (\$) \$170.20
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 05/30/2005	Payee name American Airlines Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	Amount (\$) \$152.20
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/93 Report: 10/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 05/30/2005	5 Payee name American Airlines 6 Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	7 Amount (\$) \$5.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 06/14/2005	Payee name American Airlines Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	Amount (\$) \$198.90
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 06/14/2005	Payee name American Airlines Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	Amount (\$) \$198.90
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 06/16/2005	Payee name American Airlines Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	Amount (\$) \$1,302.55
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/93 Report: 11/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 06/29/2005	5 Payee name American Airlines 6 Payee address; City; State; Zip Code PO Box 182112 Columbus, OH 43218	7 Amount (\$) \$340.40
8 Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 03/22/2005	Payee name American Express Payee address; City; State; Zip Code PO Box 650448 Dallas, TX 75265	Amount (\$) \$150.00
Purpose of payment (See instructions regarding type of information required.) Desc:membership (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 05/13/2005	Payee name American Express Payee address; City; State; Zip Code PO Box 650448 Dallas, TX 75265	Amount (\$) \$8,101.15
Purpose of payment (See instructions regarding type of information required.) Desc:staff salary bonus (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 06/15/2005	Payee name Anna Maria's Payee address; City; State; Zip Code 1737 Connecticut Ave NW Washington, DC 20009	Amount (\$) \$52.95
Purpose of payment (See instructions regarding type of information required.) Desc:meals (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**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/93 Report: 12/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 02/08/2005	5 Payee name Argyle Chamber of Commerce 6 Payee address; City; State; Zip Code PO Box 245 Argyle, TX 76226	7 Amount (\$) \$100.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:membership (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 06/08/2005	Payee name Aristotle Payee address; City; State; Zip Code Merideth Ann Sealock 205 Pennsylvania Ave SE Washington, DC 20003	Amount (\$) \$588.20
Purpose of payment (See instructions regarding type of information required.) Desc:professional services (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 06/21/2005	Payee name Aristotle Payee address; City; State; Zip Code Merideth Ann Sealock 205 Pennsylvania Ave SE Washington, DC 20003	Amount (\$) \$2,000.00
Purpose of payment (See instructions regarding type of information required.) Desc:technology services (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 03/24/2005	Payee name Artisan Studio Engraving Payee address; City; State; Zip Code 13960 Allen Trl Cathy & Dennis Setinsek Roanoke, TX 76262	Amount (\$) \$255.00
Purpose of payment (See instructions regarding type of information required.) Desc:professional services (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/93 Report: 13/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 01/05/2005	5 Payee name AT&T 6 Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	7 Amount (\$) \$62.41
8 Purpose of payment (See instructions regarding type of information required.) Desc:communications (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 01/10/2005	Payee name AT&T Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	Amount (\$) \$30.43
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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 01/28/2005	Payee name AT&T Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	Amount (\$) \$41.51
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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 03/01/2005	Payee name AT&T Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	Amount (\$) \$26.65
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/93 Report: 14/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 03/19/2005	5 Payee name AT&T 6 Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	7 Amount (\$) \$190.51
8 Purpose of payment (See instructions regarding type of information required.) Desc:communications (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 03/28/2005	Payee name AT&T Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	Amount (\$) \$37.35
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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 04/20/2005	Payee name AT&T Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	Amount (\$) \$56.56
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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 04/28/2005	Payee name AT&T Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	Amount (\$) \$26.89
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/93 Report: 15/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 05/31/2005	5 Payee name AT&T 6 Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	7 Amount (\$) \$43.15
8 Purpose of payment (See instructions regarding type of information required.) Desc:communications (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 06/28/2005	Payee name AT&T Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	Amount (\$) \$33.61
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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 05/24/2005	Payee name Austin's Pizza Payee address; City; State; Zip Code 800 W 12th St Austin, TX 78701	Amount (\$) \$85.28
Purpose of payment (See instructions regarding type of information required.) Desc:meal (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 04/02/2005	Payee name Babies R Us Payee address; City; State; Zip Code 3225 Round Grove Road Lewisville, TX 75067	Amount (\$) \$108.24
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/93 Report: 16/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 02/19/2005	5 Payee name Bed Bath & Beyond 6 Payee address; City; State; Zip Code 2930 Preston Road Frisco, TX 75035	7 Amount (\$) \$51.83
8 Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 06/19/2005	Payee name Bistrot Du Coin Payee address; City; State; Zip Code 1738 Connecticut Ave NW Washington, DC 20009	Amount (\$) \$51.70
Purpose of payment (See instructions regarding type of information required.) Desc:food (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 01/05/2005	Payee name Bottom Line Health Payee address; City; State; Zip Code PO Box 53412 Boulder, CO 80322	Amount (\$) \$29.95
Purpose of payment (See instructions regarding type of information required.) Desc:subscription (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 06/15/2005	Payee name Bottom Line Health Payee address; City; State; Zip Code PO Box 53412 Boulder, CO 80322	Amount (\$) \$39.00
Purpose of payment (See instructions regarding type of information required.) Desc:publication (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/93 Report: 17/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 05/04/2005	5 Payee name Brick Oven 6 Payee address; City; State; Zip Code 1209 Red River St Austin, TX 78701	7 Amount (\$) \$91.61
8 Purpose of payment (See instructions regarding type of information required.) Desc:meals (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 01/28/2005	Payee name Brooke Hambrick Payee address; City; State; Zip Code 10041 Cross Bend Cir Frisco, TX 75034	Amount (\$) \$92.73
Purpose of payment (See instructions regarding type of information required.) Desc:Mileage (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 03/22/2005	Payee name Brooke Hambrick Payee address; City; State; Zip Code 10041 Cross Bend Cir Frisco, TX 75034	Amount (\$) \$37.21
Purpose of payment (See instructions regarding type of information required.) Desc:Mileage (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 03/08/2005	Payee name Campaigns & Elections Payee address; City; State; Zip Code 1511 K St NW Washington, DC 20005	Amount (\$) \$24.97
Purpose of payment (See instructions regarding type of information required.) Desc:publication (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**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/93 Report: 18/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 04/13/2005	5 Payee name Campaigns & Elections 6 Payee address; City; State; Zip Code 1511 K St NW Washington, DC 20005	7 Amount (\$) \$24.97
8 Purpose of payment (See instructions regarding type of information required.) Desc:subscription (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 06/20/2005	Payee name Campaigns & Elections Payee address; City; State; Zip Code 1511 K St NW Washington, DC 20005	Amount (\$) \$450.00
Purpose of payment (See instructions regarding type of information required.) Desc:publication (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 01/05/2005	Payee name Capital Center II Payee address; City; State; Zip Code PO Box 4277 Mountain View, CA 94040	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) Desc:lease (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 04/04/2005	Payee name Capital Center II Payee address; City; State; Zip Code PO Box 4277 Mountain View, CA 94040	Amount (\$) \$300.00
Purpose of payment (See instructions regarding type of information required.) Desc:lease (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/93 Report: 19/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 05/03/2005	5 Payee name Capital Center II 6 Payee address; City; State; Zip Code PO Box 4277 Mountain View, CA 94040	7 Amount (\$) \$100.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:lease (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 05/24/2005	Payee name Capital Center II Payee address; City; State; Zip Code PO Box 4277 Mountain View, CA 94040	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Desc:lease (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 06/28/2005	Payee name Capital Center II Payee address; City; State; Zip Code PO Box 4277 Mountain View, CA 94040	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Desc:lease (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 04/22/2005	Payee name Capitol Gift Shop Payee address; City; State; Zip Code Capital Extension Room E.1006 1400 N. Congress Austin, TX 78701	Amount (\$) \$346.40
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/93 Report: 20/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 06/17/2005	5 Payee name Capitol Inside 6 Payee address; City; State; Zip Code PO Box 684811 Austin, TX 78768	7 Amount (\$) \$250.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:subscription (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 06/17/2005	Payee name Children's Advocacy Center of TX Payee address; City; State; Zip Code 12325 Hymeadow Dr Bldg. 3 #200 Austin, TX 78750	Amount (\$) \$300.00
Purpose of payment (See instructions regarding type of information required.) Desc:donation (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 02/18/2005	Payee name Chrysalis Foundation Payee address; City; State; Zip Code 1615 Hospital Pkwy Bedford, TX 76022	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) Desc:donation (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 03/11/2005	Payee name Circle R Ranch Payee address; City; State; Zip Code 5901 Cross Timbers Rd. Flower Mound, TX 75022	Amount (\$) \$10,549.38
Purpose of payment (See instructions regarding type of information required.) Desc:event (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/93 Report: 21/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date	5 Payee name City of Austin Utilities	7 Amount (\$)
02/11/2005	6 Payee address; City; State; Zip Code PO Box 2267 Austin, TX 78783	\$243.50
8 Purpose of payment (See instructions regarding type of information required.) Desc:utilities (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	Payee name City of Austin Utilities	Amount (\$)
03/11/2005	Payee address; City; State; Zip Code PO Box 2267 Austin, TX 78783	\$33.74
Purpose of payment (See instructions regarding type of information required.) Desc:utilities (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	Payee name City of Austin Utilities	Amount (\$)
04/11/2005	Payee address; City; State; Zip Code PO Box 2267 Austin, TX 78783	\$34.66
Purpose of payment (See instructions regarding type of information required.) Desc:utilities (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	Payee name City of Austin Utilities	Amount (\$)
05/19/2005	Payee address; City; State; Zip Code PO Box 2267 Austin, TX 78783	\$41.59
Purpose of payment (See instructions regarding type of information required.) Desc:utilities (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/93 Report: 22/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 01/04/2005	5 Payee name Comcast Cable 6 Payee address; City; State; Zip Code 14079 Senlac Dr Dallas, TX 75234	7 Amount (\$) \$58.20
8 Purpose of payment (See instructions regarding type of information required.) Desc:communication (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 02/04/2005	Payee name Comcast Cable Payee address; City; State; Zip Code 14079 Senlac Dr Dallas, TX 75234	Amount (\$) \$58.20
Purpose of payment (See instructions regarding type of information required.) Desc:communication (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 03/07/2005	Payee name Comcast Cable Payee address; City; State; Zip Code 14079 Senlac Dr Dallas, TX 75234	Amount (\$) \$58.20
Purpose of payment (See instructions regarding type of information required.) Desc:communication (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 04/04/2005	Payee name Comcast Cable Payee address; City; State; Zip Code 14079 Senlac Dr Dallas, TX 75234	Amount (\$) \$58.20
Purpose of payment (See instructions regarding type of information required.) Desc:communication (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/93 Report: 23/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 05/05/2005	5 Payee name Comcast Cable 6 Payee address; City; State; Zip Code 14079 Senlac Dr Dallas, TX 75234	7 Amount (\$) \$58.20
8 Purpose of payment (See instructions regarding type of information required.) Desc:communications (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 06/04/2005	Payee name Comcast Cable Payee address; City; State; Zip Code 14079 Senlac Dr Dallas, TX 75234	Amount (\$) \$58.20
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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 01/01/2005	Payee name Compass Bank Payee address; City; State; Zip Code PO Box 650561 Dallas, TX 75265	Amount (\$) \$12.00
Purpose of payment (See instructions regarding type of information required.) Desc:fee (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 04/04/2005	Payee name Compass Bank Payee address; City; State; Zip Code PO Box 650561 Dallas, TX 75265	Amount (\$) \$20.00
Purpose of payment (See instructions regarding type of information required.) Desc:banking fee (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/93 Report: 24/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 04/12/2005	5 Payee name Compass Bank 6 Payee address; City; State; Zip Code PO Box 650561 Dallas, TX 75265	7 Amount (\$) \$64.37
8 Purpose of payment (See instructions regarding type of information required.) Desc:banking fee (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 01/10/2005	Payee name Complete Payroll Services Payee address; City; State; Zip Code 1104 Summit Avenue Suite 102 Carrollton, TX 75074	Amount (\$) \$28.40
Purpose of payment (See instructions regarding type of information required.) Desc:professional services (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 03/11/2005	Payee name Complete Payroll Services Payee address; City; State; Zip Code 1104 Summit Avenue Suite 102 Carrollton, TX 75074	Amount (\$) \$87.40
Purpose of payment (See instructions regarding type of information required.) Desc:professional services (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 03/28/2005	Payee name Complete Payroll Services Payee address; City; State; Zip Code 1104 Summit Avenue Suite 102 Carrollton, TX 75074	Amount (\$) \$30.15
Purpose of payment (See instructions regarding type of information required.) Desc:professional services (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/93 Report: 25/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date	5 Payee name Complete Payroll Services	7 Amount (\$)
05/10/2005	6 Payee address; City; State; Zip Code 1104 Summit Avenue Suite 102 Carrollton, TX 75074	\$28.40
8 Purpose of payment (See instructions regarding type of information required.) Desc:professional services (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	Payee name Complete Payroll Services	Amount (\$)
05/31/2005	Payee address; City; State; Zip Code 1104 Summit Avenue Suite 102 Carrollton, TX 75074	\$28.40
Purpose of payment (See instructions regarding type of information required.) Desc:professional services (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	Payee name Complete Payroll Services	Amount (\$)
06/29/2005	Payee address; City; State; Zip Code 1104 Summit Avenue Suite 102 Carrollton, TX 75074	\$28.40
Purpose of payment (See instructions regarding type of information required.) Desc:professional services (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	Payee name Cort Furniture Rental	Amount (\$)
01/27/2005	Payee address; City; State; Zip Code 200 Parker Dr #B-570 Austin, TX 78728	\$181.44
Purpose of payment (See instructions regarding type of information required.) Desc:furniture 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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/93 Report: 26/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date	5 Payee name Cort Furniture Rental	7 Amount (\$)
02/28/2005	6 Payee address; City; State; Zip Code 200 Parker Dr #B-570 Austin, TX 78728	\$181.44
8 Purpose of payment (See instructions regarding type of information required.) Desc:furniture rental (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	Payee name Cort Furniture Rental	Amount (\$)
03/28/2005	Payee address; City; State; Zip Code 200 Parker Dr #B-570 Austin, TX 78728	\$181.44
Purpose of payment (See instructions regarding type of information required.) Desc:furniture 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	Payee name Cort Furniture Rental	Amount (\$)
04/27/2005	Payee address; City; State; Zip Code 200 Parker Dr #B-570 Austin, TX 78728	\$181.44
Purpose of payment (See instructions regarding type of information required.) Desc:furniture 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	Payee name Cort Furniture Rental	Amount (\$)
05/27/2005	Payee address; City; State; Zip Code 200 Parker Dr #B-570 Austin, TX 78728	\$181.44
Purpose of payment (See instructions regarding type of information required.) Desc:furniture 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:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/93 Report: 27/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 02/25/2005	5 Payee name Cost Plus World Market 6 Payee address; City; State; Zip Code 6101 Long Prairie Rd Flower Mound, TX 75028	7 Amount (\$) \$69.95
8 Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 03/31/2005	Payee name D Media Inc Payee address; City; State; Zip Code 17440 Dallas Pkwy #232 Dallas, TX 75287	Amount (\$) \$129.90
Purpose of payment (See instructions regarding type of information required.) Desc:technology services (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 06/13/2005	Payee name D Media Inc Payee address; City; State; Zip Code 17440 Dallas Pkwy #232 Dallas, TX 75287	Amount (\$) \$129.90
Purpose of payment (See instructions regarding type of information required.) Desc:technology services (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 03/01/2005	Payee name Dallas Morning News Austin Bureau Payee address; City; State; Zip Code PO Box 655237 Dallas, TX 75265	Amount (\$) \$80.70
Purpose of payment (See instructions regarding type of information required.) Desc:subscription (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**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/93 Report: 28/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 01/06/2005	5 Payee name David Nelson (No relation) 6 Payee address; City; State; Zip Code 6515 Oriole Drive Dallas, TX 75209	7 Amount (\$) \$1,001.67
8 Purpose of payment (See instructions regarding type of information required.) Desc:salary (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 01/15/2005	Payee name David Nelson (No relation) Payee address; City; State; Zip Code 6515 Oriole Drive Dallas, TX 75209	Amount (\$) \$5,000.00
Purpose of payment (See instructions regarding type of information required.) Desc:professional services (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 02/01/2005	Payee name David Nelson (No relation) Payee address; City; State; Zip Code 6515 Oriole Drive Dallas, TX 75209	Amount (\$) \$1,001.67
Purpose of payment (See instructions regarding type of information required.) Desc:salary (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 03/01/2005	Payee name David Nelson (No relation) Payee address; City; State; Zip Code 6515 Oriole Drive Dallas, TX 75209	Amount (\$) \$1,001.67
Purpose of payment (See instructions regarding type of information required.) Desc:salary (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/93 Report: 29/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 04/01/2005	5 Payee name David Nelson (No relation) 6 Payee address; City; State; Zip Code 6515 Oriole Drive Dallas, TX 75209	7 Amount (\$) \$1,001.67
8 Purpose of payment (See instructions regarding type of information required.) Desc:salary (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 05/01/2005	Payee name David Nelson (No relation) Payee address; City; State; Zip Code 6515 Oriole Drive Dallas, TX 75209	Amount (\$) \$1,001.67
Purpose of payment (See instructions regarding type of information required.) Desc:salary (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 06/01/2005	Payee name David Nelson (No relation) Payee address; City; State; Zip Code 6515 Oriole Drive Dallas, TX 75209	Amount (\$) \$1,001.67
Purpose of payment (See instructions regarding type of information required.) Desc:salary (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 01/24/2005	Payee name Denton County GOP Payee address; City; State; Zip Code 1400 North Corinth St. Suite 106 Corinth, TX 76208	Amount (\$) \$5,000.00
Purpose of payment (See instructions regarding type of information required.) Desc:donation (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/93 Report: 30/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 03/03/2005	5 Payee name Denton County GOP 6 Payee address; City; State; Zip Code 1400 North Corinth St. Suite 106 Corinth, TX 76208	7 Amount (\$) \$5,036.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:donation (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 04/04/2005	Payee name Denton County GOP Payee address; City; State; Zip Code 1400 North Corinth St. Suite 106 Corinth, TX 76208	Amount (\$) \$130.00
Purpose of payment (See instructions regarding type of information required.) Desc:donation (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 05/20/2005	Payee name Deuell, Bob Payee address; City; State; Zip Code PO Box 8609 Greenville, TX 75404	Amount (\$) \$83.00
Purpose of payment (See instructions regarding type of information required.) Desc:chairman's gift (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 06/02/2005	Payee name Deuell, Bob Payee address; City; State; Zip Code PO Box 8609 Greenville, TX 75404	Amount (\$) \$83.00
Purpose of payment (See instructions regarding type of information required.) Desc:Committee Supplies (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 28/93 Report: 31/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 02/25/2005	5 Payee name DoubleTree Hotel 6 Payee address; City; State; Zip Code 1617 I-35 Austin, TX 78741	7 Amount (\$) \$97.75
8 Purpose of payment (See instructions regarding type of information required.) Desc:lodging (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 02/08/2005	Payee name Eddie V's Edgewater Payee address; City; State; Zip Code 301 E 5th St Austin, TX 78701	Amount (\$) \$119.90
Purpose of payment (See instructions regarding type of information required.) Desc:meals (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 02/19/2005	Payee name Eddie V's Edgewater Payee address; City; State; Zip Code 301 E 5th St Austin, TX 78701	Amount (\$) \$320.81
Purpose of payment (See instructions regarding type of information required.) Desc:meals (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 03/09/2005	Payee name Eddie V's Edgewater Payee address; City; State; Zip Code 301 E 5th St Austin, TX 78701	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Desc:meals (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**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 29/93 Report: 32/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 04/06/2005	5 Payee name Eddie V's Edgewater 6 Payee address; City; State; Zip Code 301 E 5th St Austin, TX 78701	7 Amount (\$) \$261.63
8 Purpose of payment (See instructions regarding type of information required.) Desc:meals (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 05/12/2005	Payee name Eddie V's Edgewater Payee address; City; State; Zip Code 301 E 5th St Austin, TX 78701	Amount (\$) \$221.87
Purpose of payment (See instructions regarding type of information required.) Desc:meals (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 06/27/2005	Payee name Eddie V's Edgewater Payee address; City; State; Zip Code 301 E 5th St Austin, TX 78701	Amount (\$) \$129.81
Purpose of payment (See instructions regarding type of information required.) Desc:meals (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 05/29/2005	Payee name EZ's Payee address; City; State; Zip Code 3918 N Lamar Blvd Austin, TX 78756	Amount (\$) \$17.51
Purpose of payment (See instructions regarding type of information required.) Desc:food (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 30/93 Report: 33/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date	5 Payee name EZ's	7 Amount (\$)
05/30/2005	6 Payee address; City; State; Zip Code 3918 N Lamar Blvd Austin, TX 78756	\$50.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:food (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	Payee name EZ's	Amount (\$)
05/30/2005	Payee address; City; State; Zip Code 3918 N Lamar Blvd Austin, TX 78756	\$35.19
Purpose of payment (See instructions regarding type of information required.) Desc:food (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	Payee name Fast Advertising Inc.	Amount (\$)
01/05/2005	Payee address; City; State; Zip Code 5701 Elmwood Ave Suite F Indianapolis, IN 46203	\$1,086.47
Purpose of payment (See instructions regarding type of information required.) Desc:printing services (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	Payee name Fort Worth Chamber of Commerce	Amount (\$)
01/18/2005	Payee address; City; State; Zip Code 777 Taylor St Fort Worth, TX 76102	\$30.00
Purpose of payment (See instructions regarding type of information required.) Desc:event registration (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**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 31/93 Report: 34/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 02/04/2005	5 Payee name Fort Worth Chamber of Commerce 6 Payee address; City; State; Zip Code 777 Taylor St Fort Worth, TX 76102	7 Amount (\$) \$30.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:event registration (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 02/25/2005	Payee name Fort Worth Chamber of Commerce Payee address; City; State; Zip Code 777 Taylor St Fort Worth, TX 76102	Amount (\$) \$35.00
Purpose of payment (See instructions regarding type of information required.) Desc:event registration (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 04/08/2005	Payee name Fort Worth Chamber of Commerce Payee address; City; State; Zip Code 777 Taylor St Fort Worth, TX 76102	Amount (\$) \$30.00
Purpose of payment (See instructions regarding type of information required.) Desc:event registration (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 01/10/2005	Payee name Fort Worth Club Payee address; City; State; Zip Code 306 W 7th St Fort Worth, TX 76102	Amount (\$) \$176.45
Purpose of payment (See instructions regarding type of information required.) Desc:dues (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 32/93 Report: 35/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 02/08/2005	5 Payee name Fort Worth Club 6 Payee address; City; State; Zip Code 306 W 7th St Fort Worth, TX 76102	7 Amount (\$) \$176.45
8 Purpose of payment (See instructions regarding type of information required.) Desc:dues (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 02/25/2005	Payee name Fort Worth Club Payee address; City; State; Zip Code 306 W 7th St Fort Worth, TX 76102	Amount (\$) \$27.00
Purpose of payment (See instructions regarding type of information required.) Desc:meal (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 03/11/2005	Payee name Fort Worth Club Payee address; City; State; Zip Code 306 W 7th St Fort Worth, TX 76102	Amount (\$) \$176.45
Purpose of payment (See instructions regarding type of information required.) Desc:dues (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 04/08/2005	Payee name Fort Worth Club Payee address; City; State; Zip Code 306 W 7th St Fort Worth, TX 76102	Amount (\$) \$176.45
Purpose of payment (See instructions regarding type of information required.) Desc:dues (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**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 33/93 Report: 36/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 05/17/2005	5 Payee name Fort Worth Club 6 Payee address; City; State; Zip Code 306 W 7th St Fort Worth, TX 76102	7 Amount (\$) \$176.45
8 Purpose of payment (See instructions regarding type of information required.) Desc:dues (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 06/07/2005	Payee name Fort Worth Club Payee address; City; State; Zip Code 306 W 7th St Fort Worth, TX 76102	Amount (\$) \$176.45
Purpose of payment (See instructions regarding type of information required.) Desc:dues (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 03/11/2005	Payee name Furniture Marketing Group Inc. Payee address; City; State; Zip Code PO Box 671270 Dallas, TX 75267	Amount (\$) \$463.36
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 04/15/2005	Payee name Geeks on Wheels Payee address; City; State; Zip Code 502 N Locust St Denton, TX 76201	Amount (\$) \$195.00
Purpose of payment (See instructions regarding type of information required.) Desc:professional services (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 34/93 Report: 37/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 04/05/2005	5 Payee name Gov. for the Day, Florence Shapiro <hr/> 6 Payee address; City; State; Zip Code 5005 Addison Cir Addison, TX 75001	7 Amount (\$) \$114.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:event registration (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 04/08/2005	Payee name Gov. for the Day, Florence Shapiro <hr/> Payee address; City; State; Zip Code 5005 Addison Cir Addison, TX 75001	Amount (\$) \$57.00
Purpose of payment (See instructions regarding type of information required.) Desc:event registration (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 01/10/2005	Payee name Greater Denton Arts Council <hr/> Payee address; City; State; Zip Code 207 S Bell Ave Denton, TX 76201	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Desc:membership (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 04/08/2005	Payee name Gumbo's <hr/> Payee address; City; State; Zip Code 710 Colorado St # 100 Austin, TX 78701	Amount (\$) \$197.33
Purpose of payment (See instructions regarding type of information required.) Desc:meals (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 35/93 Report: 38/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 05/03/2005	5 Payee name Hardin, Betty 6 Payee address; City; State; Zip Code 7601 Rim Cv Austin, TX 78731	7 Amount (\$) \$375.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 01/28/2005	Payee name HEB Grocery Payee address; City; State; Zip Code 2701 E 7th St Austin, TX 78702	Amount (\$) \$9.27
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 02/12/2005	Payee name HEB Grocery Payee address; City; State; Zip Code 2701 E 7th St Austin, TX 78702	Amount (\$) \$8.41
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 02/14/2005	Payee name HEB Grocery Payee address; City; State; Zip Code 2701 E 7th St Austin, TX 78702	Amount (\$) \$49.76
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 36/93 Report: 39/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date	5 Payee name HEB Grocery	7 Amount (\$)
02/15/2005	6 Payee address; City; State; Zip Code 2701 E 7th St Austin, TX 78702	\$58.58
8 Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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	Payee name HEB Grocery	Amount (\$)
02/20/2005	Payee address; City; State; Zip Code 2701 E 7th St Austin, TX 78702	\$5.77
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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	Payee name HEB Grocery	Amount (\$)
03/17/2005	Payee address; City; State; Zip Code 2701 E 7th St Austin, TX 78702	\$96.88
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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	Payee name HEB Grocery	Amount (\$)
05/08/2005	Payee address; City; State; Zip Code 2701 E 7th St Austin, TX 78702	\$62.80
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 37/93 Report: 40/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 05/10/2005	5 Payee name HEB Grocery 6 Payee address; City; State; Zip Code 2701 E 7th St Austin, TX 78702	7 Amount (\$) \$80.77
8 Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 01/18/2005	Payee name Hurst Euless Bedford Chamber Payee address; City; State; Zip Code PO Box 969 Bedford, TX 76095	Amount (\$) \$15.00
Purpose of payment (See instructions regarding type of information required.) Desc:event registration (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 03/19/2005	Payee name Hurst Euless Bedford Chamber Payee address; City; State; Zip Code PO Box 969 Bedford, TX 76095	Amount (\$) \$15.00
Purpose of payment (See instructions regarding type of information required.) Desc:membership (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 04/28/2005	Payee name Hurst Euless Bedford Chamber Payee address; City; State; Zip Code PO Box 969 Bedford, TX 76095	Amount (\$) \$15.00
Purpose of payment (See instructions regarding type of information required.) Desc:registration (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 38/93 Report: 41/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 06/29/2005	5 Payee name Hurst Euless Bedford Chamber 6 Payee address; City; State; Zip Code PO Box 969 Bedford, TX 76095	7 Amount (\$) \$250.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:membership (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 04/08/2005	Payee name Intercontinental Hotel Payee address; City; State; Zip Code 701 Congress Ave Austin, TX 78701	Amount (\$) \$25.00
Purpose of payment (See instructions regarding type of information required.) Desc:meals (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 04/08/2005	Payee name Intercontinental Hotel Payee address; City; State; Zip Code 701 Congress Ave Austin, TX 78701	Amount (\$) \$25.00
Purpose of payment (See instructions regarding type of information required.) Desc:meals (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 04/10/2005	Payee name Intercontinental Hotel Payee address; City; State; Zip Code 701 Congress Ave Austin, TX 78701	Amount (\$) \$492.68
Purpose of payment (See instructions regarding type of information required.) Desc:lodging (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 39/93 Report: 42/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 04/10/2005	5 Payee name Intercontinental Hotel 6 Payee address; City; State; Zip Code 701 Congress Ave Austin, TX 78701	7 Amount (\$) \$623.71
8 Purpose of payment (See instructions regarding type of information required.) Desc:lodging (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 01/06/2005	Payee name Internal Revenue Service Payee address; City; State; Zip Code 1100 Commerce St Dallas, TX 75242	Amount (\$) \$269.12
Purpose of payment (See instructions regarding type of information required.) Desc:taxes (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 02/01/2005	Payee name Internal Revenue Service Payee address; City; State; Zip Code 1100 Commerce St Dallas, TX 75242	Amount (\$) \$283.22
Purpose of payment (See instructions regarding type of information required.) Desc:taxes (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 03/01/2005	Payee name Internal Revenue Service Payee address; City; State; Zip Code 1100 Commerce St Dallas, TX 75242	Amount (\$) \$394.13
Purpose of payment (See instructions regarding type of information required.) Desc:taxes (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 40/93 Report: 43/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date	5 Payee name Internal Revenue Service	7 Amount (\$)
04/01/2005	6 Payee address; City; State; Zip Code 1100 Commerce St Dallas, TX 75242	\$436.85
8 Purpose of payment (See instructions regarding type of information required.) Desc:taxes (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	Payee name Internal Revenue Service	Amount (\$)
05/01/2005	Payee address; City; State; Zip Code 1100 Commerce St Dallas, TX 75242	\$436.85
Purpose of payment (See instructions regarding type of information required.) Desc:taxes (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	Payee name Internal Revenue Service	Amount (\$)
06/01/2005	Payee address; City; State; Zip Code 1100 Commerce St Dallas, TX 75242	\$436.85
Purpose of payment (See instructions regarding type of information required.) Desc:taxes (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	Payee name Jeffrey's	Amount (\$)
04/10/2005	Payee address; City; State; Zip Code 1204 W Lynn St Austin, TX 78703	\$368.68
Purpose of payment (See instructions regarding type of information required.) Desc:meals (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**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 41/93 Report: 44/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 06/01/2005	5 Payee name Joe Dyer 6 Payee address; City; State; Zip Code 911 Shannon Meadow Trl Cedar Park, TX 78613	7 Amount (\$) \$500.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:professional services (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 03/01/2005	Payee name Katie Williams Payee address; City; State; Zip Code 3771 Van Ness Ln Dallas, TX 75220	Amount (\$) \$999.18
Purpose of payment (See instructions regarding type of information required.) Desc:salary (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 03/28/2005	Payee name Katie Williams Payee address; City; State; Zip Code 3771 Van Ness Ln Dallas, TX 75220	Amount (\$) \$13.78
Purpose of payment (See instructions regarding type of information required.) Desc:Mileage (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 04/01/2005	Payee name Katie Williams Payee address; City; State; Zip Code 3771 Van Ness Ln Dallas, TX 75220	Amount (\$) \$956.46
Purpose of payment (See instructions regarding type of information required.) Desc:salary (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 42/93 Report: 45/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 05/01/2005	5 Payee name Katie Williams 6 Payee address; City; State; Zip Code 3771 Van Ness Ln Dallas, TX 75220	7 Amount (\$) \$956.46
8 Purpose of payment (See instructions regarding type of information required.) Desc:salary (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 06/01/2005	Payee name Katie Williams Payee address; City; State; Zip Code 3771 Van Ness Ln Dallas, TX 75220	Amount (\$) \$956.46
Purpose of payment (See instructions regarding type of information required.) Desc:salary (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 01/28/2005	Payee name Kayla Crosby Payee address; City; State; Zip Code 1995 Shorewood Dr Grapevine, TX 76051	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Desc:donation (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 06/01/2005	Payee name Kevin Jackson Payee address; City; State; Zip Code 1700 Musket Valley Trl Austin, TX 78754	Amount (\$) \$1,500.00
Purpose of payment (See instructions regarding type of information required.) Desc:professional services (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 43/93 Report: 46/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 06/07/2005	5 Payee name King's Florist 6 Payee address; City; State; Zip Code 4311 Medical Pkwy Austin, TX 78756	7 Amount (\$) \$76.80
8 Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 04/08/2005	Payee name Lewisville Chamber of Commerce Payee address; City; State; Zip Code 551 N. Valley Parkway Lewisville, TX 75057	Amount (\$) \$112.00
Purpose of payment (See instructions regarding type of information required.) Desc:membership (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 01/10/2005	Payee name Lexus Financial Services Payee address; City; State; Zip Code PO Box 2991 Mail Drop L202 Torrance, CA 90509	Amount (\$) \$785.90
Purpose of payment (See instructions regarding type of information required.) Desc:lease (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 02/10/2005	Payee name Lexus Financial Services Payee address; City; State; Zip Code PO Box 2991 Mail Drop L202 Torrance, CA 90509	Amount (\$) \$785.90
Purpose of payment (See instructions regarding type of information required.) Desc:lease (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 44/93 Report: 47/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 03/01/2005	5 Payee name Lexus Financial Services 6 Payee address; City; State; Zip Code PO Box 2991 Mail Drop L202 Torrance, CA 90509	7 Amount (\$) \$785.90
8 Purpose of payment (See instructions regarding type of information required.) Desc:lease (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 04/01/2005	Payee name Lexus Financial Services Payee address; City; State; Zip Code PO Box 2991 Mail Drop L202 Torrance, CA 90509	Amount (\$) \$785.90
Purpose of payment (See instructions regarding type of information required.) Desc:lease (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 05/01/2005	Payee name Lexus Financial Services Payee address; City; State; Zip Code PO Box 2991 Mail Drop L202 Torrance, CA 90509	Amount (\$) \$785.90
Purpose of payment (See instructions regarding type of information required.) Desc:lease (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 05/30/2005	Payee name Lexus Financial Services Payee address; City; State; Zip Code PO Box 2991 Mail Drop L202 Torrance, CA 90509	Amount (\$) \$785.90
Purpose of payment (See instructions regarding type of information required.) Desc:lease (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 45/93 Report: 48/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 02/08/2005	5 Payee name Little Elm Chamber of Commerce 6 Payee address; City; State; Zip Code PO Box 184 Little Elm, TX 75068	7 Amount (\$) \$100.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:membership (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 03/22/2005	Payee name Little Elm Chamber of Commerce Payee address; City; State; Zip Code PO Box 184 Little Elm, TX 75068	Amount (\$) \$13.00
Purpose of payment (See instructions regarding type of information required.) Desc:event registration (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 02/10/2005	Payee name Lone Star Report Payee address; City; State; Zip Code 10711 Burnet Rd Austin, TX 78758	Amount (\$) \$175.00
Purpose of payment (See instructions regarding type of information required.) Desc:subscription (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 05/20/2005	Payee name Madcakes Payee address; City; State; Zip Code 3808 Spicewood Springs Rd Ste 102 Austin, TX 78759	Amount (\$) \$27.75
Purpose of payment (See instructions regarding type of information required.) Desc:food (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 46/93 Report: 49/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date	5 Payee name Madcakes	7 Amount (\$)
05/23/2005	6 Payee address; City; State; Zip Code 3808 Spicewood Springs Rd Ste 102 Austin, TX 78759	\$28.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:food (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	Payee name Malaga	Amount (\$)
04/06/2005	Payee address; City; State; Zip Code 208 W 4th St Austin, TX 78701	\$323.86
Purpose of payment (See instructions regarding type of information required.) Desc:meals (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	Payee name Mansion at Judges' Hill	Amount (\$)
04/15/2005	Payee address; City; State; Zip Code 1900 Rio Grande St Austin, TX 78705	\$207.00
Purpose of payment (See instructions regarding type of information required.) Desc:lodging (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	Payee name Marcy Ridgway College Scholarship Fund	Amount (\$)
02/25/2005	Payee address; City; State; Zip Code 350 Westpark Way Ste 202 c/o Summit Bank Euless Euless, TX 76040	\$100.00
Purpose of payment (See instructions regarding type of information required.) Desc:donation (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 47/93 Report: 50/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 06/20/2005	5 Payee name Marriott 6 Payee address; City; State; Zip Code 1221 22nd St NW Washington, DC 20037	7 Amount (\$) \$1,128.54
8 Purpose of payment (See instructions regarding type of information required.) Desc:lodging (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 05/19/2005	Payee name MCI TelecommunicationsSW Payee address; City; State; Zip Code PO Box 99117 Fort Worth, TX 76199	Amount (\$) \$57.95
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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 01/07/2005	Payee name Michaels Store Payee address; City; State; Zip Code 3201 Bee Caves Rd Austin, TX 78746	Amount (\$) \$90.83
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 02/25/2005	Payee name Michaels Store Payee address; City; State; Zip Code 3201 Bee Caves Rd Austin, TX 78746	Amount (\$) \$87.13
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 48/93 Report: 51/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 04/08/2005	5 Payee name Michaels Store 6 Payee address; City; State; Zip Code 3201 Bee Caves Rd Austin, TX 78746	7 Amount (\$) \$42.34
8 Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 04/19/2005	Payee name Morrison, Melissa Payee address; City; State; Zip Code 1112 Trophy Club Dr Roanoke, TX 76262	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Desc:donation (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 01/06/2005	Payee name Ms. Angela Walters Payee address; City; State; Zip Code PO Box 1086 Keller, TX 76244	Amount (\$) \$362.02
Purpose of payment (See instructions regarding type of information required.) Desc:salary (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 02/01/2005	Payee name Ms. Angela Walters Payee address; City; State; Zip Code PO Box 1086 Keller, TX 76244	Amount (\$) \$446.97
Purpose of payment (See instructions regarding type of information required.) Desc:salary (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**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 49/93 Report: 52/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 06/20/2005	5 Payee name National Conference of State Legislature 6 Payee address; City; State; Zip Code Suite 700 1560 Broadway Denver, CO 80202	7 Amount (\$) \$405.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:event registration (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 01/27/2005	Payee name National Travel Systems Payee address; City; State; Zip Code 6502 Slide Rd Ste 402 Lubbock, TX 79424	Amount (\$) \$10.75
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 02/03/2005	Payee name National Travel Systems Payee address; City; State; Zip Code 6502 Slide Rd Ste 402 Lubbock, TX 79424	Amount (\$) \$10.75
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 02/10/2005	Payee name National Travel Systems Payee address; City; State; Zip Code 6502 Slide Rd Ste 402 Lubbock, TX 79424	Amount (\$) \$10.75
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 50/93 Report: 53/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 02/17/2005	5 Payee name National Travel Systems 6 Payee address; City; State; Zip Code 6502 Slide Rd Ste 402 Lubbock, TX 79424	7 Amount (\$) \$10.75
8 Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 02/24/2005	Payee name National Travel Systems Payee address; City; State; Zip Code 6502 Slide Rd Ste 402 Lubbock, TX 79424	Amount (\$) \$12.75
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 03/03/2005	Payee name National Travel Systems Payee address; City; State; Zip Code 6502 Slide Rd Ste 402 Lubbock, TX 79424	Amount (\$) \$10.75
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 03/10/2005	Payee name National Travel Systems Payee address; City; State; Zip Code 6502 Slide Rd Ste 402 Lubbock, TX 79424	Amount (\$) \$10.75
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 51/93 Report: 54/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 03/17/2005	5 Payee name National Travel Systems 6 Payee address; City; State; Zip Code 6502 Slide Rd Ste 402 Lubbock, TX 79424	7 Amount (\$) \$10.75
8 Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 03/24/2005	Payee name National Travel Systems Payee address; City; State; Zip Code 6502 Slide Rd Ste 402 Lubbock, TX 79424	Amount (\$) \$10.75
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 03/30/2005	Payee name National Travel Systems Payee address; City; State; Zip Code 6502 Slide Rd Ste 402 Lubbock, TX 79424	Amount (\$) \$12.75
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 04/13/2005	Payee name National Travel Systems Payee address; City; State; Zip Code 6502 Slide Rd Ste 402 Lubbock, TX 79424	Amount (\$) \$12.75
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 52/93 Report: 55/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 04/20/2005	5 Payee name National Travel Systems 6 Payee address; City; State; Zip Code 6502 Slide Rd Ste 402 Lubbock, TX 79424	7 Amount (\$) \$12.75
8 Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 04/27/2005	Payee name National Travel Systems Payee address; City; State; Zip Code 6502 Slide Rd Ste 402 Lubbock, TX 79424	Amount (\$) \$12.75
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 05/04/2005	Payee name National Travel Systems Payee address; City; State; Zip Code 6502 Slide Rd Ste 402 Lubbock, TX 79424	Amount (\$) \$12.75
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 05/11/2005	Payee name National Travel Systems Payee address; City; State; Zip Code 6502 Slide Rd Ste 402 Lubbock, TX 79424	Amount (\$) \$12.75
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 53/93 Report: 56/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 05/17/2005	5 Payee name National Travel Systems 6 Payee address; City; State; Zip Code 6502 Slide Rd Ste 402 Lubbock, TX 79424	7 Amount (\$) \$12.75
8 Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 05/31/2005	Payee name National Travel Systems Payee address; City; State; Zip Code 6502 Slide Rd Ste 402 Lubbock, TX 79424	Amount (\$) \$12.75
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 06/29/2005	Payee name National Travel Systems Payee address; City; State; Zip Code 6502 Slide Rd Ste 402 Lubbock, TX 79424	Amount (\$) \$12.75
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 01/18/2005	Payee name Nextel Payee address; City; State; Zip Code PO Box 17990 Denver, CO 80217	Amount (\$) \$164.96
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 54/93 Report: 57/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 04/02/2005	5 Payee name Nextel 6 Payee address; City; State; Zip Code PO Box 17990 Denver, CO 80217	7 Amount (\$) \$163.36
8 Purpose of payment (See instructions regarding type of information required.) Desc:communications (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 01/18/2005	Payee name Northeast Leadership Forum Payee address; City; State; Zip Code PO Box 969 Bedford, TX 76095	Amount (\$) \$40.00
Purpose of payment (See instructions regarding type of information required.) Desc:registration fee (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 02/08/2005	Payee name Northeast Leadership Forum Payee address; City; State; Zip Code PO Box 969 Bedford, TX 76095	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Desc:membership (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 01/10/2005	Payee name Northwest Metroport Chamber of Commerce Payee address; City; State; Zip Code PO Box 74 Roanoke, TX 76262	Amount (\$) \$150.00
Purpose of payment (See instructions regarding type of information required.) Desc:membership (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 55/93 Report: 58/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 02/04/2005	5 Payee name Northwest Metroport Chamber of Commerce 6 Payee address; City; State; Zip Code PO Box 74 Roanoke, TX 76262	7 Amount (\$) \$35.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:membership (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 03/31/2005	Payee name Northwest Metroport Chamber of Commerce Payee address; City; State; Zip Code PO Box 74 Roanoke, TX 76262	Amount (\$) \$18.00
Purpose of payment (See instructions regarding type of information required.) Desc:registration (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 04/19/2005	Payee name Northwest Metroport Chamber of Commerce Payee address; City; State; Zip Code PO Box 74 Roanoke, TX 76262	Amount (\$) \$35.00
Purpose of payment (See instructions regarding type of information required.) Desc:membership (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 04/26/2005	Payee name Northwest Metroport Chamber of Commerce Payee address; City; State; Zip Code PO Box 74 Roanoke, TX 76262	Amount (\$) \$18.00
Purpose of payment (See instructions regarding type of information required.) Desc:registration (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 56/93 Report: 59/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 05/17/2005	5 Payee name Northwest Metroport Chamber of Commerce 6 Payee address; City; State; Zip Code PO Box 74 Roanoke, TX 76262	7 Amount (\$) \$27.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:registration (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 02/13/2005	Payee name Office Max Payee address; City; State; Zip Code 5451 B N. IH 35 Austin, TX 78723	Amount (\$) \$25.39
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 04/01/2005	Payee name Office Max Payee address; City; State; Zip Code 5451 B N. IH 35 Austin, TX 78723	Amount (\$) \$34.57
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 05/10/2005	Payee name Office Max Payee address; City; State; Zip Code 5451 B N. IH 35 Austin, TX 78723	Amount (\$) \$178.59
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 57/93 Report: 60/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 05/12/2005	5 Payee name Office Max 6 Payee address; City; State; Zip Code 5451 B N. IH 35 Austin, TX 78723	7 Amount (\$) \$16.25
8 Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 02/25/2005	Payee name Omni Austin Hotel Payee address; City; State; Zip Code 700 San Jacinto Street Austin, TX 78701	Amount (\$) \$97.17
Purpose of payment (See instructions regarding type of information required.) Desc:lodging (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 05/12/2005	Payee name Orbit Salon Payee address; City; State; Zip Code 500 W 18th St Austin, TX 78701	Amount (\$) \$253.00
Purpose of payment (See instructions regarding type of information required.) Desc: (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 04/08/2005	Payee name Orr, Rob Payee address; City; State; Zip Code 232 NW Tarrant Ave Burleson, TX 76028	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) Desc:meals (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 58/93 Report: 61/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date	5 Payee name Ozarka	7 Amount (\$)
01/18/2005	6 Payee address; City; State; Zip Code PO Box 52214 Phoenix, AZ 85072	\$41.16
8 Purpose of payment (See instructions regarding type of information required.) Desc:office supplies (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	Payee name Ozarka	Amount (\$)
01/18/2005	Payee address; City; State; Zip Code PO Box 52214 Phoenix, AZ 85072	\$27.88
Purpose of payment (See instructions regarding type of information required.) Desc:office supplies (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	Payee name Ozarka	Amount (\$)
02/04/2005	Payee address; City; State; Zip Code PO Box 52214 Phoenix, AZ 85072	\$74.76
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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	Payee name Ozarka	Amount (\$)
02/04/2005	Payee address; City; State; Zip Code PO Box 52214 Phoenix, AZ 85072	\$66.66
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 59/93 Report: 62/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 02/25/2005	5 Payee name Ozarka 6 Payee address; City; State; Zip Code PO Box 52214 Phoenix, AZ 85072	7 Amount (\$) \$29.97
8 Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 03/11/2005	Payee name Ozarka Payee address; City; State; Zip Code PO Box 52214 Phoenix, AZ 85072	Amount (\$) \$1.32
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 04/05/2005	Payee name Ozarka Payee address; City; State; Zip Code PO Box 52214 Phoenix, AZ 85072	Amount (\$) \$39.54
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 04/05/2005	Payee name Ozarka Payee address; City; State; Zip Code PO Box 52214 Phoenix, AZ 85072	Amount (\$) \$89.85
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 60/93 Report: 63/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date	5 Payee name Ozarka	7 Amount (\$)
05/03/2005	6 Payee address; City; State; Zip Code PO Box 52214 Phoenix, AZ 85072	\$71.55
8 Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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	Payee name Ozarka	Amount (\$)
05/03/2005	Payee address; City; State; Zip Code PO Box 52214 Phoenix, AZ 85072	\$46.88
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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	Payee name Ozarka	Amount (\$)
06/02/2005	Payee address; City; State; Zip Code PO Box 52214 Phoenix, AZ 85072	\$86.83
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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	Payee name Ozarka	Amount (\$)
06/02/2005	Payee address; City; State; Zip Code PO Box 52214 Phoenix, AZ 85072	\$39.54
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 61/93 Report: 64/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date	5 Payee name Ozarka	7 Amount (\$)
06/29/2005	6 Payee address; City; State; Zip Code PO Box 52214 Phoenix, AZ 85072	\$68.55
8 Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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	Payee name Ozarka	Amount (\$)
06/29/2005	Payee address; City; State; Zip Code PO Box 52214 Phoenix, AZ 85072	\$54.87
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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	Payee name Papa John's	Amount (\$)
03/30/2005	Payee address; City; State; Zip Code 407 Justin Rd Lewisville, TX 75077	\$50.85
Purpose of payment (See instructions regarding type of information required.) Desc:meals (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	Payee name Pappadeaux	Amount (\$)
05/08/2005	Payee address; City; State; Zip Code 18349 Dallas Pkwy Dallas, TX 75287	\$1,200.00
Purpose of payment (See instructions regarding type of information required.) Desc:intern gifts (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**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 62/93 Report: 65/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 05/27/2005	5 Payee name Pappasito's Cantina 6 Payee address; City; State; Zip Code 6513 N I H 35 Austin, TX 78752	7 Amount (\$) \$264.33
8 Purpose of payment (See instructions regarding type of information required.) Desc:meals (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 01/12/2005	Payee name PF Changs Payee address; City; State; Zip Code 201 San Jacinto Blvd Austin, TX 78701	Amount (\$) \$38.99
Purpose of payment (See instructions regarding type of information required.) Desc:meal (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 02/18/2005	Payee name PF Changs Payee address; City; State; Zip Code 201 San Jacinto Blvd Austin, TX 78701	Amount (\$) \$181.31
Purpose of payment (See instructions regarding type of information required.) Desc:meals (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 02/18/2005	Payee name Postmaster Payee address; City; State; Zip Code 1251 William D Tate Ave Grapevine, TX 76051	Amount (\$) \$136.00
Purpose of payment (See instructions regarding type of information required.) Desc:postal services (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 63/93 Report: 66/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 04/21/2005	5 Payee name Postmaster 6 Payee address; City; State; Zip Code 1251 William D Tate Ave Grapevine, TX 76051	7 Amount (\$) \$81.40
8 Purpose of payment (See instructions regarding type of information required.) Desc:postage (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 05/03/2005	Payee name Postmaster Payee address; City; State; Zip Code 1251 William D Tate Ave Grapevine, TX 76051	Amount (\$) \$37.00
Purpose of payment (See instructions regarding type of information required.) Desc:postage (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 05/12/2005	Payee name Postmaster Payee address; City; State; Zip Code 1251 William D Tate Ave Grapevine, TX 76051	Amount (\$) \$37.00
Purpose of payment (See instructions regarding type of information required.) Desc:postage (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 06/07/2005	Payee name Postmaster Payee address; City; State; Zip Code 1251 William D Tate Ave Grapevine, TX 76051	Amount (\$) \$37.00
Purpose of payment (See instructions regarding type of information required.) Desc:postage (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 64/93 Report: 67/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 02/18/2005	5 Payee name Quality Millwork 6 Payee address; City; State; Zip Code 503 Oakwood Loop San Marcos, TX 78666	7 Amount (\$) \$1,000.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:professional services (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 02/18/2005	Payee name Quality Millwork Payee address; City; State; Zip Code 503 Oakwood Loop San Marcos, TX 78666	Amount (\$) \$650.00
Purpose of payment (See instructions regarding type of information required.) Desc:professional services (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 04/06/2005	Payee name Quality Millwork Payee address; City; State; Zip Code 503 Oakwood Loop San Marcos, TX 78666	Amount (\$) \$1,250.00
Purpose of payment (See instructions regarding type of information required.) Desc:professional services (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 01/03/2005	Payee name Riverside Place Payee address; City; State; Zip Code 300 E Riverside Dr Austin, TX 78704	Amount (\$) \$650.00
Purpose of payment (See instructions regarding type of information required.) Desc:lease (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 65/93 Report: 68/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 01/28/2005	5 Payee name Riverside Place <hr/> 6 Payee address; City; State; Zip Code 300 E Riverside Dr Austin, TX 78704	7 Amount (\$) \$650.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:lease (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 02/22/2005	Payee name Riverside Place <hr/> Payee address; City; State; Zip Code 300 E Riverside Dr Austin, TX 78704	Amount (\$) \$650.00
Purpose of payment (See instructions regarding type of information required.) Desc:lease (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 03/24/2005	Payee name Riverside Place <hr/> Payee address; City; State; Zip Code 300 E Riverside Dr Austin, TX 78704	Amount (\$) \$650.00
Purpose of payment (See instructions regarding type of information required.) Desc:lease (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 05/03/2005	Payee name Riverside Place <hr/> Payee address; City; State; Zip Code 300 E Riverside Dr Austin, TX 78704	Amount (\$) \$650.00
Purpose of payment (See instructions regarding type of information required.) Desc:lease (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 66/93 Report: 69/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 05/21/2005	5 Payee name Riverside Place 6 Payee address; City; State; Zip Code 300 E Riverside Dr Austin, TX 78704	7 Amount (\$) \$650.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:lease (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 03/30/2005	Payee name Roberts Rent a Phone Payee address; City; State; Zip Code 150 Market New York, NY 10001	Amount (\$) \$144.00
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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 02/13/2005	Payee name Roy's Austin Payee address; City; State; Zip Code 340 E 2nd St Austin, TX 78701	Amount (\$) \$216.51
Purpose of payment (See instructions regarding type of information required.) Desc:meals (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 01/10/2005	Payee name Saginaw Chamber of Commerce Payee address; City; State; Zip Code 301 S Saginaw Blvd Fort Worth, TX 76179	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Desc:event registration (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 67/93 Report: 70/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date	5 Payee name Saginaw Chamber of Commerce	7 Amount (\$)
01/18/2005	6 Payee address; City; State; Zip Code 301 S Saginaw Blvd Fort Worth, TX 76179	\$11.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:event registration (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	Payee name Saginaw Chamber of Commerce	Amount (\$)
03/11/2005	Payee address; City; State; Zip Code 301 S Saginaw Blvd Fort Worth, TX 76179	\$15.00
Purpose of payment (See instructions regarding type of information required.) Desc:event registration (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	Payee name Saginaw Chamber of Commerce	Amount (\$)
05/19/2005	Payee address; City; State; Zip Code 301 S Saginaw Blvd Fort Worth, TX 76179	\$15.00
Purpose of payment (See instructions regarding type of information required.) Desc:event registration (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	Payee name Salton Housewares	Amount (\$)
03/25/2005	Payee address; City; State; Zip Code 1955 W Field Ct Lake Forest, IL 60045	\$65.66
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 68/93 Report: 71/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 04/25/2005	5 Payee name Salton Housewares 6 Payee address; City; State; Zip Code 1955 W Field Ct Lake Forest, IL 60045	7 Amount (\$) \$99.95
8 Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 06/23/2005	Payee name Salton Housewares Payee address; City; State; Zip Code 1955 W Field Ct Lake Forest, IL 60045	Amount (\$) \$99.95
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 02/10/2005	Payee name Senate Republican Caucus Payee address; City; State; Zip Code PO Box 12068 Austin, TX 78711	Amount (\$) \$300.00
Purpose of payment (See instructions regarding type of information required.) Desc:dues (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 05/20/2005	Payee name Senator Kevin Eltife Payee address; City; State; Zip Code 101 E Methvin St Longview, TX 75601	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Desc:Committee Supplies (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 69/93 Report: 72/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 05/20/2005	5 Payee name Serranos at Symphony Square 6 Payee address; City; State; Zip Code 1111 Red River St Austin, TX 78701	7 Amount (\$) \$133.78
8 Purpose of payment (See instructions regarding type of information required.) Desc:meals (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 04/07/2005	Payee name Shell Payee address; City; State; Zip Code 900 E Avenue Austin, TX 78701	Amount (\$) \$34.94
Purpose of payment (See instructions regarding type of information required.) Desc:transportation (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 04/17/2005	Payee name Shell Payee address; City; State; Zip Code 900 E Avenue Austin, TX 78701	Amount (\$) \$31.66
Purpose of payment (See instructions regarding type of information required.) Desc:transportation (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 05/15/2005	Payee name Shell Payee address; City; State; Zip Code 900 E Avenue Austin, TX 78701	Amount (\$) \$23.85
Purpose of payment (See instructions regarding type of information required.) Desc:transportation (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**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 70/93 Report: 73/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 06/20/2005	5 Payee name Shell 6 Payee address; City; State; Zip Code 900 E Avenue Austin, TX 78701	7 Amount (\$) \$18.75
8 Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 06/26/2005	Payee name Shell Payee address; City; State; Zip Code 900 E Avenue Austin, TX 78701	Amount (\$) \$33.08
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 01/31/2005	Payee name Spaw Senate Account Payee address; City; State; Zip Code PO Box 12068 Austin, TX 78711	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 01/05/2005	Payee name Sprint PCS Payee address; City; State; Zip Code PO Box 8077 London, KY 40742	Amount (\$) \$49.95
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 71/93 Report: 74/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date	5 Payee name Sprint PCS	7 Amount (\$)
01/26/2005	6 Payee address; City; State; Zip Code PO Box 8077 London, KY 40742	\$91.22
8 Purpose of payment (See instructions regarding type of information required.) Desc:communications (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	Payee name Sprint PCS	Amount (\$)
02/26/2005	Payee address; City; State; Zip Code PO Box 8077 London, KY 40742	\$92.97
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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	Payee name Sprint PCS	Amount (\$)
03/28/2005	Payee address; City; State; Zip Code PO Box 8077 London, KY 40742	\$100.85
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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	Payee name Sprint PCS	Amount (\$)
04/26/2005	Payee address; City; State; Zip Code PO Box 8077 London, KY 40742	\$96.19
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 72/93 Report: 75/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date	5 Payee name Sprint PCS	7 Amount (\$)
05/03/2005	6 Payee address; City; State; Zip Code PO Box 8077 London, KY 40742	\$164.20
8 Purpose of payment (See instructions regarding type of information required.) Desc:communications (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	Payee name Sprint PCS	Amount (\$)
05/29/2005	Payee address; City; State; Zip Code PO Box 8077 London, KY 40742	\$92.15
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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	Payee name Sprint PCS	Amount (\$)
06/01/2005	Payee address; City; State; Zip Code PO Box 8077 London, KY 40742	\$164.20
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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	Payee name Sprint PCS	Amount (\$)
06/07/2005	Payee address; City; State; Zip Code PO Box 8077 London, KY 40742	\$49.95
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 73/93 Report: 76/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 06/07/2005	5 Payee name Sprint PCS 6 Payee address; City; State; Zip Code PO Box 8077 London, KY 40742	7 Amount (\$) \$49.95
8 Purpose of payment (See instructions regarding type of information required.) Desc:communications (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 06/07/2005	Payee name Sprint PCS Payee address; City; State; Zip Code PO Box 8077 London, KY 40742	Amount (\$) \$49.95
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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 06/07/2005	Payee name Sprint PCS Payee address; City; State; Zip Code PO Box 8077 London, KY 40742	Amount (\$) \$128.68
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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 06/27/2005	Payee name Sprint PCS Payee address; City; State; Zip Code PO Box 8077 London, KY 40742	Amount (\$) \$92.15
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 74/93 Report: 77/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 06/30/2005	5 Payee name Sprint PCS 6 Payee address; City; State; Zip Code PO Box 8077 London, KY 40742	7 Amount (\$) \$49.95
8 Purpose of payment (See instructions regarding type of information required.) Desc:communications (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 01/10/2005	Payee name Target Payee address; City; State; Zip Code 2300 W Ben White Blvd Austin, TX 78704	Amount (\$) \$45.40
Purpose of payment (See instructions regarding type of information required.) Desc:Supplies (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 03/20/2005	Payee name Target Payee address; City; State; Zip Code 2325 S Stemmons Fwy Lewisville, TX 75067	Amount (\$) \$40.73
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 05/20/2005	Payee name Target Payee address; City; State; Zip Code 2300 W Ben White Blvd Austin, TX 78704	Amount (\$) \$17.75
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 75/93 Report: 78/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 06/14/2005	5 Payee name Target 6 Payee address; City; State; Zip Code 2300 W Ben White Blvd Austin, TX 78704	7 Amount (\$) \$77.63
8 Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 06/21/2005	Payee name Target Payee address; City; State; Zip Code 2300 W Ben White Blvd Austin, TX 78704	Amount (\$) \$44.07
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 01/05/2005	Payee name Tarrant County Republican Forum Payee address; City; State; Zip Code 3445 Worth Hills Dr Fort Worth, TX 76109	Amount (\$) \$17.00
Purpose of payment (See instructions regarding type of information required.) Desc:event registration (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 02/04/2005	Payee name Tarrant County Republican Forum Payee address; City; State; Zip Code 3445 Worth Hills Dr Fort Worth, TX 76109	Amount (\$) \$17.00
Purpose of payment (See instructions regarding type of information required.) Desc:event registration (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 76/93 Report: 79/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 02/25/2005	5 Payee name Tarrant County Republican Forum 6 Payee address; City; State; Zip Code 3445 Worth Hills Dr Fort Worth, TX 76109	7 Amount (\$) \$17.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:event registration (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 04/07/2005	Payee name Tarrant County Republican Forum Payee address; City; State; Zip Code 3445 Worth Hills Dr Fort Worth, TX 76109	Amount (\$) \$17.00
Purpose of payment (See instructions regarding type of information required.) Desc:event registration (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 04/26/2005	Payee name Tarrant County Republican Forum Payee address; City; State; Zip Code 3445 Worth Hills Dr Fort Worth, TX 76109	Amount (\$) \$17.00
Purpose of payment (See instructions regarding type of information required.) Desc:event registration (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 05/05/2005	Payee name Tarrant County Republican Forum Payee address; City; State; Zip Code 3445 Worth Hills Dr Fort Worth, TX 76109	Amount (\$) \$17.00
Purpose of payment (See instructions regarding type of information required.) Desc:event registration (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**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 77/93 Report: 80/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 02/18/2005	5 Payee name Tarrant County Republican Party 6 Payee address; City; State; Zip Code 1415 Ballinger Fort Worth, TX 76102	7 Amount (\$) \$5,000.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:donation (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 06/28/2005	Payee name Teague, Estelle Payee address; City; State; Zip Code 712 Bedford Ct W Hurst, TX 76053	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Desc:donation (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 02/10/2005	Payee name Texas Alliance PAC Payee address; City; State; Zip Code 106 E. 6th Street Suite 800 Austin, TX 78701	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Desc:donation (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 02/10/2005	Payee name Texas Conservative Coalition Payee address; City; State; Zip Code Marlene S. McMichael PO Box 2659 Austin, TX 78768	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) Desc:membership (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**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 78/93 Report: 81/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 03/18/2005	5 Payee name Texas Federation of Republican Women PAC 6 Payee address; City; State; Zip Code 900 Congress Ave Suite 300 Austin, TX 78701	7 Amount (\$) \$1,000.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:donation (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 03/28/2005	Payee name Texas Federation of Republican Women PAC Payee address; City; State; Zip Code 900 Congress Ave Suite 300 Austin, TX 78701	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Desc:donation (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 01/05/2005	Payee name Texas State History Museum Payee address; City; State; Zip Code 1800 Congress Ave Austin, TX 78701	Amount (\$) \$150.00
Purpose of payment (See instructions regarding type of information required.) Desc:membership (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 02/22/2005	Payee name Texas State History Museum Payee address; City; State; Zip Code 1800 Congress Ave Austin, TX 78701	Amount (\$) \$150.00
Purpose of payment (See instructions regarding type of information required.) Desc:membership (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 79/93 Report: 82/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 05/11/2005	5 Payee name Texas State History Museum 6 Payee address; City; State; Zip Code 1800 Congress Ave Austin, TX 78701	7 Amount (\$) \$81.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:event registration (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 02/04/2005	Payee name Texas State Senate Payee address; City; State; Zip Code PO Box 12068 Austin, TX 78711	Amount (\$) \$327.40
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 03/28/2005	Payee name Texas State Senate Payee address; City; State; Zip Code PO Box 12068 Austin, TX 78711	Amount (\$) \$5.28
Purpose of payment (See instructions regarding type of information required.) Desc:printing (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 04/08/2005	Payee name Texas State Senate Payee address; City; State; Zip Code PO Box 12068 Austin, TX 78711	Amount (\$) \$349.29
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 80/93 Report: 83/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 05/23/2005	5 Payee name Texas State Senate 6 Payee address; City; State; Zip Code PO Box 12068 Austin, TX 78711	7 Amount (\$) \$327.34
8 Purpose of payment (See instructions regarding type of information required.) Desc:flags (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 06/02/2005	Payee name Texas State Senate Payee address; City; State; Zip Code PO Box 12068 Austin, TX 78711	Amount (\$) \$21.89
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 06/02/2005	Payee name Texas State Senate Payee address; City; State; Zip Code PO Box 12068 Austin, TX 78711	Amount (\$) \$327.40
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 06/09/2005	Payee name Texas State Senate Payee address; City; State; Zip Code PO Box 12068 Austin, TX 78711	Amount (\$) \$45.00
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 81/93 Report: 84/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 02/22/2005	5 Payee name Texas Weekly 6 Payee address; City; State; Zip Code PO Box 1484 Austin, TX 78767	7 Amount (\$) \$250.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:subscription (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 02/22/2005	Payee name Texas Women's Alliance Payee address; City; State; Zip Code PO Box 163326 Austin, TX 78716	Amount (\$) \$150.00
Purpose of payment (See instructions regarding type of information required.) Desc:membership (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 01/20/2005	Payee name Texas Workforce Commission Payee address; City; State; Zip Code PO Box 149037 Austin, TX 78714	Amount (\$) \$41.41
Purpose of payment (See instructions regarding type of information required.) Desc:taxes (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 04/25/2005	Payee name Texas Workforce Commission Payee address; City; State; Zip Code PO Box 149037 Austin, TX 78714	Amount (\$) \$31.03
Purpose of payment (See instructions regarding type of information required.) Desc:taxes (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 82/93 Report: 85/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 02/01/2005	5 Payee name Thane Tubb 6 Payee address; City; State; Zip Code 2602 Clark Dr Denton, TX 76210	7 Amount (\$) \$415.80
8 Purpose of payment (See instructions regarding type of information required.) Desc:Professional services (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 06/07/2005	Payee name Thane Tubb Payee address; City; State; Zip Code 2602 Clark Dr Denton, TX 76210	Amount (\$) \$3,000.00
Purpose of payment (See instructions regarding type of information required.) Desc:professional services (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 06/29/2005	Payee name The Colony Chamber of Commerce Payee address; City; State; Zip Code PO Box 560006 The Colony, TX 75056	Amount (\$) \$150.00
Purpose of payment (See instructions regarding type of information required.) Desc:membership (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 01/10/2005	Payee name The Magic Pen and Party Payee address; City; State; Zip Code 422 S Main St Grapevine, TX 76051	Amount (\$) \$3,306.47
Purpose of payment (See instructions regarding type of information required.) Desc:printing services (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 83/93 Report: 86/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 04/28/2005	5 Payee name The Magic Pen and Party 6 Payee address; City; State; Zip Code 422 S Main St Grapevine, TX 76051	7 Amount (\$) \$536.25
8 Purpose of payment (See instructions regarding type of information required.) Desc:printing services (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 06/28/2005	Payee name The Menagerie Payee address; City; State; Zip Code 1601 W 38th St Ste 7 Austin, TX 78731	Amount (\$) \$132.07
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 06/23/2005	Payee name The Sharper Image Payee address; City; State; Zip Code 650 Davis St San Francisco, CA 94111	Amount (\$) \$12.94
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 06/24/2005	Payee name The Sharper Image Payee address; City; State; Zip Code 650 Davis St San Francisco, CA 94111	Amount (\$) \$124.10
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 84/93 Report: 87/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 06/27/2005	5 Payee name The Westin La Cantera Resort San Antonio 6 Payee address; City; State; Zip Code 16641 La Cantera Pkwy San Antonio, TX 78256	7 Amount (\$) \$498.07
8 Purpose of payment (See instructions regarding type of information required.) Desc:lodging (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 06/27/2005	Payee name The Westin La Cantera Resort San Antonio Payee address; City; State; Zip Code 16641 La Cantera Pkwy San Antonio, TX 78256	Amount (\$) \$510.90
Purpose of payment (See instructions regarding type of information required.) Desc:lodging (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 06/27/2005	Payee name The Westin La Cantera Resort San Antonio Payee address; City; State; Zip Code 16641 La Cantera Pkwy San Antonio, TX 78256	Amount (\$) \$332.59
Purpose of payment (See instructions regarding type of information required.) Desc:lodging (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 01/27/2005	Payee name Tiffany's Treats Payee address; City; State; Zip Code 2002 Guadalupe St Austin, TX 78705	Amount (\$) \$19.49
Purpose of payment (See instructions regarding type of information required.) Desc:meals (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 85/93 Report: 88/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 01/28/2005	5 Payee name Tiffany's Treats 6 Payee address; City; State; Zip Code 2002 Guadalupe St Austin, TX 78705	7 Amount (\$) \$12.75
8 Purpose of payment (See instructions regarding type of information required.) Desc:meals (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 02/21/2005	Payee name Tiffany's Treats Payee address; City; State; Zip Code 2002 Guadalupe St Austin, TX 78705	Amount (\$) \$22.00
Purpose of payment (See instructions regarding type of information required.) Desc:meals (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 03/08/2005	Payee name Tiffany's Treats Payee address; City; State; Zip Code 2002 Guadalupe St Austin, TX 78705	Amount (\$) \$11.47
Purpose of payment (See instructions regarding type of information required.) Desc:meals (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 04/05/2005	Payee name Tiffany's Treats Payee address; City; State; Zip Code 2002 Guadalupe St Austin, TX 78705	Amount (\$) \$19.99
Purpose of payment (See instructions regarding type of information required.) Desc:meals (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 86/93 Report: 89/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 05/30/2005	5 Payee name Tiffany's Treats 6 Payee address; City; State; Zip Code 2002 Guadalupe St Austin, TX 78705	7 Amount (\$) \$226.75
8 Purpose of payment (See instructions regarding type of information required.) Desc:food (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 01/05/2005	Payee name Time Warner Communications Payee address; City; State; Zip Code PO Box 660097 Dallas, TX 75266	Amount (\$) \$88.82
Purpose of payment (See instructions regarding type of information required.) Desc:utilities (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 01/05/2005	Payee name Time Warner Communications Payee address; City; State; Zip Code PO Box 660097 Dallas, TX 75266	Amount (\$) \$56.01
Purpose of payment (See instructions regarding type of information required.) Desc:utilities (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 01/10/2005	Payee name Time Warner Communications Payee address; City; State; Zip Code PO Box 660097 Dallas, TX 75266	Amount (\$) \$56.01
Purpose of payment (See instructions regarding type of information required.) Desc:utilities (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**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 87/93 Report: 90/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 02/08/2005	5 Payee name Time Warner Communications 6 Payee address; City; State; Zip Code PO Box 660097 Dallas, TX 75266	7 Amount (\$) \$56.01
8 Purpose of payment (See instructions regarding type of information required.) Desc:utilities (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 03/09/2005	Payee name Time Warner Communications Payee address; City; State; Zip Code PO Box 660097 Dallas, TX 75266	Amount (\$) \$88.30
Purpose of payment (See instructions regarding type of information required.) Desc:utilities (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 03/15/2005	Payee name Time Warner Communications Payee address; City; State; Zip Code PO Box 660097 Dallas, TX 75266	Amount (\$) \$56.01
Purpose of payment (See instructions regarding type of information required.) Desc:utilities (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 04/19/2005	Payee name Time Warner Communications Payee address; City; State; Zip Code PO Box 660097 Dallas, TX 75266	Amount (\$) \$56.01
Purpose of payment (See instructions regarding type of information required.) Desc:utilities (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 88/93 Report: 91/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 04/19/2005	5 Payee name Time Warner Communications 6 Payee address; City; State; Zip Code PO Box 660097 Dallas, TX 75266	7 Amount (\$) \$56.01
8 Purpose of payment (See instructions regarding type of information required.) Desc:utilities (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 04/22/2005	Payee name Time Warner Communications Payee address; City; State; Zip Code PO Box 660097 Dallas, TX 75266	Amount (\$) \$177.12
Purpose of payment (See instructions regarding type of information required.) Desc:utilities (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 05/23/2005	Payee name Time Warner Communications Payee address; City; State; Zip Code PO Box 660097 Dallas, TX 75266	Amount (\$) \$93.82
Purpose of payment (See instructions regarding type of information required.) Desc:utilities (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 01/05/2005	Payee name Twin Star Payee address; City; State; Zip Code PO Box 603 Lewisville, TX 75067	Amount (\$) \$2,000.00
Purpose of payment (See instructions regarding type of information required.) Desc:lease (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**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 89/93 Report: 92/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 01/28/2005	5 Payee name Twin Star 6 Payee address; City; State; Zip Code PO Box 603 Lewisville, TX 75067	7 Amount (\$) \$2,000.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:lease (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 02/22/2005	Payee name Twin Star Payee address; City; State; Zip Code PO Box 603 Lewisville, TX 75067	Amount (\$) \$2,000.00
Purpose of payment (See instructions regarding type of information required.) Desc:lease (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 03/24/2005	Payee name Twin Star Payee address; City; State; Zip Code PO Box 603 Lewisville, TX 75067	Amount (\$) \$2,000.00
Purpose of payment (See instructions regarding type of information required.) Desc:lease (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 05/03/2005	Payee name Twin Star Payee address; City; State; Zip Code PO Box 603 Lewisville, TX 75067	Amount (\$) \$2,000.00
Purpose of payment (See instructions regarding type of information required.) Desc:lease (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 90/93 Report: 93/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date	5 Payee name Twin Star	7 Amount (\$)
05/24/2005	6 Payee address; City; State; Zip Code PO Box 603 Lewisville, TX 75067	\$2,000.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:lease (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	Payee name Twin Star	Amount (\$)
06/28/2005	Payee address; City; State; Zip Code PO Box 603 Lewisville, TX 75067	\$2,000.00
Purpose of payment (See instructions regarding type of information required.) Desc:lease (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	Payee name Verizon	Amount (\$)
01/18/2005	Payee address; City; State; Zip Code PO Box 630062 Dallas, TX 75263	\$237.51
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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	Payee name Verizon	Amount (\$)
02/18/2005	Payee address; City; State; Zip Code PO Box 630062 Dallas, TX 75263	\$240.12
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 91/93 Report: 94/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 03/15/2005	5 Payee name Verizon 6 Payee address; City; State; Zip Code PO Box 630062 Dallas, TX 75263	7 Amount (\$) \$241.56
8 Purpose of payment (See instructions regarding type of information required.) Desc:communications (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 04/19/2005	Payee name Verizon Payee address; City; State; Zip Code PO Box 630062 Dallas, TX 75263	Amount (\$) \$241.18
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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 05/17/2005	Payee name Verizon Payee address; City; State; Zip Code PO Box 630062 Dallas, TX 75263	Amount (\$) \$253.85
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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 06/21/2005	Payee name Verizon Payee address; City; State; Zip Code PO Box 630062 Dallas, TX 75263	Amount (\$) \$240.23
Purpose of payment (See instructions regarding type of information required.) Desc:communications (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 92/93 Report: 95/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 01/19/2005	5 Payee name Washington Flyer Taxi 6 Payee address; City; State; Zip Code 1200 N Hudson St Arlington, VA 22201	7 Amount (\$) \$55.85
8 Purpose of payment (See instructions regarding type of information required.) Desc:transportation (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 06/15/2005	Payee name Washington Flyer Taxi Payee address; City; State; Zip Code 1200 N Hudson St Arlington, VA 22201	Amount (\$) \$51.85
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 06/20/2005	Payee name Washington Flyer Taxi Payee address; City; State; Zip Code 1200 N Hudson St Arlington, VA 22201	Amount (\$) \$58.25
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 06/23/2005	Payee name Wells Walker & Co. Inc. Payee address; City; State; Zip Code 5 Interlochen Dr Hilton Head Island, SC 29928	Amount (\$) \$93.00
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 93/93 Report: 96/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 04/08/2005	5 Payee name World Market 6 Payee address; City; State; Zip Code 11066 Pecan Park Blvd Cedar Park, TX 78613	7 Amount (\$) \$61.05
8 Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 06/07/2005	Payee name World Market Payee address; City; State; Zip Code 11066 Pecan Park Blvd Cedar Park, TX 78613	Amount (\$) \$77.09
Purpose of payment (See instructions regarding type of information required.) Desc:supplies (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 01/22/2005	Payee name Yellow Cab Co. Payee address; City; State; Zip Code 3025 Mount Vernon Ave Alexandria, VA 22305	Amount (\$) \$54.00
Purpose of payment (See instructions regarding type of information required.) Desc:travel (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 05/15/2005	Payee name Zaffirini, Judith Payee address; City; State; Zip Code PO Box 12068 Capitol Station Austin, TX 78711	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Desc:Committee Supplies (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: 1/2 Report: 97/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date 01/10/2005	5 Payee name Neiman Marcus 6 Payee address; City; State; Zip Code 3000 Grapevine Mills Suite 233 Grapevine, TX 76051 7 Purpose of expenditure (See instructions regarding type of information required.) Desc:gifts for constituents (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$684.91 <input type="checkbox"/> Reimbursement from political contributions intended
Date 03/03/2005	Payee name Target Payee address; City; State; Zip Code 2325 S Stemmons Fwy Lewisville, TX 75067 Purpose of expenditure (See instructions regarding type of information required.) Desc:supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$56.81 <input type="checkbox"/> Reimbursement from political contributions intended
Date 03/03/2005	Payee name Tuesday Morning Payee address; City; State; Zip Code 1288 W Main St Lewisville, TX 75067 Purpose of expenditure (See instructions regarding type of information required.) Desc:supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$69.08 <input type="checkbox"/> Reimbursement from political contributions intended
Date 01/19/2005	Payee name Yellow Cab Co. Payee address; City; State; Zip Code 3025 Mount Vernon Ave Alexandria, VA 22305 Purpose of expenditure (See instructions regarding type of information required.) Desc:travel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$55.85 <input type="checkbox"/> Reimbursement from political contributions intended
Date 01/20/2005	Payee name Yellow Cab Co. Payee address; City; State; Zip Code 3025 Mount Vernon Ave Alexandria, VA 22305 Purpose of expenditure (See instructions regarding type of information required.) Desc:travel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$11.00 <input type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/2 Report: 98/100
2 FILER NAME Nelson, Jane (Senator)		3 ACCOUNT # (Ethics Commission filers) 00020673
4 Date	5 Payee name Yellow Cab Co.	8 Amount (\$)
01/21/2005	6 Payee address; City; State; Zip Code 3025 Mount Vernon Ave Alexandria, VA 22305	\$12.00
	7 Purpose of expenditure (See instructions regarding type of information required.) Desc:travel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Yellow Cab Co.	Amount (\$)
01/22/2005	Payee address; City; State; Zip Code 3025 Mount Vernon Ave Alexandria, VA 22305	\$12.00
	Purpose of expenditure (See instructions regarding type of information required.) Desc:travel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Yellow Cab Co.	Amount (\$)
01/23/2005	Payee address; City; State; Zip Code 3025 Mount Vernon Ave Alexandria, VA 22305	\$11.00
	Purpose of expenditure (See instructions regarding type of information required.) Desc:travel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Yellow Cab Co.	Amount (\$)
06/30/2005	Payee address; City; State; Zip Code 3025 Mount Vernon Ave Alexandria, VA 22305	\$12.00
	Purpose of expenditure (See instructions regarding type of information required.) Desc:transportation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input type="checkbox"/> Reimbursement from political contributions intended

Information entered by filer as a memo

Schedule Cover Sheet dddddddd

Information entered by filer as a memo

Schedule B1

BBBBBBaaaa11111111

Information entered by filer as a memo

Schedule CDSVF vfdg

Information entered by filer as a memo

Schedule TESTA TestA