



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Nelda Wells Spears

15 ACCOUNT # (Ethics Commission files)

16 SUPPORTING  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE  
ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

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

\$ -0-

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

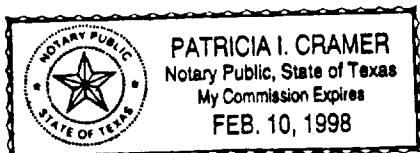
\$ 55.00

OUTSTANDING  
LOAN TOTALS

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

\$

19 AFFIDAVIT



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

*Nelda Wells Spears*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Nelda Wells Spears, this the 15th day of July

19 97, to certify which, witness my hand and seal of office.

*Patricia I. Cramer*  
Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

# LOANS

# SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date of loan

7 Name of lender

out of state PAC

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address;    City;    State;    Zip Code

10 Interest rate

Y        N

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address;    City;    State;    Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out of state PAC

Loan Amount (\$)

Is lender a financial institution?

Lender address;    City;    State;    Zip Code

Interest rate

Y        N

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address;    City;    State;    Zip Code

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

## POLITICAL EXPENDITURES

## SCHEDULE F

|   |  |  |
|---|--|--|
| * The INSTRUCTION GUIDE explains how to complete this form. |  | 1 Total pages Schedule F:<br>1   |
| 2 FILER NAME<br>Nelda Wells Spears                          |  | 3 ACCOUNT # (Ethics Commission filers)   |
| 4 Date<br>2/26/97   | 5 Payee name<br>Plainview Press<br>.....<br>6 Payee address: City: State: Zip Code<br>2009 Arthur Lane Austin, Texas 78704         | 7 Amount (\$)<br>\$30.00   |
| 8 Purpose of expenditure<br>Ad in publication               |  | 9 -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought / held |
| Date<br>5/22/97   | Payee name<br>Sam Biscoe Special Projects<br>.....<br>Payee address: City: State: Zip Code<br>6411 Bridgewater Austin, Texas 78723 | Amount (\$)<br>\$25.00   |
| Purpose of expenditure<br>Juneteenth celebration donation   |  | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought / held   |
| Date  | Payee name<br>.....<br>Payee address: City: State: Zip Code  | Amount (\$)  |
| Purpose of expenditure                                      |  | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought / held   |
| Date  | Payee name<br>.....<br>Payee address: City: State: Zip Code  | Amount (\$)  |
| Purpose of expenditure                                      |  | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought / held   |

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