

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3718 FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 4
3 CANDIDATE / OFFICEHOLDER NAME	TITLE: Ms. FIRST: Nelda MI: Wells NICKNAME: LAST: Spears SUFFIX:	OFFICE USE ONLY Date Received: JAN 15 10 03 AM '98 FILED CLERK OF COURTS TRAVIS COUNTY, TEXAS	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 11116 Amaranth Austin, Texas 78754		
5 CAMPAIGN TREASURER NAME	TITLE: Mr. FIRST: Clint NICKNAME: LAST: Hackney SUFFIX:	Receipt # HD / PM Amount Date Processed Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 823 Congress Ave. #915 Austin, Texas 78701		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 924-3636		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 97 12 / 31 / 97		
10 ELECTION	ELECTION DATE Month / Day / Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Travis Co. Tax Collector	12 OFFICE SOUGHT (if known)	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name: Address / PO Box: Apt. / Suite #: City: State: Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Nelda Wells Spears

15 ACCOUNT # (Ethics Commission filers)

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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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

\$

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

\$574.95

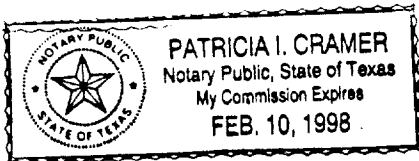
OUTSTANDING
LOAN TOTALS

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

\$

19 AFFIDAVIT

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



Nelda Wells Spears
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Nelda Wells Spears, this the 15th day of January, 1998, 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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME Nelda Wells Spears		3 ACCOUNT # (Ethics Commission filers)
4 Date 7-1-97	5 Payee name Campfire Boys & Girls	7 Amount (\$) 100.00
6 Payee address; City; State; Zip Code 4029 Capoftx Highway Austin Texas 78704		
8 Purpose of expenditure Donation		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
Date 7-9-97	Payee name East Austin Youth Founcation	Amount (\$) 25.00
Payee address; City; State; Zip Code 1117 Haverford Dr Austin, Texas 78753		
Purpose of expenditure Donation		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
Date 8-7-97	Payee name Youth Sports & Academics	Amount (\$) 25.00
Payee address; City; State; Zip Code 9500 Dessau Road #335 Austin, Texas 78754		
Purpose of expenditure Donation		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
Date 8-7-97	Payee name The Villager	Amount (\$) 80.00
Payee address; City; State; Zip Code 1223-A Rosewood Ave Austin, Texas 78702		
Purpose of expenditure Juneteenth ad		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

LOANS**SCHEDULE E**

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



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3

2 FILER NAME

Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)

4 Date

8-7-97

5 Payee name

TARAL

7

Amount
(S)

25.00

6 Payee address; City; State; Zip Code

P O Box 684602
Austin Texas 78768

8 Purpose of expenditure

Donation

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

10-2-97

Payee name

David Chapel

Amount
(S)

25.00

Payee address; City; State; Zip Code

2211 E. MLK Jr. Blvd.
Austin, Texas 78702

Purpose of expenditure

Souvenir Ad

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

Office sought / held

Date

10-3-97

Payee name

La Prensa Newspaper

Amount
(S)

50.00

Payee address; City; State; Zip Code

1304 E. 6th St
Austin, Texas 78702

Purpose of expenditure

Newspaper ad

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

Office sought / held

Date

10-10-97

Payee name

Citizens for Gomez

Amount
(S)

80.00

Payee address; City; State; Zip Code

P O Box 3232
Austin, Texas 78764

Purpose of expenditure

Donation

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

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME Nelda Wells Spears		3 ACCOUNT # (Ethics Commission filers)
4 Date 11-25-97	5 Payee name Betty Mayfield Photography	7 Amount (\$) 64.95
6 Payee address; City; State; Zip Code 801 Rio Grande Austin, Texas 78701		
8 Purpose of expenditure Photos		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 12-22-97	Payee name Travis County Democratic Party	Amount (\$) 100.00
Payee address; City; State; Zip Code P O Box 684263 Austin, Texas 78768		
Purpose of expenditure Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED