4325

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 6

OFFICE USE ONLY

Date Received

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Ms. FIRST: Nelda MI:
NICKNAME: LAST: Spears SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

[XX] Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: P. O. Box 685317 Austin, Texas 78768

5 CAMPAIGN TREASURER NAME

TITLE: Mr. FIRST: Clint MI:
NICKNAME: LAST: Hackney SUFFIX:

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: (512) PHONE NUMBER: 924-3636 EXTENSION:

8 REPORT TYPE

- [ ] January 15
- [ ] 30th day before election
- [ ] Runoff
- [ ] 15th day after campaign treasurer appointment (officeholder only)
- [X] July 15
- [ ] 8th day before election
- [ ] Exceeded $500 limit
- [ ] Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 01 / 01 / 99 THROUGH Month Day Year: 06 / 30 / 99

10 ELECTION

ELECTION DATE Month Day Year: / /

ELECTION TYPE
- [ ] Primary
- [ ] Runoff
- [ ] General
- [ ] Special

11 OFFICE

OFFICE HELD (if any): Travis Co. Tax Collector

12 OFFICE SOUGHT (if known):

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

[ ] additional pages

GO TO PAGE 2

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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	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1-27-99	U. S. Postmaster 510 Guadalupe St. Austin, Texas 78701	$33.00

8 Purpose of expenditure: Stamps

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4-14-99	Publisher's Marketing House 2450 Wickersham Dr. Austin, Texas 78741	$250.00

Purpose of expenditure: Stationery & envelopes

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4-15-99	U. S. Postmaster 510 Guadalupe St. Austin, Texas 78701	$116.00

Purpose of expenditure: Post office box rental

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4-16-99	Publisher's Marketing House 4821 E. Riverside Dr. #106 Austin, Tx. 78741	$351.81

Purpose of expenditure: Bumper stickers

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name — Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 3

2 FILER NAME: Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4-23-99	Publisher's Marketing House 4821 E. Riverside Dr. #106 Austin, Tx. 78741	$270.62

8 Purpose of expenditure: Stationery, bumper stickers

9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6-8-99	Kinko's 327 Congress Ave. Austin, Texas 78701	$15.43

Purpose of expenditure: Tickets printed

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6-17-99	Sam Biscoe Special Projects P. O. Box 1748 Austin, Texas 78767	$25.00

Purpose of expenditure: Travis County Juneteenth Celebration

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6-17-99	Leisure Management International 1156 Hargrave St. Austin, Texas 78702	$25.00

Purpose of expenditure: Millenium Center Opening Celebration

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 3

2 FILER NAME: Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6-24-99	U. S. Foods Service P. O. Box 17127 Austin, Texas 78760	$767.75

8 Purpose of expenditure: Fish fry supplies

9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6-24-99	U-Haul 304 E. Ben White Austin, Texas 78704	$14.24

Purpose of expenditure: Propane for fish fry

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of expenditure

plete if direct expenditure to benefit C/OH ** ...te / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought / held

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 2

2 FILER NAME: Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6-28-99	Linebarger Heard Goggan Blair Graham Pena & Sampson, LLP 1949 South IH 35 Austin, Tx. 78741	$200.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6-28-99	H. A. Cory, Jr. 6601 Strutton Cove Austin, Tx 78759	$100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6-28-99	Margaret J. Gomez/Citizens for Gomez 702 W. Jewell Austin, Texas 78704	$125.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6-28-99	Cecelia Burke 7500 Santolina Cove Austin, Tx 78731	$50.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6-28-99	Stanley J. Wilson 3904 Chase Circle Austin, Texas 78721	$50.00	

Principal occupation (Optional) | Employer (Optional)

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 2

2 FILER NAME: Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6-28-99	Dusty Knight 5605 Wagon Train Cove Austin, Tx 78749	$50.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-15-99	CPA-PAC 14860 Montfort Dr. #150 Dallas, Texas 75240	$500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

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