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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 4438

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: 2

OFFICE USE ONLY

Date Received: FILED JAN 11 11 54 AM '00

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Nelda | MI: Wells

NICKNAME | LAST: Spears | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

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

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: Clint | MI

NICKNAME | LAST: Hackney | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 823 Congress Ave. #915 | APT / SUITE #: | CITY: Austin, | STATE: Texas | ZIP CODE: 78701

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512) | PHONE NUMBER: 924-3636 | EXTENSION

8 REPORT TYPE

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

9 PERIOD COVERED

Month 07 / Day 01 / Year 99 THROUGH Month 12 / Day 31 / Year 99

10 ELECTION

ELECTION DATE: Month 03 / Day 14 / Year 2000

ELECTION TYPE: [x] Primary [ ] Runoff [ ] General [ ] Special

11 OFFICE

OFFICE HELD (if any): Travis County Tax Assessor-Collector

12 OFFICE SOUGHT (if known): Travis County Tax Assessor-Collector

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

Printed on recycled paper

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Name)

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	$ 650.00
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, 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.

PATRICIA I. CRAMER
Notary Public, State of Texas
My Commission Expires
FEB. 10, 2002

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 11 day of January 19 2000, 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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

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 ($)
12-3	Alpha Kappa Sigma P. O. Box 143592 Austin, Texas 78714	$50.00

8 Purpose of expenditure: Ad in souvenir book

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 ($)
12-21	Travis County Democratic Party P. O. Box 684263 Austin, Texas 78768	$600.00

Purpose of expenditure: Filing fee

•• 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:

•• 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:

•• 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

6 Is lender a financial institution? Y N

7 Name of lender ☐ out of state PAC

8 Lender address City State Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Description of Collateral

☐ none

13 GUARANTOR INFORMATION

☐ not applicable

14 Name of guarantor

15 Guarantor address City State Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan

Is lender a financial institution? Y N

Name of lender ☐ out of state PAC

Lender address City State Zip Code

Loan Amount ($)

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Guarantor address City State Zip Code

Amount Guaranteed ($)

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.