

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4599

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: - 3 -
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
		Nelda Wells	
		Spears	
<b>OFFICE USE ONLY</b>			
Date Received <div style="float: right; border: 1px solid black; padding: 5px; transform: rotate(90deg); transform-origin: right top;">                 FILED                  JUN 6 9 53 AM '00                  CLERK                  TRAVIS COUNTY, TEXAS             </div>			
4 CANDIDATE / OFFICEHOLDER ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE
	P. O. Box 685317 Austin, Texas 78768		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
		Clint Hackney	
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 Avenue #915 Austin, Texas 78701			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
( 512 ) 924-3636			
8 REPORT TYPE	<input 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 checked="" 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
01 / 01 / 2000		THROUGH	06 / 30 / 2000
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11 / 07 / 2000		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Travis County Tax Assessor-Collector		12 OFFICE SOUGHT (if known) Travis County Tax Assessor-Collector
	** 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. **		
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	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 Mers)

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$-0-

4. TOTAL POLITICAL EXPENDITURES

\$547.63

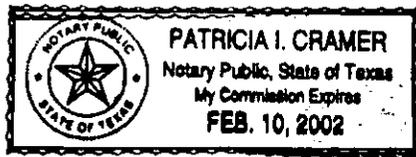
OUTSTANDING  
LOAN TOTALS

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

\$-0-

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 5<sup>th</sup> day of July

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

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Nelda Wells Spears		3 ACCOUNT # (Ethics Commission filers)
4 Date 2-3-00	5 Payee name U.S. Postmaster ..... 6 Payee address: City: State: Zip Code Austin, Texas 78768	7 Amount (\$) \$33.00
8 Purpose of expenditure Stamps		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 2-23-00	Payee name Image Printing ..... Payee address: City: State: Zip Code P. O. Box 9980 Austin, Texas 78766	Amount (\$) \$264.13
Purpose of expenditure stationary		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 2-29-00	Payee name National Women of Achievement, Inc ..... Payee address: City: State: Zip Code 4807 Bundyhill Drive Austin, Texas 78723	Amount (\$) \$25.00
Purpose of expenditure Ad in program		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 3-6-00	Payee name Office Depot ..... Payee address: City: State: Zip Code 2101 S. Lamar Austin, Texas 78704	Amount (\$) \$61.50
Purpose of expenditure Office supplies		-- 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:
2 FILER NAME Nelda Wells Spears		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-7-00	5 Payee name U.S. Postmaster ..... 6 Payee address: City: State: Zip Code Austin, Texas 78768	7 Amount (\$)  \$114.00
8 Purpose of expenditure Post Office box rental		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 5-3-00	Payee name Cinco de Mayo Committee ..... Payee address: City: State: Zip Code P. O. Box 1748 Austin, Texas 78767	Amount (\$)  \$25.00
Purpose of expenditure Sponsorship of Cinco de Mayo		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 6-15-00	Payee name Sam Biscoe Special Projects ..... Payee address: City: State: Zip Code P. O. Box 1748 Austin, Texas 78767	Amount (\$)  \$25.00
Purpose of expenditure Sponsorship of Juneteenth		-- 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

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