

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission files)

Nelda Wells Spears

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

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

\$ 440.00

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

\$ 1,390.00

EXPENDITURE TOTALS

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

\$ 46.15

4. TOTAL POLITICAL EXPENDITURES

\$ 685.74

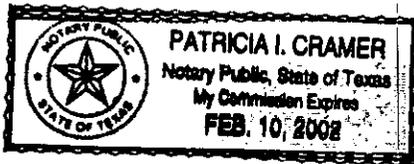
OUTSTANDING LOAN TOTALS

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 10th day of October

~~18~~ 2000, to certify which, witness my hand and seal of office.

Patricia I. Cramer
Signature of officer administering oath

Patricia I. cramer
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)

4 Date

9-25-00

5 Full name of contributor

Lucy J. Wells

out of state PAC

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

4813 Oldfort Hill Drive
Austin, Texas 78723

9 Principal occupation

Retired

10 Employer (optional)

Date

9-25-99

Full name of contributor

Pete Martinez

out of state PAC

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2700 E. 2nd St.
Austin, Texas 78702

Principal occupation

Employer (optional)

Date

9-25-00

Full name of contributor

Elridge & Wanda Nelson

out of state PAC

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10206 Cripple Creek Cove
Austin, Texas 78758

Principal occupation

Employer (optional)

Date

9-28-00

Full name of contributor

Richard C. McClendon

out of state PAC

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4901 Sapling Cove
Austin, Texas 78735

Principal occupation

Employer (optional)

Date

9-28-00

Full name of contributor

Art Cory

out of state PAC

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6601 Strutton Cove
Austin, Texas 78759

Principal occupation

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor out of state PAC

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation

11 Employer (optional)

Date

Full name of pledgor out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of pledgor out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of pledgor out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of pledgor out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation

Employer (optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-1-00

5 Full name of contributor

out of state PAC

Moton H. Crockett, Jr.

6 Contributor address; City; State; Zip Code

P. O. Box 2066
Austin, Texas 78768

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description(if applicable)

9 Principal occupation

10 Employer (optional)

Date

10-1-00

Full name of contributor

out of state PAC

O. C. Houston

Contributor address; City; State; Zip Code

2115 E. MLK
Austin, Texas 78702

Amount of
contribution (\$)

\$100.00

In-kind contribution
description(if applicable)

Principal occupation

Employer (optional)

Date

10-1-00

Full name of contributor

out of state PAC

Rita J. Linscomb

Contributor address; City; State; Zip Code

4000 Clarno Drive
Austin, Texas 78749

Amount of
contribution (\$)

\$100.00

In-kind contribution
description(if applicable)

Principal occupation

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

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

Employer (optional)

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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

8-7-00

5 Payee name

Austin AFL-CIO

7 Amount
(\$)

\$65.00

6 Payee address; City; State; Zip CodeP. O. Box 684644
Austin, Texas 78768**8** Purpose of expenditure

Labor Day Booklet ad

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

9-19-00

Payee name

U. S. Postmaster

Amount
(\$)

\$66.00

Payee address; City; State; Zip Code

Main Office
Austin, Texas 78701

Purpose of expenditure

Stamps

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

9-27-00

Payee name

Travis County Voter Registrar

Amount
(\$)

\$70.40

Payee address; City; State; Zip Code

P. O. Box 1748
Austin, Texas 78767

Purpose of expenditure

List of voters

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

9-30-00

Payee name

Office Depot

Amount
(\$)

\$186.06

Payee address; City; State; Zip Code

816 Tirado St.
Austin, Texas 78752

Purpose of expenditure

Office supplies

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

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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
10-3-00

5 Payee name
U. S. Postmaster

7 Amount (\$)

6 Payee address; City; State; Zip Code
GMF Station
Austin, Texas 78701

\$86.00

8 Purpose of expenditure

Stamps

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

Office sought / held

Date

Payee name

Amount (\$)

10-7-00

Office Depot

Payee address; City; State; Zip Code

816 Tirado St.
Austin, Texas 78752

\$60.00

Purpose of expenditure

Check re-order

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

Office sought / held

Date

Payee name

Amount (\$)

10-9-00

Office Depot

Payee address; City; State; Zip Code

816 Tirado St
Austin, Texas 78752

\$106.13

Purpose of expenditure

Office supplies

-- 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

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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 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

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?
Y N

Lender address; City; State; Zip Code

Interest rate

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.



Nathan and Debbie Zook
7724 Navarro Place
Austin, TX 78749



TRAVIS COUNTY CLERK, ELECTIONS DIVISION

1000 GUADALUPE #222
AUSTIN, TX 78701

TRAVIS COUNTY CLERK
ELECTIONS DIVISION
AUSTIN, TX 78701
OCT 11 1 38 PM '00
FILED

78701/23228

Filed
on
10/11/00
No stamp

FB