

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

4804

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <u>8</u>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	Nelda Wells		
NICKNAME		LAST	SUFFIX
Spears			
4 CANDIDATE / OFFICEHOLDER ADDRESS <input 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
	Clint		
NICKNAME		LAST	SUFFIX
Hackney			
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
07 / 01 / 2000		THROUGH	Month Day Year
		12 / 31 / 2000	
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
		Travis County Tax Assessor-Collector	
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		

FILED FOR RECORD
 At 3:45 o'clock
 18th day of JAN 2001
 Dana DeBeauvoir
 County Clerk, Travis County, Texas
 P.P.O.

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Nelda Wells Spears

15 ACCOUNT # (Ethics Commission files)

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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> 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	\$1,255.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$3,605.00
--	------------

EXPENDITURE TOTALS

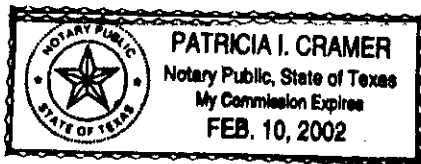
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$184.99
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4. TOTAL POLITICAL EXPENDITURES	\$2,211.99
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OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
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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 16th day of January, 2001, 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: **4**

2 FILER NAME: **Nelda Wells Spears** 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
8-7-00	Austin AFL-CIO	
	6 Payee address; City; State; Zip Code	
	P. O. Box 684644 Austin, Texas 78768	\$ 65.00

8 Purpose of expenditure	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Labor Day ad	

Date	Payee name	Amount (\$)
9-19-00	PostMaster	
	Payee address; City; State; Zip Code	
	Main Station Austin, Texas 78701	\$ 66.00

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
postage	

Date	Payee name	Amount (\$)
9-29-00	Travis County Voter Registrar	
	Payee address; City; State; Zip Code	
	1010 Lavaca Austin, Texas 78701	\$ 70.40

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
voter lists	

Date	Payee name	Amount (\$)
9-30-00	Office Depot	
	Payee address; City; State; Zip Code	
	816 Tirado Austin, Texas 78752	\$186.06

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
office supplies	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2-4

2 FILER NAME

Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-3-00

5 Payee name

PostMaster

7 Amount
(S)

\$86.00

6 Payee address: City: State: Zip Code

Main Station
Austin, Texas 78701

8 Purpose of expenditure

postage

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

Candidate / Officeholder name

Office sought / held

Date

10-7-00

Payee name

Office Depot

Amount
(S)

\$60.00

Payee address: City: State: Zip Code

816 Tirado
Austin, Texas 78752

Purpose of expenditure

office supplies

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

Candidate / Officeholder name

Office sought / held

Date

10-9-00

Payee name

Office Depot

Amount
(S)

\$106.13

Payee address: City: State: Zip Code

816 Tirado
Austin, Texas 78752

Purpose of expenditure

office supplies

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

Candidate / Officeholder name

Office sought / held

Date

10-19-00

Payee name

Office Depot

Amount
(S)

\$57.33

Payee address: City: State: Zip Code

816 Tirado
Austin, Texas 78752

Purpose of expenditure

office supplies

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

Candidate / Officeholder name

Office sought / held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3 - 4
2 FILER NAME Nelda Wells Spears		3 ACCOUNT # (Ethics Commission filers)
4 Date 10-19-00	5 Payee name South Austin Democrats 6 Payee address; City; State; Zip Code 2006 Bouldin Austin, Texas 78704	7 Amount (\$) \$500.00
8 Purpose of expenditure election mailing		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 10-19-00	Payee name Postmaster Payee address; City; State; Zip Code Main Station Austin, Texas 78701	Amount (\$) \$112.50
Purpose of expenditure postage		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 10-21-00	Payee name Postmaster Payee address; City; State; Zip Code Main Station Austin, Texas 78701	Amount (\$) \$106.00
Purpose of expenditure postage		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 20-25-00	Payee name Postmaster Payee address; City; State; Zip Code Main Station Austin, Texas 78701	Amount (\$) \$106.00
Purpose of expenditure postage		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F-

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 4-4
2 FILER NAME Nelda Wells Spears		3 ACCOUNT # (Ethics Commission filers)
4 Date 10-25-00	5 Payee name Office Max 6 Payee address; City; State; Zip Code 907 W. 5th Austin, Texas 78703	7 Amount (\$) \$77.91
8 Purpose of expenditure office supplies		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 11-6-00	Payee name Travis County Democratic Party Payee address; City; State; Zip Code 1949 S. IH 35 Austin, Texas 78741	Amount (\$) \$220.00
Purpose of expenditure sign stakes		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 11-7-00	Payee name Red Lobster Payee address; City; State; Zip Code 3815 S. Lamar Austin, Texas 78704	Amount (\$) \$60.54
Purpose of expenditure Party foods		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 11-7-00	Payee name HEB Payee address; City; State; Zip Code S. Congress @ Oltorf Austin, Texas 78704	Amount (\$) \$147.13
Purpose of expenditure Party foods		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

3

2 FILER NAME

Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)

4 Date
10-1-00

5 Full name of contributor
Lucy J. Wells

out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

4813 Oldfort Hill Dr
Austin, Texas 78723

\$100.00

9 Principal occupation

10 Employer (optional)

Date
10-5-00

Full name of contributor
Pete Martinez

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

2700 E. 2nd St
Austin, Texas 78702

\$250.00

Principal occupation

Employer (optional)

Date
10-17-00

Full name of contributor
Elridge & Wanda Nelson

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

10206 Cripple Creek Cv.
Austin, Texas 78758

\$100.00

Principal occupation

Employer (optional)

Date
10-20-00

Full name of contributor
Richard McClendon

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

4901 Sapling Cove
Austin, Texas 78735

\$100.00

Principal occupation

Employer (optional)

Date
11-2-00

Full name of contributor
Art Cory

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

6601 Strutton Cove
Austin, Texas 78759

\$100.00

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2-3

2 FILER NAME

Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)

4 Date

11-2-00

5 Full name of contributor

Moton Crockett, Jr.

out of state PAC

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

P. O. Box 2066
Austin, Texas 78768

9 Principal occupation

10 Employer (optional)

Date

11-5-00

Full name of contributor

O. C. Houston

out of state PAC

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

2115 E. MLK Blvd.
Austin, Texas 78702

Principal occupation

Employer (optional)

Date

11-5-00

Full name of contributor

Rita Linscomb

out of state PAC

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

4115 Clarno Dr
Austin, Texas 78749

Principal occupation

Employer (optional)

Date

11-5-00

Full name of contributor

Gaylee Horton

out of state PAC

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

4209 Galbraith Cove
Austin, Texas 78725

Principal occupation

Employer (optional)

Date

11-5-00

Full name of contributor

Chad & Linda Swedberg

out of state PAC

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

12975 Trails End
Austin, Texas 78737

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:

3-3

2 FILER NAME

Nelda Wells Spears

3 ACCOUNT # (Ethics Commission filers)

4 Date

11-5-00

5 Full name of contributor

Dr. Darnell Arnold

out of state PAC

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

5608 Manor Rd
Austin, Texas 78723

9 Principal occupation

10 Employer (optional)

Date

11-5-00

Full name of contributor

Mary Arnold

out of state PAC

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3021 E. 16th St
Austin, Texas 78702

Principal occupation

Employer (optional)

Date

11-5-00

Full name of contributor

Mary Ellen Elliott

out of state PAC

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2105 Justin Ln #106
Austin, Texas 78757

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

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