

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 4861

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission files)	2 Total pages filed:  <div style="text-align: center; font-size: 2em;">2</div>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI NICKNAME LAST SUFFIX Spears Wells LAST SUFFIX Spears	OFFICE USE ONLY Date Received RECEIVED NAME: Nelda Wells DATE: 01 JUL 13 AM 9:54 FILE # 00	
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 2310 Austin, Texas 78768	Receipt HD / PM Amount Date Processed Date Imaged	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI NICKNAME LAST SUFFIX Hackney Clint LAST SUFFIX Hackney	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 823 Congress Avenue #915 Austin, Texas 78701	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	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)	
7 CAMPAIGN TREASURER PHONE	9 PERIOD COVERED Month Day Year    THROUGH    Month Day Year 01 / 01 / 2001          06 / 30 / 2001		
10 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)    Travis County Tax Assessor-Collector	12 OFFICE SOUGHT (if known)	
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		

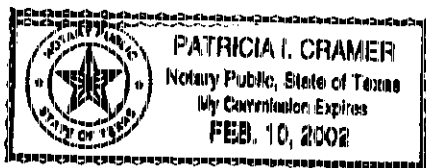
# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

<b>14 C/OH NAME</b> Nelda Wells Spears		<b>15 ACCOUNT #</b> (Ethics Commission form)
<b>16 SUPPORTING POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	-- 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. --	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
	<b>COMMITTEE ADDRESS</b>	
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	
<b>17 NO REPORTABLE ACTIVITY</b>	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)	
<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED,	\$95.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$95.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$91.88
	4. TOTAL POLITICAL EXPENDITURES	\$1,552.92
<b>OUTSTANDING LOAN TOTALS</b>	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 13th day of July

2001, to certify which, witness my hand and seal of office.

*Patricia I. Cramer*

PATRICIA I. CRAMER

NOTARY PUBLIC

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 Name)
4 Date 1-7-01	5 Payee name Gill Studios 6 Payee address; City; State; Zip Code P. O. Box 2909 Shawnee Mission, Kansas 66201	7 Amount (\$) \$1,148.69
8 Purpose of expenditure Signs		9 * Complete if direct expenditure to benefit C/OH * Candidate / Officeholder name Office sought / held
Date 3-28-01	Payee name American Express Payee address; City; State; Zip Code Suite 0001 Chicago, Illinois 60679	Amount (\$) \$175.12
Purpose of expenditure Charged campaign expense for Web site		* Complete if direct expenditure to benefit C/OH * Candidate / Officeholder name Office sought / held
Date 3-28-01	Payee name Verio Web Hosting Payee address; City; State; Zip Code 5050 Blue Lake Drive Boca Raton, Florida 33431	Amount (\$) \$137.23
Purpose of expenditure Campaign Web site		* 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 file)
4 TOTAL OF UNITEMIZED LOANS:      \$		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none		
13 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	14 Name of guarantor  15 Guarantor address:      City:      State:      Zip Code	16 Amount Guaranteed (\$)
17 Principal Occupation		18 Employer
Date of loan	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none		
GUARANTOR INFORMATION  <input type="checkbox"/> 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.