CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission files)

2 Total pages filed:
-2-

OFFICE USE ONLY

Date Received:
02 JAN 11
AHO: 15
FILED

Receipt #
0
MD / PM
Amount

Date Processed:

Date Imaged:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Nelda
FIRST: Wells
MI: Spears
NICKNAME: LAST: SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

□ Change of Address

P. O. Box 2310
Austin, Texas 78768

CAMPAIGN TREASURER NAME

TITLE: Clint
FIRST: Hackney
MI: NICKNAME: LAST: SUFFIX:

CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):
823 Congress Avenue #915
Austin, Texas 78701

CAMPAIGN TREASURER PHONE

AREA CODE: 512
PHONE NUMBER: 924-3636
EXTENSION:

REPORT TYPE

□ 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)

PERIOD COVERED

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

ELECTION

ELECTION DATE
Month Day Year

ELECTION TYPE
□ Primary
□ Runoff
□ General
□ Special

OFFICE

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

12 OFFICE SOUGHT (if known):

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:

TOTAL:

GO TO PAGE 2
CANDIDATE/OFFICEHOLDER REPORT: SUPPORT & TOTALS

**C/OH NAME**
Nelda Wells Spears

**NO REPORTABLE ACTIVITY**
Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**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**
   - $120.00

**OUTSTANDING LOAN TOTALS**

5. **TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD**
   - $0-

**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.

**Signature of Candidate or Officeholder**

Sworn to and subscribed before me, by the said Nelda Wells Spears, this the 11th day of January, 2002, to certify which, witness my hand and seal of office.

**Signature of officer administering oath**
Patricia I. Cramer
Notary Public, Travis Co.
## POLITICAL EXPENDITURES

### FILER NAME

Nelda Wells Spears

### 1. Total pages Schedule F:

-1-

### 2. Date

8-29-01

### 5. Payee name

AFL-CIO

### 6. Payee address; City; State; Zip Code

1106 Lavaca Austin, Texas 78701

### 7. Amount ($)

$65.00

### 8. Purpose of expenditure

Labor Day ad

### 3. ACCOUNT # (Ethics Commission File)

### 4. Date

12-19-01

### 5. Payee name

U.S. Postmaster

### 6. Payee address; City; State; Zip Code

510 Guadalupe Austin, Texas 78701

### 7. Amount ($)

$55.00

### 8. Purpose of expenditure

Post Office box rental fee

### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
# LOANS

## SCHEDULE E

The instruction guide explains how to complete this form.

<table>
<thead>
<tr>
<th>1</th>
<th>Total pages Schedule E:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>FILER NAME</td>
</tr>
<tr>
<td>3</td>
<td>ACCOUNT # (Ethics Commission ID)</td>
</tr>
</tbody>
</table>

### TOTAL OF UNITEMIZED LOANS:

#### Date of loan

#### Name of lender

- [ ] out of state PAC

#### Is lender a financial institution?

- [ ] Y
- [ ] N

#### Lender address: City: State: Zip Code

#### Loan Amount ($)

#### Interest rate

#### Maturity date

### Description of Collateral

- [ ] none

### GUARANTOR INFORMATION

| 14 | Name of guarantor |
| 15 | Guarantor address: City: State: Zip Code |
| 16 | Amount Guaranteed ($) |

### Principal Occupation

#### Date of loan

#### Name of lender

- [ ] out of state PAC

#### Is lender a financial institution?

- [ ] Y
- [ ] N

#### Lender address: City: State: Zip Code

#### Loan Amount ($)

#### Interest rate

#### Maturity date

#### Description of Collateral

- [ ] none

### GUARANTOR INFORMATION

| 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.