

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4960

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: - 2 -
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS		OFFICE USE ONLY	
<input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 2310 Austin, Texas 78768		Date Received BANA DELTA VOIR COUNTY CLERK TRAVIS COUNTY, TEXAS 02 JAN 11 AM 10:15 FILED	
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		Receipt #	Amount
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 823 Congress Avenue #915 Austin, Texas 78701		HD / PM	Amount
7 CAMPAIGN TREASURER PHONE		Date Processed	Date Imaged
AREA CODE		PHONE NUMBER	EXTENSION
(512)		924-3636	
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)		
PERIOD COVERED	Month	Day	Year
	07 /	01 /	01
	THROUGH		Month Day Year
			12 / 31 / 01
ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	/	/	
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
	Travis County Tax Assessor-Collector		
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		
<input type="checkbox"/> additional pages			

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 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

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

\$120.00

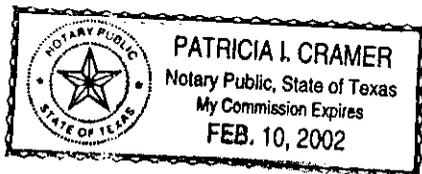
OUTSTANDING LOAN TOTALS

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 11th day of January

~~2002~~ 2002, 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, Travis Co.
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

- 1 -

2 FILER NAME

Nelda Wells Spears

3 ACCOUNT # (Ethics Commission files)

4 Date

8-29-01

5 Payee name

AFL-CIO

7 Amount (\$)

6 Payee address; City; State; Zip Code

1106 Lavaca Austin, Texas 78701

\$65.00

8 Purpose of expenditure

Labor Day ad

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

Office sought / held

Date

12-19-01

Payee name

U.S. Postmaster

Payee address; City; State; Zip Code

510 Guadalupe Austin, Texas 78701

Amount (\$)

\$55.00

Purpose of expenditure

Post Office box rental fee

-- 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

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 files)

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.