

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5521

## 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: 5
3 CANDIDATE / OFFICEHOLDER NAME	TITLE Ms.	FIRST Nelda	MI Wells
	NICKNAME	LAST Spears	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P.O. Box 2310	APT / SUITE #	CITY: STATE: ZIP CODE Austin, Texas 78768
5 CAMPAIGN TREASURER NAME	TITLE Mr.	FIRST Bill	MI V.
	NICKNAME	LAST Aleshire	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY: STATE: ZIP CODE 3605 Sha dy Valley Drive Austin, Texas 78739
7 CAMPAIGN TREASURER PHONE	AREA CODE ( 512 )	PHONE NUMBER 457-9838	EXTENSION
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 7 / 1 / 2003	THROUGH	Month Day Year 12 / 31 / 2003
10 ELECTION	ELECTION DATE Month Day Year 3 / 9 / 2004	ELECTION TYPE <input checked="" 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 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	<p>** 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. **</p> <p>Name</p> <p>Address / PO Box, Apt / Suite #, City, State, Zip Code</p>		
<input type="checkbox"/> additional pages			

**OFFICE USE ONLY**

Date Received: 001 JAN 14 PM 3:24

TRAVIS COUNTY CLERK  
TRAVIS COUNTY TEXAS

Receipt #    Amount

Date Processed

Date Imaged

FILED FOR RECORD

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 File #)

**16 NOTICE FROM POLITICAL COMMITTEE(S)**  
 -- This box is for notice of 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. --

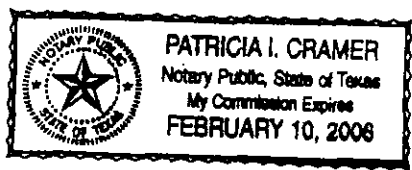
<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>
<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

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.)

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$800.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$1,363.00
<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 / Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by the said Nelda Wells Spears this the 15th day of January 2004 to certify which, witness my hand and seal of office.

*Patricia I. Cramer*  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C10H, C10H-SS, SC-C10H,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A1: **-2-**

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

4 Date <b>12-15-03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Dolores &amp; David Lopez</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
	6 Contributor address. City: State: Zip Code <b>218 Sundown Ridge Austin, Texas 78737</b>		

9 Principal occupation (Optional) 10 Employer (Optional)

Date <b>12-15-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Richard C. McClendon</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code <b>4901 Sapling Cove Austin, Texas 78735</b>		

Principal occupation (Optional) Employer (Optional)

Date <b>12-15-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Chad Swedberg</b>	Amount of contribution (\$) <b>\$150.00</b>	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code <b>12975 Trails End Austin, Texas 78737</b>		

Principal occupation (Optional) Employer (Optional)

Date <b>12-15-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Dusty &amp; Linda Knight</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code <b>136 Garrett St. Austin, Texas 78737</b>		

Principal occupation (Optional) Employer (Optional)

Date <b>12-15-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Tina Morton</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code <b>7409 Mifflin Kenedy Ter. Austin, Texas 78749</b>		

Principal occupation (Optional) 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 A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A1: 2

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

4 Date <b>12-15-03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Bill Gwaltney</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
	6 Contributor address: City: State: Zip Code <b>150 Canyon Springs Dripping Springs, Texas 78620</b>		

9 Principal occupation (Optional) 10 Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code		

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code		

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code		

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code		

Principal occupation (Optional) Employer (Optional)

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages Schedule F: <b>- 1 -</b>
<b>2</b> FILER NAME <b>Nelda Wells Spears</b>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date <b>7-30-03</b>	<b>5</b> Payee name <b>AFL-CIO</b> <b>6</b> Payee address: City: State: Zip Code <b>P.O. Box 684644 Austin, Texas 78768</b>	<b>7</b> Amount (\$) <b>\$45.00</b>
<b>8</b> Purpose of payment (See instructions regarding type of information required.) <b>labor day ad</b>		<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
<b>Date</b> <b>12-22-03</b>	<b>Payee name</b> <b>U. S. Postmaster</b> <b>Payee address: City: State: Zip Code</b> <b>510 Guadalupe Austin, Texas 78701</b>	<b>Amount (\$)</b> <b>\$68.00</b>
<b>Purpose of payment (See instructions regarding type of information required.)</b> <b>Annual fee for post office box</b>		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held
<b>Date</b> <b>12-29-03</b>	<b>Payee name</b> <b>Travis County Democratic Party</b> <b>Payee address: City: State: Zip Code</b> <b>P. O. Box 684263 Austin, Texas 78768</b>	<b>Amount (\$)</b> <b>\$1,250.00</b>
<b>Purpose of payment (See instructions regarding type of information required.)</b> <b>2004 Filing Fee</b>		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held
<b>Date</b>	<b>Payee name</b> <b>Payee address: City: State: Zip Code</b>	<b>Amount (\$)</b>
<b>Purpose of payment (See instructions regarding type of information required.)</b>		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**