

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 5804

### 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: - 3 -	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms. NICKNAME	FIRST Nelda LAST Spears	MI Wells SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P. O. Box 2310 Austin, Texas 78768	APT / SUITE #: CITY: STATE: ZIP CODE:	<b>OFFICE USE ONLY</b> RECEIVED JUL 15 PM 3:00 COMPTON COUNTY TEXAS Date Received: _____ Date Hand-delivered: _____ Date Postmarked: _____ Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( 512 )	PHONE NUMBER 854-9473		EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Bill LAST Aleshire		MI V. SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 3605 Shady Valley Drive	APT / SUITE #: CITY: STATE: ZIP CODE:		
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 512 )	PHONE NUMBER 457-9838	EXTENSION	
9 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 (officer 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)			
10 PERIOD COVERED	Month 01 /	Day 01 /	Year 2004	
11 ELECTION	Month 11 /	Day 02 /	Year 2004	
12 OFFICE	OFFICE HELD (Many): Travis County Tax Assessor-Collector	13 OFFICE SOUGHT (If known): Travis County Tax Assessor-Collector		
14 NOTICE OF 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

15 C/OH NAME Nelda Wells Spears 16 ACCOUNT # (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

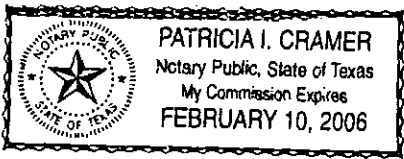
*\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\**

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

additional pages

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	\$ 75.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 75.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 156.24
OUTSTANDING LOAN TOTALS	6. 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 15th day of July 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 EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>- 1 -</b>
2 FILER NAME <b>Welda Wells Spears</b>		3 ACCOUNT # (Ethics Commission Form)
4 Date <b>5-20-04</b>	5 Payee name <b>Sam Biscoe Special Projects</b>	7 Amount (\$) <b>\$25.00</b>
6 Payee address: City: State: Zip Code <b>P. O. Box 1748 Austin, Texas 78767</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Juneteenth Program</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officerholder name      Office sought      Office held	
Date <b>6-24-04</b>	Payee name <b>NOKOA</b>	Amount (\$) <b>\$50.00</b>
Payee address: City: State: Zip Code <b>P. O. Box 1131 Austin, Texas 78767</b>		
Purpose of payment (See instructions regarding type of information required.) <b>African American Identity Contest</b>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officerholder name      Office sought      Office held	
Date	Payee name	Amount (\$)
Payee address: City: State: Zip Code		
Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officerholder name      Office sought      Office held	
Date	Payee name	Amount (\$)
Payee address: City: State: Zip Code		
Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officerholder name      Office sought      Office held	

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