

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3537 FORM JC/OH
COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 9
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	JUDGE WILFORD		
	NICKNAME	LAST	SUFFIX
	WIL FLOWERS		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE
	6912 GAUR DRIVE AUSTIN, TEXAS 78749		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	JUDGE WILFORD		
	NICKNAME	LAST	SUFFIX
	WIL FLOWERS		
		Receipt #	
		HD / PM	Amount
		Date Processed	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE)		APT / SUITE # CITY STATE ZIP CODE
	6912 GAUR DRIVE AUSTIN, TEXAS 78749		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	3011941	
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 JC/OH - FR)		
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	01 / 01 / 97		06 / 30 / 97
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
	/ /		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
	JUDGE 147th DISTRICT		
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		

FILED
 JUL 11 2 15 PM '97
 DATA CENTER
 COUNTY CLERK
 TRAVIS COUNTY, TEXAS

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

14 C/OH NAME

WILFORD FLOWERS

15 ACCOUNT # (Ethics Commission filers)

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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION
TOTALS

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)

\$

38.32

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

770.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

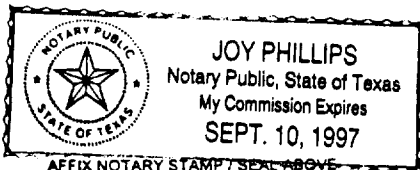
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT

I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Wilford Flowers
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Wilford Flowers*, this the *11th* day of *July*, 19 *97*, to certify which, witness my hand and seal of office.

Joy Phillips
Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A(J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J): 2	
2 FILER NAME WILFORD FLOWERS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/27/97	5 Full name of contributor <input type="checkbox"/> out of state PAC BANK ONE AUSTIN	7 Amount of contribution (\$) 7.56	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code PO BOX 2266 AUSTIN, TEXAS 78780			
9 Contributor's principal occupation BANKING		10 Contributor's job title BANK	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 2/26/97	Full name of contributor <input type="checkbox"/> out of state PAC BANK ONE AUSTIN	Amount of contribution (\$) 6.56	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code PO BOX 2266 AUSTIN, TEXAS 78780			
Contributor's principal occupation BANKING		Contributor's job title BANK	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 3/25/97	Full name of contributor <input type="checkbox"/> out of state PAC BANK ONE AUSTIN	Amount of contribution (\$) 5.75	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code PO BOX 2266 AUSTIN, TEXAS 78780			
Contributor's principal occupation BANKING		Contributor's job title BANK	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, parents' law firm(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule B(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇐ ⇐ ⇐ ⇐ ⇐ ⇐			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address: City: State: Zip Code			
10 Pledgor's principal occupation		11 Pledgor's job title	
12 Pledgor's employer/law firm		13 Law firm of pledgor's spouse (if any)	
14 If pledgor is a child, law firm of parent(s) (if any)			

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address: City: State: Zip Code			
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind contribution description(if applicable)
Pledgor address: City: State: Zip Code			
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A(J)

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule A(J): 2

2 FILER NAME WILFORD FLOWERS 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>4/23/97</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>BANK ONE AUSTIN</u>	7 Amount of contribution (\$) <u>6.12</u>	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code <u>PO BOX 2266 AUSTIN, TEXAS 78780</u>			

9 Contributor's principal occupation	10 Contributor's job title
11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	

Date <u>5/23/97</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>BANK ONE AUSTIN</u>	Amount of contribution (\$) <u>6.16</u>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <u>PO BOX 2266 AUSTIN, TEXAS 78780</u>			

Contributor's principal occupation <u>BANKING</u>	Contributor's job title <u>BANK</u>
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

Date <u>6/24/97</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>BANK ONE AUSTIN</u>	Amount of contribution (\$) <u>6.17</u>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <u>PO BOX 2266 AUSTIN, TEXAS 78780</u>			

Contributor's principal occupation <u>BANKING</u>	Contributor's job title <u>BANK</u>
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, parents' law firm(s) (if any)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4

2 FILER NAME

WILFORD FLOWERS

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/29/97

5 Payee name

AUSTIN AREA URBAN LEAGUE

7 Amount
(\$)

60.00

6 Payee address: City: State: Zip Code

1825 E. 38 1/2 STREET
AUSTIN, TEXAS 78722

8 Purpose of expenditure

BANQUET

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

Office sought / held

Date

2/6/97

Payee name

CAPITAL CITY ARGUS

Amount
(\$)

150.00

Payee address: City: State: Zip Code

6448 HWY 290 EAST SUITE E 102
AUSTIN, TEXAS 78723

Purpose of expenditure

Black History Ad

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

Office sought / held

Date

2/7/97

Payee name

NATIONAL WOMEN OF ACHIEVEMENT

Amount
(\$)

50.00

Payee address: City: State: Zip Code

7103 CROSSWOOD DRIVE
AUSTIN, TEXAS 78745

Purpose of expenditure

BANQUET

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

Office sought / held

Date

2/8/97

Payee name

BLACK AMERICAN COMPTROLLER EMPLOYEES
ASSOC.Amount
(\$)

70.00

Payee address: City: State: Zip Code

PO BOX 13412
AUSTIN, TEXAS 78711-3412

Purpose of expenditure

BANQUET

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

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS (JUDICIAL)**SCHEDULE E(J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
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 Lender's Principal Occupation		13 Lender's Job Title	
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)	
16 If lender is child, law firm of parent(s) (if any)			
17 Description of Collateral <input type="checkbox"/> none			
18 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	19 Name of guarantor		21 Amount Guaranteed (\$)
	20 Guarantor address: City State Zip Code		
22 Guarantor's Principal Occupation		23 Guarantor's Job Title	
24 Guarantor's Employer/Law Firm		25 Law Firm of guarantor's spouse (if any)	
26 If guarantor is child, law firm of parent(s) (if any)			
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4

2 FILER NAME

WILFORD FLOWERS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/31/97

5 Payee name

THURGOOD MARSHALL LEGAL SOCIETY

7

Amount
(\$)

35.00

6 Payee address: City: State: Zip Code

727 EAST 26th STREET
AUSTIN, TEXAS 78705

8 Purpose of expenditure

BANQUET

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought / held

Date

4/11/97

Payee name

NAACP

Amount
(\$)

50.00

Payee address: City: State: Zip Code

4805 Mt. HOPE DRIVE
BALTIMORE MARYLAND 21215

Purpose of expenditure

MEMBERSHIP FEE

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought / held

Date

4/11/97

Payee name

TRAVIS COUNTY DEMOCRATIC PARTY

Amount
(\$)

25.00

Payee address: City: State: Zip Code

PO BOX 684263
AUSTIN, TEXAS 78768-4263

Purpose of expenditure

PARTY FUNDRAISER
"An Evening with Jake"

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought / held

Date

4/19/97

Payee name

CINCO de MAYO COMMITTEE

Amount
(\$)

25.00

Payee address: City: State: Zip Code

314 WEST 11th, SUITE 525
AUSTIN, TEXAS 78701

Purpose of expenditure

CELEBRATION

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4

2 FILER NAME

WILFORD FLOWERS

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/19/97

5 Payee name

VOLUNTEER LEGAL SERVICES

7

Amount
(\$)

40.00

6 Payee address: City: State: Zip Code

700 LAVALA 78701
AUSTIN, TEXAS

8 Purpose of expenditure

LAW DAY / PRO BONO BANQUET

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

Office sought / held

Date

4/26/97

Payee name

THE VILLAGER NEWSPAPER

Amount
(\$)

30.00

Payee address: City: State: Zip Code

1223-A ROSEWOOD AVENUE
AUSTIN, TEXAS 78702

Purpose of expenditure

BANQUET

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

Office sought / held

Date

5/29/97

Payee name

TRAVIS COUNTY DEMOCRATIC PARTY

Amount
(\$)

120.00

Payee address: City: State: Zip Code

PO BOX 684263
AUSTIN, TEXAS 787684263

Purpose of expenditure

DUES

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

Office sought / held

Date

5/29/97

Payee name

JUNETEENTH COMMITTEE

Amount
(\$)

25.00

Payee address: City: State: Zip Code

PO BOX 1748
AUSTIN, TEXAS 78767

Purpose of expenditure

CELEBRATION

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

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4

2 FILER NAME WILFORD FLOWERS

3 ACCOUNT # (Ethics Commission filers)

4 Date 6/25/97

5 Payee name THE VILLAGER NEWSPAPER
6 Payee address: City, State, Zip Code
1223-A ROSEWOOD AVENUE
AUSTIN, TEXAS 78702

7 Amount (\$) 90.00

8 Purpose of expenditure JUNETEENTH AD

9 .. 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

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

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