

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3730

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. 7
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI JUDGE WILFORD	OFFICE USE ONLY Date Received JAN 15 1 57 PM '98 DAVIS COUNTY CLERK DAVIS COUNTY, TEXAS FILED	
	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	Receipt #	
	NICKNAME LAST SUFFIX WIL FLOWERS	Date processed: Jan 15, 1998 Date imaged:	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE SAME AS ABOVE		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 301 1941		
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 JC/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 01 / 97 12 / 31 / 97		
10 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) JUDGE, 147th District Court	12 OFFICE SOUGHT (if known)	
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		

GO TO PAGE 2

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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 28.59

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2331.00

CONTRIBUTION
BALANCE

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

\$ 3689.96

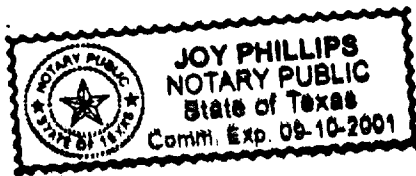
OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT

I swear, or affirm, 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.



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 *15th* day of *Jan.* 19*98*, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

1 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 7/10/97	5 Payee name NATIONAL BAR ASSOCIATION 6 Payee address; City; State; Zip Code 1225 11th Street N.W. WASHINGTON, DC 20001-4217	7 Amount (\$) 150.00
8 Purpose of expenditure DUES - MEMBERSHIP		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 7/11/97	Payee name AUSTIN AFL-CIO Payee address; City; State; Zip Code P O BOX 684644 AUSTIN, TEXAS 78768-4644	Amount (\$) 105.00
Purpose of expenditure ADVERTISEMENT		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 7/11/97	Payee name AUSTIN BLACK LAWYERS ASSOCIATION Payee address; City; State; Zip Code P O BOX 13181 AUSTIN, TEXAS 78711-3181	Amount (\$) 25.00
Purpose of expenditure MEMBERSHIP - DUES		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 7/12/97	Payee name U.S. POSTMASTER Payee address; City; State; Zip Code 510 GUADALUPE AUSTIN, TEXAS 78701	Amount (\$) 16.00
Purpose of expenditure STAMPS		** 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 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 Description of Collateral <input type="checkbox"/> none		
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
17 Principal Occupation		18 Employer
Date of loan	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

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If lender 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:
2 FILER NAME WILFORD FLOWERS		3 ACCOUNT # (Ethics Commission filers)
4 Date 8/15/97	5 Payee name LYONS JR. LODGE #290	7 Amount (\$) 25.00
6 Payee address; City; State; Zip Code PO BOX 685194 AUSTIN, TEXAS 78768		
8 Purpose of expenditure ANNUAL GALA		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 9/9/97	Payee name SOUTH AUSTIN DEMOCRATS	Amount (\$) 10.00
Payee address; City; State; Zip Code PO BOX 152592 AUSTIN, TEXAS 78715-2592		
Purpose of expenditure MEMBERSHIP		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 9/17/97	Payee name AMERICAN INN OF COURT	Amount (\$) 250.00
Payee address; City; State; Zip Code 1301 WEST 25th Street #525 AUSTIN, TEXAS 78705		
Purpose of expenditure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 9/22/97	Payee name TEXAS CIVIL RIGHTS PROJECT	Amount (\$) 40.00
Payee address; City; State; Zip Code 2212 E. MLK BLVD. AUSTIN, TEXAS 78702-1344		
Purpose of expenditure ANNUAL DINNER		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

A The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME WILFORD FLOWERS		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/23/97	5 Payee name TRAVIS COUNTY DEMOCRATIC PARTY 6 Payee address; City; State; Zip Code PO BOX 684263 AUSTIN, TEXAS 78768	7 Amount (\$) 100.00
8 Purpose of expenditure Fundraiser		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 9/25/97	Payee name SOUTH AUSTIN DEMOCRATS Payee address; City; State; Zip Code PO BOX 152592 AUSTIN, TEXAS 78715-2592	Amount (\$) 50.00
Purpose of expenditure FUNDRAISER		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 11/7/97	Payee name AUSTIN YOUNG LAWYERS ASSOCIATION Payee address; City; State; Zip Code 700 LAVACA, SUITE 602 AUSTIN, TEXAS 78701	Amount (\$) 300.00
Purpose of expenditure ADVERTISEMENT		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 11/25/97	Payee name NAACP Payee address; City; State; Zip Code 1704 E. 12th STREET AUSTIN, TEXAS 78702	Amount (\$) 60.00
Purpose of expenditure BANQUET		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME WILFORD FLOWERS		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/18/97	5 Payee name TRAVIS COUNTY DEMOCRATIC PARTY	7 Amount (\$) 1200.00
6 Payee address; City; State; Zip Code PO Box 684263 AUSTIN, TEXAS 78768		
8 Purpose of expenditure Filing Fee		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 (\$) Office sought / held
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 (\$) Office sought / held
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 (\$) Office sought / held
Purpose of expenditure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: FORM JC/OH - FR

DESIGNATION OF FINAL REPORT

The JC/OH Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on JC/OH page 1 is marked "Final Report" --

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are a candidate --

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer appointment on file.



Signature of Officeholder