

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

14 C/OH NAME WILFRED R. AGUILAR	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME N/A 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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2300.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 115.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6895.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 27,957.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.



Wilfred Aguilar
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Wilfred R. Aguilar this the 9th day of February

1998, to certify which, witness my hand and seal of office.

Stella A Sanchez Stella A Sanchez Notary
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): 4	
2 FILER NAME Wilfred R. Aguilar		3 ACCOUNT # (Ethics Commission files)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC See Attached Schedules	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
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	Full name of contributor <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
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	Full name of contributor <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
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)			

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 (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <u>4</u>	
2 FILER NAME: Wilfred Aguilar		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/2/98	5 Full name of contributor <input type="checkbox"/> out of state PAC Michael R. Maguire 6 Contributor address: City, State, Zip Code 2414 Exposition Blvd., Suite D200, Austin, Texas 78703	7 Amount of contribution (\$) \$150	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer/law firm Self		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 1/5/98	Full name of contributor <input type="checkbox"/> out of state PAC Raymond M. Espersen Contributor address: City, State, Zip Code P.O. Box 2492, Austin, Texas 78767	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor's principal occupation: Attorney		Contributor's job title: Attorney	
Contributor's employer/law firm: Self		Law firm of contributor's spouse (if any):	
If contributor is a child, law firm of parent(s) (if any):			

Date 1/9/98	Full name of contributor <input type="checkbox"/> out of state PAC Raymond Kohler Contributor address: City, State, Zip Code 1300 Guadalupe, Austin, Texas 78701	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor's principal occupation: Attorney		Contributor's job title: Attorney	
Contributor's employer/law firm: Self		Law firm of contributor's spouse (if any):	
If contributor is a child, law firm of parent(s) (if any):			

Date 1/12/98	Full name of contributor <input type="checkbox"/> out of state PAC Thad Son	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
	Contributor address: City, State; Zip Code 1201 Rio Grande, Austin, Texas 78701		
Contributor's principal occupation: Attorney		Contributor's job title: Attorney	
Contributor's employer/law firm: Self		Law firm of contributor's spouse (if any):	
If contributor is a child, law firm of parent(s) (if any):			

Date 1/10/98	Full name of contributor <input type="checkbox"/> out of state PAC T. J. Biezo	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
	Contributor address: City, State; Zip Code P.O. Box 997, Austin, Texas 78767		
Contributor's principal occupation: Attorney		Contributor's job title: Attorney	
Contributor's employer/law firm: Self		Law firm of contributor's spouse (if any):	
If contributor is a child, law firm of parent(s) (if any):			

Date 1/13/98	Full name of contributor <input type="checkbox"/> out of state PAC Robert Icenhauer-Ramirez	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
	Contributor address: City, State; Zip Code 1103 Nueces, Austin, Texas 78701		
Contributor's principal occupation: Attorney		Contributor's job title: Attorney	
Contributor's employer/law firm: Icenhauer-Ramirez & Hubner, P.C.		Law firm of contributor's spouse (if any):	
If contributor is a child, law firm of parent(s) (if any):			

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/12/98	Charles Popper Contributor address: City, State; Zip Code 611 W. 14th St., Austin, Texas 78701	\$250	
Contributor's principal occupation: Attorney		Contributor's job title: Attorney	
Contributor's employer/law firm: Self		Law firm of contributor's spouse (if any):	
If contributor is a child, law firm of parent(s) (if any):			

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/23/98	BM&OH -Electo-PAC Contributor address: City, State; Zip Code 1400 Franklin Plaza, 111 Congress Ave., Austin, Texas 78701	\$500	
Contributor's principal occupation:		Contributor's job title:	
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	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/20/98	Malcolm C. Smith Contributor address: City, State; Zip Code 808 W. 11th St., Austin, Texas 78701	\$250	
Contributor's principal occupation: Attorney		Contributor's job title: Attorney	
Contributor's employer/law firm: Self		Law firm of contributor's spouse (if any):	
If contributor is a child, law firm of parent(s) (if any):			

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/2/98	Michael B. Walker Contributor address: City, State, Zip Code 1621 W. 6 th St., Austin, Texas 78703	\$100	
Contributor's principal occupation: Attorney		Contributor's job title: Attorney	
Contributor's employer/law firm: Self		Law firm of contributor's spouse (if any):	
If contributor is a child, law firm of parent(s) (if any):			

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
 Contributor address: City, State, Zip Code	\$	
Contributor's principal occupation:		Contributor's job title:	
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	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
 Contributor address: City, State, Zip Code	\$	
Contributor's principal occupation:		Contributor's job title:	
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):			

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule B(J):	
2 FILER NAME Wilfred R. Aguilar		3 ACCOUNT # (Ethics Commission files)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄ \$			
5 Date	6 Full name of pledgor N/A <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 N/A <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 N/A <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)			

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

LOANS (JUDICIAL)

SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E(J):

2 FILER NAME

Wilfred R. Aguilar

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ N/A

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 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

 none

18 GUARANTOR INFORMATION

19 Name of guarantor

21 Amount Guaranteed (\$)

 not applicable

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)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 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

2 FILER NAME
Wilfred R. Aguilar

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name See Attached Schedules	7 Amount (\$)
6 Payee address; City; State; Zip Code		

8 Purpose of expenditure	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
--------------------------	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
------------------------	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
------------------------	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME: Wilfred Aguilar

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1/9/98

Chris Saunders

\$250

6 Payee address: City, State, Zip Code
3713 Windsor
Austin, Texas 78703

8 Purpose of Expenditure:
Campaign Artwork

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

Date

Payee name

Amount (\$)

1/12/98

Travis County Bar Association

\$300

Payee address: City, State, Zip Code
700 Lavaca, Austin, Texas 78701

Purpose of Expenditure:
Membership List

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

Date

Payee name

Amount (\$)

1/23/98

Rindy Media

\$5000

Payee address: City, State, Zip Code
501 N. 1-35, Austin, Texas 78705

Purpose of Expenditure:
Media Consultation

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

Date

Payee name

Amount (\$)

1/27/98

Tejano Democrats

\$75

Payee address: City, State, Zip Code
P.O. Box 684734, Austin, Texas 78765

Purpose of Expenditure:
1/2 Page Ad.

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: _____
2 FILER NAME: Wilfred Aguilar		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/31/98	5 Payee name Ace Printing 6 Payee address: City, State, Zip Code P. O. Box 13522, Austin, Texas 78711	7 Amount (\$) \$1155.57
8 Purpose of Expenditure: Signs		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

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME Wilfred A. Aguilar		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name <div style="text-align: center; margin-top: 10px;">N/A</div>	7 Amount (\$)
6 Business address; City; State; Zip Code		
8 Purpose of payment	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held	
Date	Business name	Amount (\$)
Business address; City; State; Zip Code		
Purpose of payment	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held	
Date	Business name	Amount (\$)
Business address; City; State; Zip Code		
Purpose of payment	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held	
Date	Business name	Amount (\$)
Business address; City; State; Zip Code		
Purpose of payment	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule M:

2 FILER NAME Wilfred R. Aguilar

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset
N/A

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED