

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE	FIRST	MI
JUDGE WILFORD		
NICKNAME	LAST	SUFFIX
FLOWERS		

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE
6219 GAUR DRIVE,		AUSTIN,	TEXAS	78749

 Change of Address5 CAMPAIGN
TREASURER
NAME

TITLE	FIRST	MI
	JAN	
NICKNAME	LAST	SUFFIX
	SOIFER	

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE
700 LAVACA, SUITE 800,		AUSTIN,	TEXAS	78701

7 CAMPAIGN
TREASURER
PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(512)	404-2051	

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
10	26	98		12	31	98

10 ELECTION

ELECTION DATE			ELECTION TYPE			
Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
11	03	98				

11 OFFICE

OFFICE HELD (if any)

147TH JUDICIAL DISTRICT JUDGE

12 OFFICE SOUGHT (if known)

SAME

13 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

N/A

Address / PO Box Apt / Suite # City State Zip Code

 additional pages

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)

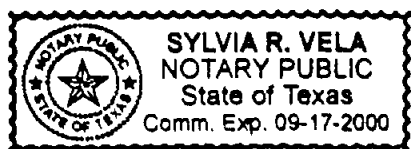
- This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive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

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$ -00-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,031.57
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,644.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,923.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -00-

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.



[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said WILFORD FLOWERS this the 14 day of JANUARY

19 09 to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

SYLVIA R. VELA
Print name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

SEE ATTACHED.

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A(J)

13

2 FILER NAME
WILFORD FLOWERS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

out of state PAC

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

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

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)

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) - 1 -

2 FILER NAME
WILFORD FLOWERS

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇐ ⇐ ⇐ ⇐ ⇐ ⇐ ⇐ ⇐ \$ -0-

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 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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS			SCHEDULE A(J)
4. Date 10/27/98	5. Full name of Contributor: out of state PAC Kent C. Anschutz	7. Amount of contribution (\$) \$25.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code 700 San Antonio Austin, Texas 78701			
9. Contributor's Principal occupation law		10. Contributor's job title lawyer	
10. 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)			
4. Date 11/30/98	5. Full name of Contributor: out of state PAC Bruce C. Fox Attorney at Law	7. Amount of contribution (\$) \$250.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code 404 West 13th Street Austin, Texas 78701			
9. Contributor's Principal occupation law		10. Contributor's job title lawyer	
10. 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)			
4. Date 11/30/98	5. Full name of Contributor: out of state PAC McGinnis Lockridge & Kilgore, LLP	7. Amount of contribution (\$) \$500.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code 919 Congress Ave. Austin, Texas 78701			
9. Contributor's Principal occupation		10. Contributor's job title lawfirm	
10. 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)			
Attach additional copies of this form as needed If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

(effective 09/01/97)

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS** **SCHEDULE A(J)**

4. Date 10/27/98	5. Full name of Contributor: out of state PAC Carla Crisford Davis	7. Amount of contribution (\$) \$50.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code P.O. Box 3446 Austin, Texas 78764			

9. Contributor's Principal occupation	10. Contributor's job title
10. 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)

4. Date 10/27/98	5. Full name of Contributor: out of state PAC Patricia A. English	7. Amount of contribution (\$) \$250.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code 515 Congress Ave., Suite No. 2600 Austin, Texas 78701			

9. Contributor's Principal occupation law	10. Contributor's job title lawyer
10. 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)

4. Date 10/27/98	5. Full name of Contributor: out of state PAC Family PAC	7. Amount of contribution (\$) \$2,000.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code Edwin J. Terry, Jr., Treasurer 805 West 10th, Suite 300 Austin, Texas 78701			

9. Contributor's Principal occupation	10. Contributor's job title
10. 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)

**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 A(J)
4. Date 10/27/98	5. Full name of Contributor: out of state PAC Thom W. Farrell	7. Amount of contribution (\$) \$250.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code 3223 Park Hills Drive Austin, Texas 78746			
9. Contributor's Principal occupation		10. Contributor's job title	
10. 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)			
4. Date 10/27/98	5. Full name of Contributor: out of state PAC Charles W. Gates	7. Amount of contribution (\$) \$50.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code 8108 Forest Mesa Dr. Austin, Texas 78759			
9. Contributor's Principal occupation Administrator		10. Contributor's job title Aviation Director	
10. Contributor's employer/law firm City of Austin		12. Law firm of contributor's spouse (if any)	
13. If contributor is a child, law firm of parent(s) (if any)			
4. Date 10/27/98	5. Full name of Contributor: out of state PAC Laquita A. Hamilton	7. Amount of contribution (\$) \$250.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code 1707 Pearl St. Austin, Texas 78701			
9. Contributor's Principal occupation law		10. Contributor's job title lawyer	
10. 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)			
Attach additional copies of this form as needed If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS			SCHEDULE A(J)
4. Date 10/27/98	5. Full name of Contributor: out of state PAC Law Office of Joseph C. Parker, Jr.	7. Amount of contribution (\$) \$100.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code P.O. Box 69 Austin, Texas 78767-0069			
9. Contributor's Principal occupation law firm		10. Contributor's job title	
10. 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)			
4. Date 10/27/98	5. Full name of Contributor: out of state PAC Jody W. Sims	7. Amount of contribution (\$) \$250.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code 10617 North Platt River Drive Austin, Texas 78748			
9. Contributor's Principal occupation		10. Contributor's job title	
10. 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)			
4. Date 10/27/98	5. Full name of Contributor: out of state PAC Thad Son	7. Amount of contribution (\$) \$500.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code 1201 Rio Grande Austin, Texas 78701			
9. Contributor's Principal occupation		10. Contributor's job title	
10. 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)			
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(effective 09/01/97)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS				SCHEDULE A(J)
4. Date 11/16/98	5. Full name of Contributor: out of state PAC Ned Granger Law Office	7. Amount of contribution (\$)	8. In-kind contribution description (if applicable) \$282.88	
6. Contributor address: City, State, Zip Code 605 W. 10th Street Austin, Texas 78701				
9. Contributor's Principal occupation law		10. Contributor's job title law firm		
10. 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)				
4. Date 10/29/98	5. Full name of Contributor: out of state PAC Taft E. Benson	7. Amount of contribution (\$) \$50.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City, State, Zip Code 1405 Pearl Cove Round Rock, Texas 78681				
9. Contributor's Principal occupation		10. Contributor's job title		
10. 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)				
4. Date 10/29/98	5. Full name of Contributor: out of state PAC Jon T. Evans	7. Amount of contribution (\$) \$250.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City, State, Zip Code 2806 Allison Drive Austin, Texas 78741				
9. Contributor's Principal occupation		10. Contributor's job title		
10. 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)				
Attach additional copies of this form as needed If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

(effective 09/01/97)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS			SCHEDULE A(J)
4. Date 10/29/98	5. Full name of Contributor: out of state PAC Abraham Kazen, III	7. Amount of contribution (\$) \$300.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code 1411 West Ave., Ste. 100 Austin, Texas 78701			
9. Contributor's Principal occupation law		10. Contributor's job title lawyer	
10. 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)			
4. Date 10/29/98	5. Full name of Contributor: out of state PAC Miles J. Leblanc	7. Amount of contribution (\$) \$25.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code 12349 Metric Blvd., Apt. 523 Austin, Texas 78758			
9. Contributor's Principal occupation Law		10. Contributor's job title Assistant Attorney General	
10. Contributor's employer/law firm Office of the Attorney General		12. Law firm of contributor's spouse (if any)	
13. If contributor is a child, law firm of parent(s) (if any)			
4. Date 10/29/98	5. Full name of Contributor: out of state PAC Norman Lewis Mason	7. Amount of contribution (\$) \$150.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code 9201 Simmons Rd., #106 Austin, Texas 78759			
9. Contributor's Principal occupation		10. Contributor's job title	
10. 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)			
Attach additional copies of this form as needed If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

(effective 09/01/97)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A(J)

4. Date 10/29/98	5. Full name of Contributor: out of state PAC Tom Prather	7. Amount of contribution (\$) \$100.00	8. In-kind contribution description (if applicable)
	6. Contributor address: City, State, Zip Code P.O. Box 1223 Austin, Texas 78767		

9. Contributor's Principal occupation	10. Contributor's job title
---------------------------------------	-----------------------------

10. 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)

4. Date 10/29/98	5. Full name of Contributor: out of state PAC Dr. Joseph P. Quander, Jr.	7. Amount of contribution (\$) \$250.00	8. In-kind contribution description (if applicable)
	6. Contributor address: City, State, Zip Code 711 W. 38th St. G-2 Austin, Texas 78705		

9. Contributor's Principal occupation	10. Contributor's job title
---------------------------------------	-----------------------------

10. 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)

4. Date 10/29/98	5. Full name of Contributor: out of state PAC Harlan R. Wallace	7. Amount of contribution (\$) \$200.00	8. In-kind contribution description (if applicable)
	6. Contributor address: City, State, Zip Code 90 Sweetbriar Trail Fayetteville, GA 30215		

9. Contributor's Principal occupation	10. Contributor's job title
---------------------------------------	-----------------------------

10. 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)

**Attach additional copies of this form as needed
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A(J)**

4. Date 10/29/98	5. Full name of Contributor: out of state PAC Dr. Sidney White, Jr.	7. Amount of contribution (\$) \$150.00	8. In-kind contribution description (if applicable)
	6. Contributor address: City, State, Zip Code 2113 E. M. L. King, Jr. Blvd., Suite 105 Austin, Texas 78702		

9. Contributor's Principal occupation	10. Contributor's job title physician
---------------------------------------	--

10. 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)

4. Date 11/3/98	5. Full name of Contributor: out of state PAC Law Office of David L. Botsford	7. Amount of contribution (\$) \$250.00	8. In-kind contribution description (if applicable)
	6. Contributor address: City, State, Zip Code 1307 West Avenue Austin, Texas 78701		

9. Contributor's Principal occupation law	10. Contributor's job title lawfirm
--	--

10. 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)

4. Date 11/3/98	5. Full name of Contributor: out of state PAC Will Coates	7. Amount of contribution (\$) \$125.00	8. In-kind contribution description (if applicable)
	6. Contributor address: City, State, Zip Code 111 Congress Ave., Suite 1040 Austin, Texas 78701		

9. Contributor's Principal occupation law	10. Contributor's job title lawyer
--	---------------------------------------

10. 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)

**Attach additional copies of this form as needed
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(effective 09/01/97)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A(J)**

4. Date 11/3/98	5. Full name of Contributor: out of state PAC Margaret A. Cooper	7. Amount of contribution (\$) \$100.00	8. In-kind contribution description (if applicable)
	6. Contributor address: City, State, Zip Code 7702 Long Point Dr. Austin, Texas 78731		

9. Contributor's Principal occupation judge	10. Contributor's job title Judge
--	--------------------------------------

10. 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)

4. Date 11/3/98	5. Full name of Contributor: out of state PAC John S. Howard	7. Amount of contribution (\$) \$75.00	8. In-kind contribution description (if applicable)
	6. Contributor address: City, State, Zip Code 603 W. 13th Street, 2-C Austin, Texas 78701		

9. Contributor's Principal occupation law	10. Contributor's job title lawyer
--	---------------------------------------

10. 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)

4. Date 11/3/98	5. Full name of Contributor: out of state PAC Tommy Jacks, P.C.	7. Amount of contribution (\$) \$500.00	8. In-kind contribution description (if applicable)
	6. Contributor address: City, State, Zip Code 111 Congress Ave., Suite 1010 Austin, Texas 78701-4043		

9. Contributor's Principal occupation law	10. Contributor's job title law firm
--	---

10. 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)

**Attach additional copies of this form as needed
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

(effective 09/01/97)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS			SCHEDULE A(J)
4. Date 11/3/98	5. Full name of Contributor: out of state PAC Connie Ode	7. Amount of contribution (\$) \$50.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code 7319 Reed Dr. Volente, Texas 78641			
9. Contributor's Principal occupation law		10. Contributor's job title lawyer	
10. Contributor's employer/law firm City of Austin		12. Law firm of contributor's spouse (if any)	
13. If contributor is a child, law firm of parent(s) (if any)			
4. Date 11/3/98	5. Full name of Contributor: out of state PAC Mark B. Schreiber	7. Amount of contribution (\$) \$100.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code 1002 Yaupon Valley Rd. Austin, Texas 78746			
9. Contributor's Principal occupation law		10. Contributor's job title lawyer	
10. 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)			
4. Date 11/3/98	5. Full name of Contributor: out of state PAC Law Office of Paul C. Velte, IV	7. Amount of contribution (\$) \$25.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code 1300 Guadalupe, Suite 202 Austin, Texas 78701			
9. Contributor's Principal occupation law		10. Contributor's job title law firm	
10. 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)			
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(effective 09/01/97)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A(J)**

4. Date 11/9/98	5. Full name of Contributor: out of state PAC Harold L. Blackburn Laurie J. Blackburn	7. Amount of contribution (\$) \$100.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code 1803 Stratford Dr., Alexandria, VA 22308			
9. Contributor's Principal occupation		10. Contributor's job title	
10. 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)			
4. Date 11/9/98	5. Full name of Contributor: out of state PAC Thomas Goggan	7. Amount of contribution (\$) \$500.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code 515 Congress Ave., Suite 1614 Austin, Texas 78701			
9. Contributor's Principal occupation law		10. Contributor's job title law firm	
10. 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)			
4. Date 11/9/98	5. Full name of Contributor: out of state PAC John McCormick	7. Amount of contribution (\$) \$50.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code 1801 Rock Creek Drive Round Rock, Texas 78681			
9. Contributor's Principal occupation law		10. Contributor's job title lawyer	
10. 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)			
Attach additional copies of this form as needed If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

(effective 09/01/97)

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS** **SCHEDULE A(J)**

4. Date 11/9/98	5. Full name of Contributor: out of state PAC Craig Smith Attorney and Counselor at Law	7. Amount of contribution (\$) \$25.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code 716 Congress Avenue, Suite 203 Austin, Texas 78701			

9. Contributor's Principal occupation law	10. Contributor's job title lawyer
--	---------------------------------------

10. 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)

4. Date 11/9/98	5. Full name of Contributor: out of state PAC Tom Weber	7. Amount of contribution (\$) \$250.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code 8214 Briarwood Austin, Texas 78757			

9. Contributor's Principal occupation law	10. Contributor's job title lawyer
--	---------------------------------------

10. 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)

4. Date 11/17/98	5. Full name of Contributor: out of state PAC Harold K. Bowling	7. Amount of contribution (\$) \$100.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code 13519 Briar Hollow Dr. Austin, Texas 78729			

9. Contributor's Principal occupation	10. Contributor's job title
---------------------------------------	-----------------------------

10. 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)

**Attach additional copies of this form as needed
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A(J)**

4. Date 11/17/98	5. Full name of Contributor: Joe T. Garrison out of state PAC	7. Amount of contribution (\$) \$200.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code 4111 Marathon Blvd. Austin, Texas 78756			
9. Contributor's Principal occupation law		10. Contributor's job title lawyer	
10. 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)			
4. Date 11/17/98	5. Full name of Contributor: Robert Earl Smith out of state PAC	7. Amount of contribution (\$) \$150.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code 1108 Nueces Street Austin, Texas 78701			
9. Contributor's Principal occupation law		10. Contributor's job title lawyer	
10. 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)			
4. Date 11/98 - 12/98	5. Full name of Contributor: Bank One out of state PAC	7. Amount of contribution (\$) \$17.65 (Interest earned)	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code P.O. Box 2266, Austin, Texas 78780-2266			
9. Contributor's Principal occupation		10. Contributor's job title Bank	
10. 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)			
Attach additional copies of this form as needed If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

(effective 09/01/97)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS		SCHEDULE A(J)	
4. Date 11/24/98	5. Full name of Contributor: AFSCME out of state PAC	7. Amount of contribution (\$)	8. In-kind contribution description (if applicable) \$1,181.04 (Phone bank services)
	6. Contributor address: City, State, Zip Code 1625 L. Street N.W., Washington, D.C. 20036		
9. Contributor's Principal occupation labor union		10. Contributor's job title .	
10. 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)			
<p>Attach additional copies of this form as needed If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

(effective 09/01/97)

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E(J).

-1-

2 FILER NAME

WILFORD FLOWERS

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS: ◊ ◊ ◊ ◊ ◊ ◊

\$ -0-

5 Date of loan

7 Name of lender

 out of state PAC

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address. City. State. Zip Code

10 Interest rate

Y N

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

SEE ATTACHED

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	5 Payee name 6 Payee address, City, State, Zip Code	7 Amount (\$)
8 Purpose of expenditure		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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 **-1-**

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

4 Date	5 Business name	7 Amount (\$)
	6 Business address, City, State, Zip Code	-0-

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G

4

2 FILER NAME

WILFORD FLOWERS

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address, City, State, Zip Code	
	7 Purpose of expenditure	
<input type="checkbox"/> Reimbursement from political contributions intended		
Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure	
<input type="checkbox"/> Reimbursement from political contributions intended		
Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure	
<input type="checkbox"/> Reimbursement from political contributions intended		
Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure	
<input type="checkbox"/> Reimbursement from political contributions intended		
Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure	
<input type="checkbox"/> Reimbursement from political contributions intended		

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POLITICAL EXPENDITURES		SCHEDULE F
The Instruction Guide Explains how to complete this form		1. Total pages Schedule F: 4
2. FILER NAME: JUDGE WILFORD FLOWERS		3. Account # (Ethics commission filers)
4. Date	5. Payee Name Austin Police Association PAC	7. Amount (\$) \$3,117.85
10/26/98	6. Payee Address: (City, State, Zip Code) 400 W. 14th St., Austin, TX 78701	
8. Purpose of Expenditure: Mailout/direct mail		9. **complete if direct expenditure to benefit C/OH ** Candidate/Officer holder name Office sought/held
4. Date	5. Payee Name U.S. Postmaster	7. Amount (\$) \$11.00
10/27/98	6. Payee Address: (City, State, Zip Code) 8225 Crosspark, Austin, Texas 78710	
8. Purpose of Expenditure: postage		9. **complete if direct expenditure to benefit C/OH ** Candidate/Officer holder name Office sought/held
4. Date	5. Payee Name Rindy/Miller	7. Amount (\$) \$4,800.00
10/29/98	6. Payee Address: (City, State, Zip Code) 501 Interregional, Austin, Texas 78702	
8. Purpose of Expenditure: production costs		9. **complete if direct expenditure to benefit C/OH ** Candidate/Officer holder 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: 4
2. FILER NAME: JUDGE WILFORD FLOWERS		3. Account # (Ethics commission filers)
4. Date	5. Payee Name Patricia Crow	7. Amount (\$) \$1,500.00
10/29/98	6. Payee Address: (City, State, Zip Code) 1914 Patton Ln., Austin, TX 78723	
8. Purpose of Expenditure: fee		9. **complete if direct expenditure to benefit C/OH ** Candidate/Officer holder name Office sought/held
4. Date	5. Payee Name U.S. Postmaster	7. Amount (\$) \$416.00
10/30/98	6. Payee Address: (City, State, Zip Code) 8225 Crosspark, Austin, Texas 78710	
8. Purpose of Expenditure: postage		9. **complete if direct expenditure to benefit C/OH ** Candidate/Officer holder name Office sought/held
4. Date	5. Payee Name Home Depot	7. Amount (\$) \$32.33
11/2/98	6. Payee Address: (City, State, Zip Code) 5400 Brodie Lane, Sunset Valley, Texas 78745	
8. Purpose of Expenditure: staple guns (for posting campaign signs)		9. **complete if direct expenditure to benefit C/OH ** Candidate/Officer holder name Office sought/held
4. Date	5. Payee Name David Butts	7. Amount (\$) \$2,500.00
11/3/98	6. Payee Address: (City, State, Zip Code) 1914 Patton Lane, Austin, TX 78723	
8. Purpose of Expenditure: consulting fee		9. **complete if direct expenditure to benefit C/OH ** Candidate/Officer holder name Office sought/held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

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POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide Explains how to complete this form		1. Total pages Schedule F: 4
2. FILER NAME: JUDGE WILFORD FLOWERS		3. Account # (Ethics commission filers)
4. Date 11/4/98	5. Payee Name East Side Cafe 6. Payee Address: (City, State, Zip Code) 2113 Manor Road, Austin, Texas 78702	7. Amount (\$) \$48.30
8. Purpose of Expenditure: campaign lunch meeting		9. **complete if direct expenditure to benefit C/OH ** Candidate/Officer holder name Office sought/held
4. Date 11/16/98	5. Payee Name Opinion Analysts, Inc. 6. Payee Address: (City, State, Zip Code) 906 Rio Grande, Austin, Texas 78701	7. Amount (\$) \$49.47
8. Purpose of Expenditure: walk list		9. **complete if direct expenditure to benefit C/OH ** Candidate/Officer holder name Office sought/held
4. Date 11/29/98	5. Payee Name NAACP - Austin Branch 6. Payee Address: (City, State, Zip Code) 1704 East 12th Street, Austin, Texas 78702	7. Amount (\$) \$75.00
8. Purpose of Expenditure: advertisement		9. **complete if direct expenditure to benefit C/OH ** Candidate/Officer holder name Office sought/held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

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POLITICAL EXPENDITURES		SCHEDULE F
The Instruction Guide Explains how to complete this form		1. Total pages Schedule F: 4
2. FILER NAME: JUDGE WILFORD FLOWERS		3. Account # (Ethics commission filers)
4. Date	5. Payee Name NAACP-Austin Branch	7. Amount (\$) \$60.00
11/29/98	6. Payee Address: (City, State, Zip Code) 1704 East 12th St., Austin, Texas 78702	
8. Purpose of Expenditure: tickets to event		9. **complete if direct expenditure to benefit C/OH ** Candidate/Officer holder name Office sought/held
4. Date	5. Payee Name College of the State Bar	7. Amount (\$) \$35.00
12/16/98	6. Payee Address: (City, State, Zip Code) P.O. Box 12487, Austin, Texas 78711	
8. Purpose of Expenditure: membership dues		9. **complete if direct expenditure to benefit C/OH ** Candidate/Officer holder name Office sought/held
4. Date	5. Payee Name David J. Butts	7. Amount (\$) \$4,000.00
12/17/98	6. Payee Address: (City, State, Zip Code) 1914 Patton Lane, Austin, TX 78723	
8. Purpose of Expenditure: fee		9. **complete if direct expenditure to benefit C/OH ** Candidate/Officer holder name Office sought/held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K. - 1 -

2 FILER NAME

WILFORD FLOWERS

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
 6 Payor address: City: State: Zip Code	-0-
	7 Reason for credit	
	Payor name	Amount (\$)
 Payor address: City: State: Zip Code	
	Reason for credit	
	Payor name	Amount (\$)
 Payor address: City: State: Zip Code	
	Reason for credit	
	Payor name	Amount (\$)
 Payor address: City: State: Zip Code	
	Reason for credit	
	Payor name	Amount (\$)
 Payor address: City: State: Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I - 1 -

2 FILER NAME

WILFORD FLOWERS

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address: City, State, Zip Code	-0-
	7 Purpose of expenditure	
	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure	
	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure	
	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure	
	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS**SCHEDULE L**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L

- 1 -

2 FILER NAME

WILFORD FLOWERS

3 ACCOUNT # (Ethics Commission filers)LENDER
INFORMATION**4** Name of lender

N/A

5 Lender address,

City,

State,

Zip Code

GUARANTOR
INFORMATION**6** Name of guarantor not applicable**7** Guarantor address,

City,

State,

Zip Code

LENDER
INFORMATION

Name of lender

Lender address,

City,

State,

Zip Code

GUARANTOR
INFORMATION

Name of guarantor

 not applicable

Guarantor address;

City,

State,

Zip Code

LENDER
INFORMATION

Name of lender

Lender address;

City,

State;

Zip Code

GUARANTOR
INFORMATION

Name of guarantor

 not applicable

Guarantor address;

City;

State;

Zip Code

LENDER
INFORMATION

Name of lender

Lender address;

City;

State;

Zip Code

GUARANTOR
INFORMATION

Name of guarantor

 not applicable

Guarantor address,

City,

State;

Zip Code

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 - 1 -
2 FILER NAME WILFORD FLOWERS	3 ACCOUNT # (Ethics Commission filers)
4 Description of Asset N/A	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED	