

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

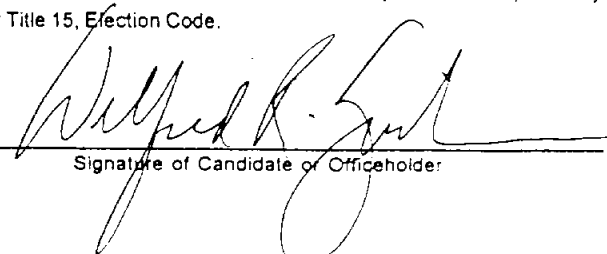
14 C/OH NAME Judge Wilfred R. Aguilar	15 ACCOUNT # (Ethics Commission Files)
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16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	- This listing includes political expenditures by political committees to support the candidate / 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	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)	\$ 550.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1967.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3905.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

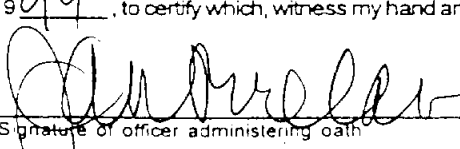
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Wilfred Aguilar this the 15 day of January 1999, to certify which, witness my hand and seal of office.



 Signature of officer administering oath

Jan Breland

 Print name of officer administering oath

County Court at Law #6

 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): <u> 1 </u>	
2 FILER NAME: Wilfred Aguilar			3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/6/98	5 Full name of contributor <input type="checkbox"/> out of state PAC Christopher P. Morgan 6 Contributor address: City: State; Zip Code 8816 Tallwood Dr., No. 203 Austin, Texas 78759	7 Amount of contribution (\$) \$100	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 8/5/98	Full name of contributor <input type="checkbox"/> out of state PAC S. Lee Wingate Contributor address: City: State; Zip Code 701 Brazos, Suite 500, Austin, Texas 78701	Amount of contribution (\$) \$200	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 8/28/98	Full name of contributor <input type="checkbox"/> out of state PAC Thad Son Contributor address: City: State; Zip Code 1201 Rio Grande, Austin, Texas 78701	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):				

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 filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⊖ ⊖ ⊖ ⊖ ⊖ ⊖

\$

5 Date

6 Full name of pledgor

N/A

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

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

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)

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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: 1

2 FILER NAME: **Wilfred Aguilar**

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/11/98

5 Payee name

Ace Printing

6 Payee address: City; State; Zip Code

P. O. Box 13522, Austin, Texas 78711

7 Amount (\$)

\$1967.44

8 Purpose of Expenditure:
Signs

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Wilfred R. Aguilar

3 ACCOUNT # (Ethics Commission file #)

4 Date

5 Payee name

N/A

6 Payee address; City: State: Zip Code

7 Purpose of expenditure

8 Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City: State: Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City: State: Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City: State: Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City: State: Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

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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 files)
4 Date	5 Business name N/A	7 Amount (\$)
6 Business address; City; State; Zip Code		
8 Purpose of payment:		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought / held
Date	Business name	Amount (\$)
Business address; City; State; Zip Code		
Purpose of payment		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought / held
Date	Business name	Amount (\$)
Business address; City; State; Zip Code		
Purpose of payment		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought / held
Date	Business name	Amount (\$)
Business address; City; State; Zip Code		
Purpose of payment		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought / held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

Wilfred R. Aguilar

3 ACCOUNT # (Ethics Commission Years)

4 Date	5 Payee name N/A	8 Amount (\$)
	6 Payee address; City: State, Zip Code	
7 Purpose of expenditure		

Date	Payee name	Amount (\$)
	Payee address; City: State, Zip Code	
Purpose of expenditure		

Date	Payee name	Amount (\$)
	Payee address; City: State, Zip Code	
Purpose of expenditure		

Date	Payee name	Amount (\$)
	Payee address; City: State, Zip Code	
Purpose of expenditure		

Date	Payee name	Amount (\$)
	Payee address; City: State, Zip Code	
Purpose of expenditure		

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CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:**2** FILER NAME

Wilfred R. Aguilar

3 ACCOUNT # (Ethics Commission files)

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

Date	Payor name	Amount (\$)
	Payor address: City: State: Zip Code	
	Reason for credit:	

Date	Payor name	Amount (\$)
	Payor address: City: State: Zip Code	
	Reason for credit:	

Date	Payor name	Amount (\$)
	Payor address: City: State: Zip Code	
	Reason for credit:	

Date	Payor name	Amount (\$)
	Payor address: City: State: Zip Code	
	Reason for credit:	

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OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME

Wilfred R. Aguilar

1 Total pages Schedule L:

3 ACCOUNT # (Ethics Commission files)

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

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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

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

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