

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4441

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:

-14-

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
JUDGE WILFORD
NICKNAME LAST SUFFIX
FLOWERS

OFFICE USE ONLY

Date Received

11 4 22 PM '00

FILED

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

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

Change of Address

5 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
100 CONGRESS AVE., STE. 300, AUSTIN, TEXAS 78701

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 305-4856

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officerholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach JC/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
07 / 01 / 99 12 / 31 / 99

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General 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

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

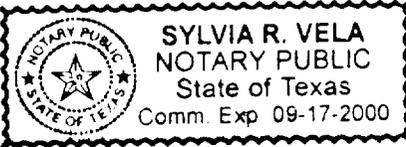
14 C/OH NAME WILFORD FLOWERS	15 ACCOUNT # (Ethics Commission file #)
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16 SUPPORTING POLITICAL COMMITTEE(S)	<p><i>-- This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may 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. --</i></p>		
<input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

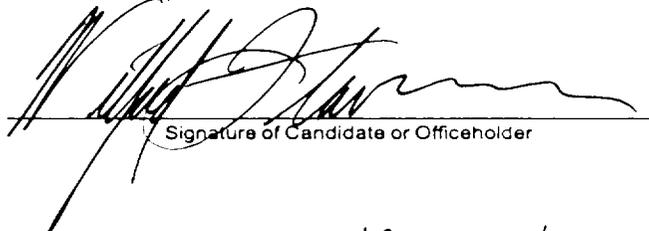
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	-0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	228.03
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	-0-
	4. TOTAL POLITICAL EXPENDITURES	\$	670.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	21,810.94
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.

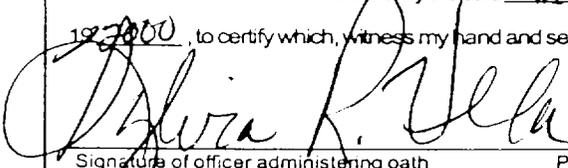


AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Wilford Flowers, this the 11th day of January, 2000, to certify which, witness my hand and seal of office.



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)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J): - 1 -	
2 FILER NAME WILFORD FLOWERS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/1/99- 12/31/99	5 Full name of contributor Bank One <input type="checkbox"/> out of state PAC 6 Contributor address; City; State; Zip Code P.O. Box 2266, Austin, TX 78780	7 Amount of contribution (\$) \$22,803 (Interest income)	8 In-kind contribution description (if applicable)
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	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.

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

N/A

6 Full name of pledgor 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):

- 1 -

2 FILER NAME

WILFORD FLOWERS

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ -0 -

5 Date of loan

N/A

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

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)

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

WILFORD FLOWERS

3 ACCOUNT # (Ethics Commission filers)**4** Date

9/16/99

5 Payee name

Grant AME Church

7

Amount

(\$)

\$50.00

6 Payee address; City; State; Zip Code

1701 Kramer Lane, Austin, TX 78758

8 Purpose of expenditure

Advertisement

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

Candidate / Officeholder name

Office sought / held

Date

9/16 /99

Payee name

Inns of Court

Amount

(\$)

\$250.00

Payee address; City; State; Zip Code

98 San Jacinto Blvd., Ste. 1300
Austin, TX 78701

Purpose of expenditure

Membership Dues

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

Candidate / Officeholder name

Office sought / held

Date

9/16/99

Payee name

South Austin Democrats

Amount

(\$)

\$50.00

Payee address; City; State; Zip Code

P.O. Box 152592, Austin, TX 78715

Purpose of expenditure

Event

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

Candidate / Officeholder name

Office sought / held

Date

11/22/99

Payee name

NAACP

Amount

(\$)

\$70.00

Payee address; City; State; Zip Code

1704 E. 12th St., Austin, TX 78702

Purpose of expenditure

Banquet/Tickets

** 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
WILFORD FLOWERS

3 ACCOUNT # (Ethics Commission filers)

4 Date
11/22/99

5 Payee name
TCWLA Scholarship Trust

7 Amount (\$)

6 Payee address; City; State; Zip Code
507 West 7th Street, Austin, TX 78701

\$250.00

8 Purpose of expenditure
Contribution

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 MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:
- 1 -

2 FILER NAME
WILFORD FLOWERS

3 ACCOUNT # (Ethics Commission filers)

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

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

WILFORD FLOWERS

3 ACCOUNT # (Ethics Commission filers)

4 Date

N/A

5 Business name

6 Business address; City; State; Zip Code

7 Amount (\$)

8 Purpose of payment

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

Date

Business name

Business address; City; State; Zip Code

Amount (\$)

Purpose of payment

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

Date

Business name

Business address; City; State; Zip Code

Amount (\$)

Purpose of payment

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

Date

Business name

Business address; City; State; Zip Code

Amount (\$)

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

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

3 ACCOUNT # (Ethics Commission files)

WILFORD FLOWERS

4 Date	5 Payee name	8 Amount (\$)
n/A	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	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

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 N/A	5 Payor name	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	

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 files)

LENDER INFORMATION
N/A

4 Name of lender

5 Lender address; City; State; Zip Code

GUARANTOR INFORMATION
 not applicable

6 Name of guarantor

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION
 not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION
 not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION
 not applicable

Name of guarantor

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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