

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4614

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 JUDGE NICKNAME	FIRST WILFORD LAST FLOWERS	MI SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; 6912 GAUR DRIVE, AUSTIN, TEXAS	APT / SUITE #; 78749	CITY; STATE; ZIP CODE
5 CAMPAIGN TREASURER NAME	TITLE NICKNAME	FIRST JAN LAST SOIFER	MI SUFFIX
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, TX 78701		
7 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 305-4856	EXTENSION
8 REPORT TYPE	<input 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 checked="" 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 01	Day 01	Year 00
	THROUGH		Month 06 / Day 30 / Year 00
10 ELECTION	ELECTION DATE Month 11 / Day 03 / Year 98		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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 <input type="checkbox"/> additional pages		

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

14 C/OH NAME WILFORD FLOWERS	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
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN 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)	\$ 456.96
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 655.00
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 21,154.90
	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.

[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 14th day of JULY

2000, to certify which, witness my hand and seal of office.

[Handwritten Signature]

DEBBIE SHERWOOD

NOTARY PUBLIC

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 files)	
4 Date 01/01/00 - 06/30/00	5 Full name of contributor BANK ONE <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) \$655.00 (interest income)		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO BOX 2266, AUSTIN, TX 78780				
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	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)				

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 files)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

5 Date N/A	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)

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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 Bars)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan N/A	7 Name of lender <input type="checkbox"/> out of state PAC	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 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 <input type="checkbox"/> none		
18 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	19 Name of guarantor 20 Guarantor address; City; State; Zip Code	21 Amount Guaranteed (\$)
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 Bars)**4** Date

02/03/00

5 Payee name

COLLEGE OF THE STATE BAR OF TEXAS

7 Amount

(\$)

6 Payee address; City; State; Zip Code

PO BOX 12487, CAPITOL STATION, AUSTIN, TX 78711-2487

\$ 35.00

8 Purpose of expenditure

MEMBERSHIP DUES

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

Candidate / Officeholder name

Office sought / held

Date

02/03/00

Payee name

BLACK AUSTIN DEMOCRATS

Amount

(\$)

Payee address; City; State; Zip Code

PO BOX 13254, AUSTIN, TX 78711

\$ 20.00

Purpose of expenditure

MEMBERSHIP DUES

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

Candidate / Officeholder name

Office sought / held

Date

02/03/00

Payee name

CAPITAL CITY ARGUS

Amount

(\$)

Payee address; City; State; Zip Code

PO BOX 140471, AUSTIN, TX 78714

\$200.00

Purpose of expenditure

ADVERTISEMENT

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

Candidate / Officeholder name

Office sought / held

Date

01/28/00

Payee name

TOWN LAKE LINKS

Amount

(\$)

Payee address; City; State; Zip Code

PO BOX 9669, AUSTIN, TX 78766-9669

\$100.00

Purpose of expenditure

ADVERTISEMENT

-- 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 -

2 FILER NAME
WILFORD FLOWERS

3 ACCOUNT # (Ethics Commission file)

4 Date
05/04/00

5 Payee name
NATIONAL BAR ASSOCIATION

7 Amount (\$)

6 Payee address; City; State; Zip Code

1225 11TH ST., NW, WASHINGTON, DC 20001-4217

\$ 20.00

8 Purpose of expenditure
MEMBERSHIP DUES

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

Date
05/04/00

Payee name
AUSTIN CHAPTER OF JACK & JILL, INC.

Amount (\$)

Payee address; City; State; Zip Code

PO BOX 6059, AUSTIN, TX 78762-6059

\$100.00

Purpose of expenditure
ADVERTISING

-- 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:

- 1 -

3 ACCOUNT # (Ethics Commission file)

2 FILER NAME
WILFORD FLOWERS

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

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

N/A

5 Payee name

6 Payee address; City; State; Zip Code

7 Purpose of expenditure

8 Amount (\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

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 files)

4 Date

N/A

5 Payor name

6 Payor address; City; State; Zip Code

7 Reason for credit

8 Amount (\$)

Date

Payor name

Payor address; City; State; Zip Code

Reason for credit

Amount (\$)

Date

Payor name

Payor address; City; State; Zip Code

Reason for credit

Amount (\$)

Date

Payor name

Payor address; City; State; Zip Code

Reason for credit

Amount (\$)

Date

Payor name

Payor address; City; State; Zip Code

Reason for credit

Amount (\$)

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

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

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 Bars)

4 Description of Asset

N/A

Description of Asset

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 File)

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