

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**4866**

**FORM JC/OH  
COVER SHEET PG 1**

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) <b>000 20028</b>	2 Total pages filed <b>9</b>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <b>JUDGE WILFORD</b>	OFFICE USE ONLY Date Received: <b>MAY 13 PM 2:05</b> Date Hand-delivered or Date Postmarked: <b>5</b>	
	NICKNAME LAST SUFFIX <b>WIL FLOWERS</b>		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <b>6912 GAUR DRIVE AUSTIN, TEXAS 78749</b>	Receipt # Amount	
	5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <b>JAN</b>	Date Processed
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <b>100 CONGRESS AVENUE SUITE 300 AUSTIN, TEXAS 78701</b>	Date Imaged	
	7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 305 4700</b>	
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 C/OH - FR)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>01 / 01 / 01    06 / 30 / 01</b>		
10 ELECTION	ELECTION DATE Month Day Year <b>/ /</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) <b>JUDGE, 147TH DISTRICT</b>	12 OFFICE SOUGHT (if known)	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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		

**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)

*000 20028*

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of 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	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

*\$ 501.41*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

*\$ 1104.59*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

*\$ 18,342.81*

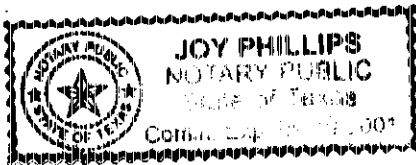
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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

*Wilford Flowers*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Wilford Flowers*, this the *13th* day of *July*, 20 *07*, to certify which, witness my hand and seal of office.

*Joy Phillips*  
Signature of officer administering oath

*Joy Phillips*  
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) <b>4</b>	
2 FILER NAME <b>WILFORD FLOWERS</b>		3 ACCOUNT # (Ethics Commission filers) <b>00020028</b>	
4 Date <b>1/3/01</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>BANK ONE</b>	7 Amount of contribution (\$) <b>26.93</b>	8 In-kind contribution description (if applicable) <b>Interest Earned</b>
6 Contributor address; City; State; Zip Code <b>221 WEST 6th ST. AUSTIN, TEXAS 78701</b>			
9 Contributor's principal occupation <b>BANKING</b>		10 Contributor's job title <b>BANK</b>	
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 <b>1/16/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>BANK ONE</b>	Amount of contribution (\$) <b>221.18</b>	In-kind contribution description (if applicable) <b>Interest Earned</b>
Contributor address; City; State; Zip Code <b>221 WEST 6th ST. AUSTIN, TEXAS 78701</b>			
Contributor's principal occupation <b>BANKING</b>		Contributor's job title <b>BANK</b>	
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 <b>1/25/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>BANK ONE</b>	Amount of contribution (\$) <b>1.96</b>	In-kind contribution description (if applicable) <b>Interest Earned</b>
Contributor address; City; State; Zip Code <b>221 WEST 6th ST. AUSTIN, TEXAS 78701</b>			
Contributor's principal occupation <b>BANKING</b>		Contributor's job title <b>BANK</b>	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J) **4**

2 FILER NAME **WILFORD FLOWERS**

3 ACCOUNT # (Ethics Commission filers)  
**000 20028**

4 Date  
**2/26/01**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**BANK ONE**

7 Amount of contribution (\$)  
**1.90**  
**Interest Earned**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**221 WEST 6th ST,  
AUSTIN, TEXAS 78701**

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  
**3/23/01**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**BANK ONE**

Amount of contribution (\$)  
**1.45**  
**Interest Earned**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**221 WEST 6th ST  
AUSTIN, TEXAS 78701**

Contributor's principal occupation  
**BANKING**

Contributor's job title  
**BANK**

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  
**4/3/01**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**BANK ONE**

Amount of contribution (\$)  
**26.63**  
**Interest Earned**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**221 WEST 6th ST,  
AUSTIN, TEXAS 78701**

Contributor's principal occupation  
**BANKING**

Contributor's job title  
**BANK**

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J) <b>4</b>	
2 FILER NAME <b>WILFORD FLOWERS</b>		3 ACCOUNT # (Ethics Commission filers) <b>000 2002B</b>	
4 Date <b>4/16/01</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>BANK ONE</b>	7 Amount of contribution (\$) <b>216.37</b>	8 in-kind contribution description (if applicable) <b>Interest Earned</b>
6 Contributor address: City: State: Zip Code <b>221 WEST 6TH ST AUSTIN, TEXAS 78701</b>			
9 Contributor's principal occupation <b>BANKING</b>		10 Contributor's job title <b>BANK</b>	
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 <b>4/24/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>BANK ONE</b>	Amount of contribution (\$) <b>1.84</b>	In-kind contribution description (if applicable) <b>Interest Earned</b>
Contributor address: City: State: Zip Code <b>221 WEST 6TH ST. AUSTIN, TEXAS 78701</b>			
Contributor's principal occupation <b>BANKING</b>		Contributor's job title <b>BANK</b>	
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 <b>5/23/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>BANK ONE</b>	Amount of contribution (\$) <b>1.58</b>	In-kind contribution description (if applicable) <b>Interest Earned</b>
Contributor address: City: State: Zip Code <b>221 WEST 6TH ST. AUSTIN, TEXAS 78701</b>			
Contributor's principal occupation <b>BANKING</b>		Contributor's job title <b>BANK</b>	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J) <b>4</b>	
2 FILER NAME <b>WILFORD FLOWERS</b>		3 ACCOUNT # (Ethics Commission filers) <b>000 20020</b>	
4 Date <b>6/25/01</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# .....) <b>BANK ONE</b>	7 Amount of contribution (\$) <b>1.57</b>	8 In-kind contribution description (if applicable) <b>Interest Earned</b>
6 Contributor address, City, State, Zip Code <b>221 WEST 6th ST AUSTIN, TEXAS 78701</b>			
9 Contributor's principal occupation <b>BANKING</b>		10 Contributor's job title <b>BANK</b>	
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 (ID# .....) 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 (ID# .....) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F.

3

2 FILER NAME **WILFORD FLOWERS**

3 ACCOUNT # (Ethics Commission filers)

000 20028

4 Date  
2/12/01

5 Payee name  
**MICHAEL LOFTON**

7 Amount (\$)  
80.00

6 Payee address; City; State; Zip Code  
**4708 OAK CLIFF DRIVE  
AUSTIN, TEXAS 78721**

8 Purpose of payment (See instructions regarding type of information required.)

**BLACK HISTORY SHOW**

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

Candidate / Officeholder name Office sought Office held

Date  
4/12/01

Payee name  
**BLACK AUSTIN DEMOCRATS**

Amount (\$)  
20.00

Payee address; City; State; Zip Code  
**P.O. BOX 13254  
AUSTIN, TEXAS 78711**

Purpose of payment (See instructions regarding type of information required.)

**DUES**

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

Candidate / Officeholder name Office sought Office held

Date  
4/10/01

Payee name  
**BANK ONE**  
Payee address; City; State; Zip Code  
**221 WEST 6th ST.  
AUSTIN, TEXAS 78701**

Amount (\$)  
18.25

Purpose of payment (See instructions regarding type of information required.)

**Check Printing Fee**

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

Candidate / Officeholder name Office sought Office held

Date  
4/13/01

Payee name  
**U S POSTMASTER**  
Payee address; City; State; Zip Code  
**510 GUADALUPE ST.  
AUSTIN, TEXAS 78701**

Amount (\$)  
10.20

Purpose of payment (See instructions regarding type of information required.)

**Postage stamps**

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F <b>3</b>
2 FILER NAME <b>WILFORD FLOWERS</b>		3 ACCOUNT # (Ethics Commission filers):
4 Date <b>4/18/01</b>	5 Payee name <b>CINCO de MAYO COMMITTEE</b>	7 Amount (\$) <b>25.00</b>
6 Payee address, City, State, Zip Code <b>314 WEST 11th ST, AUSTIN, TEXAS 78701</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Sponsorship</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>4/23/01</b>	Payee name <b>THIRD EYE PHOTOGRAPHY</b>	Amount (\$) <b>113.66</b>
Payee address, City, State, Zip Code <b>2532 GUADALUPE ST. AUSTIN, TEXAS 78705</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Photographs</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>4/30/01</b>	Payee name <b>ENCHANTED FLORIST</b>	Amount (\$) <b>32.48</b>
Payee address, City, State, Zip Code <b>1616 LAVACA ST. AUSTIN, TEXAS 78701</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Secretaries week-plant</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>5/1/01</b>	Payee name <b>TRAVIS COUNTY DEMOCRATIC PARTY</b>	Amount (\$) <b>500.00</b>
Payee address, City, State, Zip Code <b>P. O. BOX 684263 AUSTIN, TEXAS 78768-4263</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Finance council dues</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office 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: <b>3</b>
2 FILER NAME <b>WILFORD FLOWERS</b>		3 ACCOUNT # (Ethics Commission files)
4 Date	5 Payee name <b>GREATER CENTRAL TEXAS YOUTH ASSOCIATION</b>	7 Amount (\$) <b>150.00</b>
6 Payee address; City; State; Zip Code <b>P.O. Box 3004 AUSTIN, TEXAS 78764-3004</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Contribution</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <b>5/15/01</b>	Payee name <b>SAM BISCOE SPECIAL PROJECTS</b>	Amount (\$) <b>25.00</b>
Payee address; City; State; Zip Code <b>314 WEST 11th ST, AUSTIN, TEXAS 78701</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Juneteenth celebration</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <b>6/29/01</b>	Payee name <b>AUSTIN DOWNTOWN LIONS CLUB</b>	Amount (\$) <b>130.00</b>
Payee address; City; State; Zip Code <b>P.O. Box 367 AUSTIN, TEXAS 78767</b>		
Purpose of payment (See instructions regarding type of information required.) <b>DUES</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED