JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.

3 CANDIDATE / OFFICEHOLDER NAME

TITLE
JUDGE
FIRST
WILFORD
MI
NICKNAME
WIL
LAST
FLOWERS

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX
6912 GAUR DRIVE
APT / SUITE #
CITY:
AUSTIN
STATE:
TEXAS
ZIP CODE
78749

5 CAMPAIGN TREASURER NAME

TITLE
JAN
FIRST
MI
NICKNAME
SOFTER

6 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): 100 CONGRESS AVENUE
APT / SUITE #
SUITE 300
CITY:
AUSTIN
STATE:
TEXAS
ZIP CODE
78701

7 CAMPAIGN TREASURER PHONE

AREA CODE
(512)
PHONE NUMBER
3054700
EXTENSION

8 REPORT TYPE

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

9 PERIOD COVERED

Month: 7
Day: 01
Year: 01
THROUGH
Month: 12
Day: 31
Year: 01

10 ELECTION

ELECTION DATE
Month: 1
Day: 1
Year: 01
ELECTION TYPE
☑ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)
JUDGE 14, 1974

12 OFFICE SOUGHT (if known)
JUDGE 14, 1974

13 NOTICE OF 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

C/OH NAME: WILFORD FLOWERS

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

☐ GENERAL

☐ SPECIFIC

ADDITIONAL PAGES

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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) $145,273

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

4. TOTAL POLITICAL EXPENDITURES $2570.00

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD $17,225.54

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

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.

MARY LOUISE AGUIRE
MY COMMISSION EXPIRES
February 15, 2003

SIGNATURE OF CANDIDATE OR OFFICEHOLDER

AFFIX NOTARY STAMP / SEAL ABOVE

I, MARY LOUISE AGUIRE, NOTARY, do hereby certify that the above-named candidate/officeholder has made this the 15th day of January 2007, to certify which, witness my hand and seal of office.

SIGNATURE OF OFFICER ADMINISTERING OATH

PRINTED NAME OF OFFICER ADMINISTERING OATH

TITLE OF OFFICER ADMINISTERING OATH

REVISED 03/11/2000

Printed on recycled paper

FORM JC/OH COVER SHEET PG 2
<table>
<thead>
<tr>
<th>Date</th>
<th>Full name of contributor</th>
<th>Out-of-state PAC ID#</th>
<th>Amount of contribution ($)</th>
<th>In-kind contribution description (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/10/01</td>
<td>Bank One</td>
<td></td>
<td>218.77</td>
<td>Interest earned</td>
</tr>
<tr>
<td>7/26/01</td>
<td>Bank One</td>
<td></td>
<td>1,48</td>
<td>Interest earned</td>
</tr>
<tr>
<td>8/23/01</td>
<td>Bank One</td>
<td></td>
<td>1,36</td>
<td>Interest earned</td>
</tr>
</tbody>
</table>

Contributor's principal occupation: Banking
Contributor's employer/law firm:  
Contributor's job title:  
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.
### Schedule A (J) Political Contributions Other Than Pledges or Loans (Judicial)

**File Name:** Wilford Flowers

1. **Date:**
   - 9/26/01

2. **Full Name of Contributor:**
   - Bank One

3. **Contributor Address:**
   - 221 West 6th St.,
   - Austin, Texas 78701

4. **Amount of Contribution:**
   - $1,100

5. **In-kind Contribution Description:**
   - Interest Earned

6. **Date:**
   - 10/15/01

7. **Full Name of Contributor:**
   - Bank One

8. **Contributor Address:**
   - 221 West 6th St.,
   - Austin, Texas 78701

9. **Amount of Contribution:**
   - $221,180

10. **In-kind Contribution Description:**
    - Interest Earned

11. **Date:**
    - 10/24/01

12. **Full Name of Contributor:**
    - Bank One

13. **Contributor Address:**
    - 221 West 6th St.,
    - Austin, Texas 78701

14. **Amount of Contribution:**
    - $1,540

15. **In-kind Contribution Description:**
    - Interest Earned

---

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

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.
<table>
<thead>
<tr>
<th>Date</th>
<th>Full name of contributor</th>
<th>Amount of contribution ($)</th>
<th>In-kind contribution description(if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/27/01</td>
<td>Wilford Flowers</td>
<td>4.07</td>
<td>E-mails, Farmaki</td>
</tr>
<tr>
<td>12/19/01</td>
<td>Ned Granger</td>
<td>1,000.00</td>
<td></td>
</tr>
<tr>
<td>12/26/01</td>
<td>Bank One</td>
<td>3,17</td>
<td>E-mails, Farmaki</td>
</tr>
</tbody>
</table>
### POLITICAL EXPENDITURES

**FILER NAME**: WILFORD FLOWERS

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>Payee address</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/24/01</td>
<td>AUSTIN AFL-CIO</td>
<td>PO BOX 684644, AUSTIN, TEXAS 78768</td>
<td>145.00</td>
</tr>
<tr>
<td>8/7/01</td>
<td>TEXAS DOLLARS FOR DEMOCRATS</td>
<td>PO BOX 12787, AUSTIN, TEXAS 78711-2787</td>
<td>100.00</td>
</tr>
<tr>
<td>8/17/01</td>
<td>TRAVIS COUNTY DEMOCRATIC PARTY</td>
<td>PO BOX 684263, AUSTIN, TEXAS 78768-4263</td>
<td>500.00</td>
</tr>
<tr>
<td>8/29/01</td>
<td>DISABILITY ASSISTANCE OF CENTRAL TX</td>
<td>9027 NORTHGATE SUITE 108, AUSTIN, TEXAS 78758-6433</td>
<td>100.00</td>
</tr>
</tbody>
</table>

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

- Labor day advertisement
- Pledge/donation
- Donation

**ACCOUNT # (Ethics Commission file #):**

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**
## POLITICAL EXPENDITURES

### SCHEDULE F

The Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>2</th>
<th>FILER NAME</th>
<th>WILFORD FLOWERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>ACCOUNT #</td>
<td>(Ethics Commission #)</td>
</tr>
</tbody>
</table>

### Payment Details

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee Name</th>
<th>Payee Address</th>
<th>Purpose of Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/29/01</td>
<td>CALVERT INN OF COURT</td>
<td>PO BOX 2063 AUSTIN, TEXAS 78701</td>
<td>Dues</td>
</tr>
<tr>
<td>9/18/01</td>
<td>CENTRAL CHAPTER OF NOBLE</td>
<td>7103 CROSSWOOD DR AUSTIN, TEXAS 78745</td>
<td>Reception</td>
</tr>
<tr>
<td>10/2/01</td>
<td>AUSTIN BLACK LAWYERS ASSOCIATION</td>
<td>PO BOX 13321 AUSTIN, TEXAS 78711</td>
<td>Dues</td>
</tr>
<tr>
<td>11/9/01</td>
<td>AUSTIN TEXANO DEMOCRATS</td>
<td>PO BOX 684734 AUSTIN, TEXAS 78708</td>
<td>Fundraiser</td>
</tr>
</tbody>
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### Other Details

- Total pages Schedule F: 1
- Amount: ($350.00)
- Amount: ($25.00)
- Amount: ($50.00)
- Amount: ($100.00)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**
# POLITICAL EXPENDITURES

**FILER NAME**

**WILFORD FLOWERS**

**DATE**

12/21/01

**PAYEE NAME**

TRAVIS COUNTY DEMOCRATIC PARTY

**PAYEE ADDRESS**

PO BOX 684263

**CITY: STATE: ZIP CODE**

AUSTIN, TEXAS 78768-4263

**AMOUNT ($)**

1200.00

**PURPOSE OF PAYMENT (See instructions regarding type of information required.)**

Filing Fee