

JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

4991

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

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

8

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: JUDGE FIRST: WILFORD MI:
NICKNAME: WIL LAST: FLOWERS SUFFIX:

OFFICE USE ONLY

Date Received: 02 JAN 15 PM 2:02
Date Hand-delivered or Date Postmarked:
Receipt # Amount
Date Processed
Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS

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

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: JAN FIRST: MI:
NICKNAME: SOIFER LAST: SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 100 CONGRESS AVENUE SUITE 300 APT / SUITE #: CITY: STATE: ZIP CODE: AUSTIN, TEXAS 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 C/OH - FR)

9 PERIOD COVERED

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

10 ELECTION

ELECTION DATE: Month Day Year: / / ELECTION TYPE: Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any): JUDGE, 147th DISTRICT

12 OFFICE SOUGHT (if known)

JUDGE, 147th DISTRICT

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

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME WILFORD FLOWERS

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

 additional pages

.. 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 type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

EXPENDITURE TOTALS

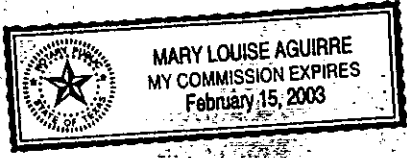
CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1452.73
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	\$

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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by the said Wilford Flowers this the 15 day of January, 20 02, to certify which, witness my hand and seal of office.

Mary Louise Aguirre MARY LOUISE AGUIRRE Notary
Signature of officer administering oath Print name of officer administering oath 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) 3	
2 FILER NAME WILFORD FLOWERS		3 ACCOUNT # (Ethics Commission files)	
4 Date 7/16/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BANK ONE	7 Amount of contribution (\$) 218.77	8 In-kind contribution description (if applicable) Interest earned
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	
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 7/26/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BANK ONE	Amount of contribution (\$) 1.48	In-kind contribution description (if applicable) Interest earned
Contributor address: City: State: Zip Code 221 WEST 6th ST. AUSTIN, TEXAS 78701			
Contributor's principal occupation BANKING		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 8/23/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BANK ONE	Amount of contribution (\$) 1.36	In-kind contribution description (if applicable) Interest earned
Contributor address: City: State: Zip Code 221 WEST 6th ST. AUSTIN, TEXAS 78701			
Contributor's principal occupation BANKING		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 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):	
2 FILER NAME WILFORD FLOWERS		3 ACCOUNT # (Ethics Commission files):	
4 Date 9/26/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BANK ONE	7 Amount of contribution (\$) 1.16 <i>Interest earned</i>	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 10/15/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BANK ONE	Amount of contribution (\$) 221.18 <i>Interest earned</i>	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	
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 10/24/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BANK ONE	Amount of contribution (\$) 1.54 <i>Interest earned</i>	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	
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)			

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**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):	
2 FILER NAME WILFORD FLOWERS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/27/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BANK ONE	7 Amount of contribution (\$) 4.07	8 In-kind contribution description (if applicable) Interest earned
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	
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 12/19/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NED GRANGER	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 605 WEST 10th ST. AUSTIN, TEXAS 78701			
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer/law firm NED GRANGER LAW OFFICE		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 12/26/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BANK ONE	Amount of contribution (\$) 3.17	In-kind contribution description (if applicable) Interest earned
Contributor address: City: State: Zip Code 221 WEST 6th ST. AUSTIN, TEXAS 78701			
Contributor's principal occupation BANKING		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)			

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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)
4 Date 7/24/01	5 Payee name AUSTIN AFL-CIO	7 Amount (\$) 145.00
6 Payee address: City: State: Zip Code P O BOX 684644 AUSTIN, TEXAS 78768		
8 Purpose of payment (See instructions regarding type of information required.) Labor day advertisement		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/7/01	Payee name TEXAS DOLLARS FOR DEMOCRATS	Amount (\$) 100.00
Payee address: City: State: Zip Code P O BOX 12787 AUSTIN, TEXAS 78711-2787		
Purpose of payment (See instructions regarding type of information required.) Pledge / donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/17/01	Payee name TRAVIS COUNTY DEMOCRATIC PARTY	Amount (\$) 500.00
Payee address: City: State: Zip Code P O BOX 684263 AUSTIN, TEXAS 78768-4263		
Purpose of payment (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/29/01	Payee name DISABILITY ASSISTANCE OF CENTRAL TX.	Amount (\$) 100.00
Payee address: City: State: Zip Code 9027 NORTHGATE, SUITE 108 AUSTIN, TEXAS 78758-6453		
Purpose of payment (See instructions regarding type of information required.) Donation		** 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.
2 FILER NAME WILFORD FLOWERS		3 ACCOUNT # (Ethics Commission filers)
4 Date 8/29/01	5 Payee name CALVERT INN OF COURT	7 Amount (\$) 350.00
6 Payee address; City; State; Zip Code P O BOX 2063 AUSTIN, TEXAS 78701		
8 Purpose of payment (See instructions regarding type of information required.) Dues	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 9/18/01	Payee name CENTRAL CHAPTER OF NOBLE	Amount (\$) 25.00
Payee address; City; State; Zip Code 7103 CROSSWOOD DRIVE AUSTIN, TEXAS 78745		
Purpose of payment (See instructions regarding type of information required.) Reception	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10/2/01	Payee name AUSTIN BLACK LAWYERS ASSOCIATION	Amount (\$) 50.00
Payee address; City; State; Zip Code P O BOX 13321 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 11/9/01	Payee name AUSTIN TEJANO DEMOCRATS	Amount (\$) 100.00
Payee address; City; State; Zip Code P O BOX 684734 AUSTIN, TEXAS 78768		
Purpose of payment (See instructions regarding type of information required.) Fundraiser	** 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:

2 FILER NAME

WILFORD FLOWERS

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/21/01

5 Payee name

TRAVIS COUNTY DEMOCRATIC PARTY

7

Amount (\$)

1200.00

6 Payee address; City; State; Zip Code

PO BOX 684263

AUSTIN, TEXAS 78768-4263

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

Filing Fee

9 -- 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

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

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

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