

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**5305**

**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: **6**

**3** CANDIDATE / OFFICEHOLDER NAME  
 TITLE: JUDGE, FIRST: WILFORD, MI:  
 NICKNAME: WIL, LAST: FLOWERS, SUFFIX:  
**OFFICE USE ONLY**  
 Date Received: [Stamp: JAN 11 2003]

**4** CANDIDATE / OFFICEHOLDER ADDRESS  
 ADDRESS / PO BOX: 6912 GAUK DRIVE, APT / SUITE #: , CITY: AUSTIN, TEXAS, STATE: , ZIP CODE: 78744  
 Change of Address  
 Date Hand-delivered or Date Postmarked: [Stamp: JAN 11 2003]

**5** CAMPAIGN TREASURER NAME  
 TITLE: , FIRST: JAN, MI:  
 NICKNAME: , LAST: SOIFER, SUFFIX:  
 Receipt # [Stamp: 03] Amount: \$ [Stamp: 19]  
 Date Processed:  
 Date Imaged:

**6** CAMPAIGN TREASURER ADDRESS (Residence or business)  
 STREET ADDRESS (NO PO BOX PLEASE): 100 CONGRESS AVENUE, APT / SUITE #: SUITE 300, CITY: AUSTIN, TEXAS, STATE: , ZIP CODE: 78701

**7** CAMPAIGN TREASURER PHONE  
 AREA CODE: (512), PHONE NUMBER: 305 4700, 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: 07 / 01 / 02 THROUGH Month Day Year: 12 / 31 / 02

**10** ELECTION  
 ELECTION DATE: Month Day Year: 11 / 5 / 02  
 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)

.. 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. ..

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		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	\$ 13,02
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
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4. TOTAL POLITICAL EXPENDITURES	\$ 3573.60
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CONTRIBUTION BALANCE

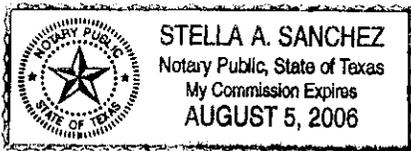
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12,164.07
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
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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 18, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

*[Handwritten Signature]*  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Wilford Flowers this the 14th day of January 20 03, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
 \_\_\_\_\_  
 Signature of officer administering oath

Stella A. Sanchez  
 \_\_\_\_\_  
 Print name of officer administering oath

Notary  
 \_\_\_\_\_  
 Title of officer administering oath

**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 <b>7/24/02</b>	5 Payee name <b>TRAVIS COUNTY DEMOCRATIC PARTY</b>	7 Amount (\$) <b>2500.00</b>
6 Payee address; City; State; Zip Code <b>P.O. Box 684263 AUSTIN, TEXAS 78768-4263</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>CONTRIBUTION TO COORDINATED CAMPAIGN</b>	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
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Date <b>7/24/02</b>	Payee name <b>AUSTIN AFL-CIO</b>	Amount (\$) <b>115.00</b>
Payee address; City; State; Zip Code <b>P.O. Box 684644 AUSTIN, TEXAS 78768-4644</b>		

Purpose of payment (See instructions regarding type of information required.) <b>LABOR DAY ADVERTISEMENT</b>	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
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Date <b>7/25/02</b>	Payee name <b>AUSTIN DOWNTOWN LIONS CLUB</b>	Amount (\$) <b>65.00</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>	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
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Date <b>7/28/02</b>	Payee name <b>NATIONAL BAR ASSOCIATION</b>	Amount (\$) <b>85.00</b>
Payee address; City; State; Zip Code <b>1225 11TH STREET N.W. WASHINGTON, D.C. 20001-4217</b>		

Purpose of payment (See instructions regarding type of information required.) <b>CONVENTION EVENTS</b>	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
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**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 <b>WILFORD FLOWERS</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>8/24/02</b>	5 Payee name <b>BEST BUY</b>	7 Amount (\$) <b>170.10</b>
6 Payee address; City; State; Zip Code <b>4970 U.S. Hwy 290 WEST AUSTIN, TEXAS 78735</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>REFRIGERATOR</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <b>9/15/02</b>	Payee name <b>SOUTH AUSTIN DEMOCRATS</b>	Amount (\$) <b>50.00</b>
Payee address; City; State; Zip Code <b>P.O. Box 152592 AUSTIN, TEXAS 78715</b>		
Purpose of payment (See instructions regarding type of information required.) <b>EVENT SPONSORSHIP</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <b>9/6/02</b>	Payee name <b>AMERICAN INN OF COURT</b>	Amount (\$) <b>375.00</b>
Payee address; City; State; Zip Code <b>98 SAN JACINTO BLVD. AUSTIN, TEXAS 78701</b>		
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 <b>9/23/02</b>	Payee name <b>CENTRAL AUSTIN DEMOCRATS</b>	Amount (\$) <b>100.00</b>
Payee address; City; State; Zip Code <b>1510 EDGEWOOD AVENUE AUSTIN, TEXAS 78722</b>		
Purpose of payment (See instructions regarding type of information required.) <b>EVENT SPONSORSHIP</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held

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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 5 Payee name 7 Amount (\$)
11/7/02 U.S. POSTMASTER 18.50
6 Payee address; City; State; Zip Code
510 GUADALUPE STREET
AUSTIN, TEXAS 78701

8 Purpose of payment (See instructions regarding type of information required.) STAMPS
9 Complete if direct expenditure to benefit C/OH
Candidate / Officeholder name Office sought Office held

Date Payee name Amount (\$)
11/20/02 AUSTIN BLACK LAWYERS ASSOCIATION 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 Payee name Amount (\$)
11/25/02 STATE BAR COLLEGE 45.00
Payee address; City; State; Zip Code
P.O. Box 12487
AUSTIN, TEXAS 78711

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

# ASSETS VALUED AT \$500 OR MORE

# SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule M:

1

2 FILER NAME

WILFORD FLOWERS

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

COMPUTER

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED