

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

5395

**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: 5**

3 CANDIDATE / OFFICEHOLDER NAME
 TITLE FIRST MI
JUDGE WILFORD
 NICKNAME LAST SUFFIX
WIL FLOWERS

OFFICE USE ONLY
 Date Received
 Date Hand-delivered or Date Postmarked
 Receipt # Amount
 Date Processed
 Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS
 ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
**6912 GAUR DRIVE
 AUSTIN, TEXAS 78749**
 Change of Address

5 CAMPAIGN TREASURER NAME
 TITLE FIRST MI
JAN
 NICKNAME LAST SUFFIX
SOIFER

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

7 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
(512) 305 4700

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 (All JC/OH - F R)

9 PERIOD COVERED
 Month Day Year MONTH DAY YEAR
01 / 01 / 03 THROUGH 06 / 03 / 03

10 ELECTION
 ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff General Special
11 / 05 / 02

11 OFFICE OFFICE HELD (if any) **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 expenditures. **
 Name
 Address / PO Box, Apt / Suite #, City, State, Zip Code
**DAVID C. BAYDOR
 COUNTY CLERK
 TRAVIS COUNTY TEXAS**
 additional pages

2003 JUN -4 AM 8:39

GO TO PAGE 2

FILED FOR RECORD

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

FORM JC/OH
COVER SHEET PG. 2

14 C/OH NAME WILFORD FLOWERS 15 ACCOUNT # (Political Commission #) _____

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. ..

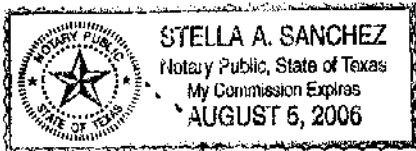
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 9.82
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 234.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,939.39
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.



[Handwritten Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Wilford Flowers, this the 4th day of JUNE, 2003, 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: **1**

2 FILER NAME

WILFORD FLOWERS

3 ACCOUNT # (Ethics Commission files)

4 Date

1/15/03

5 Payee name

GRAY PANTHERS OF AUSTIN

7 Amount (\$)

100.00

6 Payee address; City; State; Zip Code

**3710 CEDAR STREET BOX #15
AUSTIN, TEXAS 78705**

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

SPONSORSHIP

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

Candidate / Officeholder name Office sought Office held

Date

1/28/03

Payee name

MARGARET COOPER

Amount (\$)

84.50

Payee address; City; State; Zip Code

**P. O. Box 1748
AUSTIN, TEXAS 78767**

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

**RETIREMENT CELEBRATION AND
GIFT FOR COURT ADMINISTRATOR**

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

Candidate / Officeholder name Office sought Office held

Date

2/21/03

Payee name

TOWN LAKE LINKS

Amount (\$)

50.00

Payee address; City; State; Zip Code

**7308 VALBURN DRIVE
AUSTIN, TEXAS 78731**

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

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 files)

4 Description of Asset

COMPUTER

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

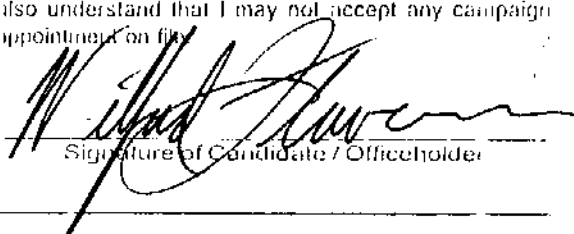
FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME WILFORD FLOWERS	2 ACCOUNT # (If Different from Candidate)
---------------------------------------	---

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:

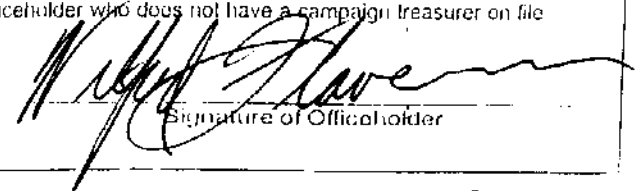
- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political 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 on file


Signature of Officeholder