

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5901

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission only)

2 Total pages (inc. cover) **4**

3 CANDIDATE / OFFICEHOLDER NAME

LAST NAME FIRST
WILFORD
FIRST NAME LAST SUFFIX
WIL FLOWERS

OFFICE USE ONLY

Date Received: **11/18/04**

Date Hand-Delivered or Date Resubmitted: **11/18/04**

Time of Day: **1:15 PM**

Location: **TRAVIS COUNTY CLERK OFFICE**

Page #

Date Processed

Date Rec'd

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE
**6912 GAUR
AUSTIN, TEXAS 78749**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 301 1941

6 CAMPAIGN TREASURER NAME

LAST NAME FIRST
FIRST NAME LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE

Residential or Business

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
()

9 REPORT TYPE

- Annual
- 30 days before election
- Recall
- 15th day after campaign treasurer appointed or reappointed
- Initial
- 15 days before election
- Proposed \$500 limit
- Final report (upon 20th day after)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
07 01 2004 THROUGH 12 / 31 / 2004

11 ELECTION

ELECTION DATE: Month Day Year
ELECTION TYPE: Primary Recall General Special

12 OFFICE

OFFICE HELD (if any)
JUDGE, 14TH DISTRICT

13 OFFICE SOUGHT (if any)

14 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 (NO 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

15 C/OH NAME

WILFORD FLOWERS

16 ACCOUNT # (Elections Commission Use)

17 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

MULTIPLE CHECKS

18 CONTRIBUTION TOTALS

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

\$ *10.75*

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

\$ *1215.00*

CONTRIBUTION BALANCE

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

\$ *10,082.02*

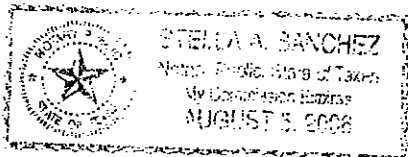
OUTSTANDING LOAN TOTALS

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

\$

19 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

APPLY NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Wilford Flowers*, this the *18th* day of *June*, 20 *05*, to certify which, witness my hand and seal of office.

Stella A. Sanchez
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 # (Elections Commission Form)

4 Date

7/30/04

5 Payee name

AUSTIN AFL-CIO

7 Amount (\$)

\$115.00

6 Payee address, City, State, Zip Code

**P.O. BOX 684644
AUSTIN, TEXAS 78768-4644**

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

LABOR DAY PROGRAM

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

Candidate / Officer/holder name Office sought Office paid

Date

8/26/04

Payee name

CAPITAL AREA PROGRESSIVE DEMOCRATS

Amount (\$)

\$50.00

Payee address, City, State, Zip Code

**P.O. BOX 142175
AUSTIN, TEXAS 78714-2175**

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

SPONSORSHIP

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

Candidate / Officer/holder name Office sought Office paid

Date

9/22/04

Payee name

SOUTH AUSTIN DEMOCRATS

Amount (\$)

\$50.00

Payee address, City, State, Zip Code

**P.O. BOX 152592
AUSTIN, TEXAS 78715-2592**

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

SPONSORSHIP

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

Candidate / Officer/holder name Office sought Office paid

Date

10/6/04

Payee name

TRAVIS COUNTY DEMOCRATIC PARTY

Amount (\$)

\$1,000.00

Payee address, City, State, Zip Code

**P.O. BOX 684263
AUSTIN, TEXAS 78768-4263**

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

PARTY OVERHEAD AND EXPENSES

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

Candidate / Officer/holder name Office sought Office paid

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 in Schedule M

1

2 FILER NAME

WILFORD FLOWERS

3 ACCOUNT # (If applicable)

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