

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6116

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: <b>5</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI	OFFICE USE ONLY Date Received Date Hand-delivered or Date Resubmitted Receipt # Date Processed Date Imaged	
	NICKNAME LAST SUFFIX		
WILFORD			
WIL FLOWERS			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #, CITY, STATE, ZIP CODE	2006 JAN 17 PM 11:17 CLERK THANE COUNTY TEXAS RECORDS	
<input type="checkbox"/> Change of Address	6912 GAUR DRIVE AUSTIN, TEXAS 78749		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
( )			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI	2006 JAN 17 PM 11:17 CLERK THANE COUNTY TEXAS RECORDS	
	NICKNAME LAST SUFFIX		
	WILFORD		
	WIL FLOWERS		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #, CITY STATE ZIP CODE	2006 JAN 17 PM 11:17 CLERK THANE COUNTY TEXAS RECORDS	
	6912 GAUR DRIVE AUSTIN, TEXAS 78749		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(512) 3011941		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 07 / 01 / 2005    THROUGH    12 / 31 / 2005		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 03 / 07 / 2006		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	JUDGE, 14TH DISTRICT	JUDGE, 14TH DISTRICT	
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 / PO Box: Apt. / Suite #: City: State: Zip Code: <input type="checkbox"/> 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 # (Ethics Commission Form)

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
<input type="checkbox"/> Additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

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

\$ 9.91

INTEREST

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

\$ 1797.00

CONTRIBUTION BALANCE

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

\$ 8,304.94

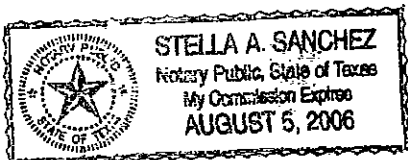
OUTSTANDING LOAN TOTALS

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

Sworn to and subscribed before me, by the said Wilford Flowers, this the 17th day of JAN, 20 06, 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: **2**

2 FILER NAME **WILFORD FLOWERS** 3 ACCOUNT # (Ethics Commission files)

4 Date <b>9/16/05</b>	5 Payee name <b>SOUTH AUSTIN DEMOCRATS</b>	7 Amount (\$) <b>\$55.00</b>
6 Payee address: City: State: Zip Code <b>P. O. Box 152592 AUSTIN, TEXAS 78715-2592</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>SPONSOR OF EVENT</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>9/16/05</b>	Payee name <b>US POSTMASTER</b>	Amount (\$) <b>\$37.00</b>
Payee address: City: State: Zip Code <b>510 GUADALUPE AUSTIN, TEXAS 78701</b>		

Purpose of payment (See instructions regarding type of information required.) <b>POSTAGE</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>10/03/05</b>	Payee name <b>AUSTIN BLACK LAWYERS ASSOCIATION</b>	Amount (\$) <b>\$50.00</b>
Payee address: City: State: Zip Code <b>P. O. Box 13321 AUSTIN, TEXAS 78711</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>10/13/05</b>	Payee name <b>AUSTIN DOWNTOWN LIONS CLUB</b>	Amount (\$) <b>\$110.00</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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**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: <b>2</b>
2 FILER NAME <b>WILFORD FLOWERS</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>12/2/05</b>	5 Payee name <b>STATE BAR COLLEGE</b>	7 Amount (\$) <b>\$45.00</b>
6 Payee address; City; State; Zip Code <b>P.O. BOX 12487 AUSTIN, TEXAS 78711</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>MEMBERSHIP FEE</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>12/14/05</b>	Payee name <b>TRAVIS COUNTY DEMOCRATIC PARTY</b>	Amount (\$) <b>\$1500.00</b>
Payee address; City; State; Zip Code <b>1311 EAST 6TH STREET AUSTIN, TEXAS 78702</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	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

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 file)

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

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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

