

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6300

FORM JC/OH
COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission file #)

2 Total pages filed:

6

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS (P) FIRST MI
WILFORD
NICKNAME LAST SUFFIX
WIL FLOWERS

OFFICE USE ONLY

Date Received

2006 JUL - 6
TRAINED
OFFICE
TEXAS

Date Hand-delivered or Date Postmarked

2006 JUL 14 11:41 AM
OFFICE
TEXAS

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

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

Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 494 4198

6 CAMPAIGN
TREASURER
NAME

MS / MRS (P) FIRST M
WILFORD
NICKNAME LAST SUFFIX
WIL FLOWERS

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (INC PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
6912 GAUR DRIVE AUSTIN, TEXAS 78749

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 494 4198

9 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 COH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
01 / 01 / 2006 THROUGH 06 / 30 / 2006

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 07 / 2006 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
JUDGE, 147TH DISTRICT

13 OFFICE SOUGHT (if known)

JUDGE, 147TH 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

additional pages

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME

WILFORD FLOWERS

16 ACCOUNT # (Ethics Commission Form)

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notices 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

18 CONTRIBUTION TOTALS

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

\$ *8.04*

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

\$ *2972.49*

CONTRIBUTION BALANCE

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

\$ *5340.49*

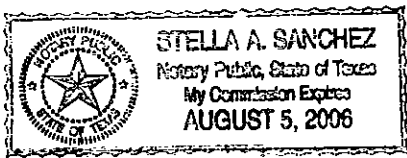
OUTSTANDING LOAN TOTALS

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 25, 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 *6th* day of *July*, 20 *06*, 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: **3**

2 FILER NAME **WILFORD FLOWERS**

3 ACCOUNT # (Ethics Commission filers)

4 Date 1/25/06	5 Payee name TOWNLAKE LINKS	7 Amount (\$) \$140.00
6 Payee address: City, State, Zip Code 4201 WATERS EDGE COVE AUSTIN, TEXAS 78731		

8 Purpose of payment (See instructions regarding type of information required.) FUNDRAISE	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 2/01/06	Payee name LINKS FOUNDATION	Amount (\$) \$50.00
Payee address: City, State, Zip Code 4201 WATERS EDGE COVE AUSTIN, TEXAS 78731		

Purpose of payment (See instructions regarding type of information required.) ADVERTISEMENT	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/06/06	Payee name AUSTIN DOWNTOWN LIONS CLUB	Amount (\$) \$110.00
Payee address: City, State, Zip Code P.O. BOX 367 AUSTIN, TEXAS 78767		

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
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Date 4/12/06	Payee name CINCO DE MAYO COMMITTEE	Amount (\$) \$25.00
Payee address: City, State, Zip Code 314 WEST 11TH STREET AUSTIN, TEXAS 78701		

Purpose of payment (See instructions regarding type of information required.) SPONSORSHIP	** Complete if direct expenditure to benefit C/OH ** 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: **3**

2 FILER NAME **WILFORD FLOWERS**

3 ACCOUNT # (Ethics Commission first)

4 Date **5/11/06**
 5 Payee name **SAM BISCOE SPECIAL PROJECTS**
 6 Payee address City State Zip Code
314 WEST 11TH STREET
AUSTIN, TEXAS 78701

7 Amount (\$)
\$25.00

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 **6/5/06**
 Payee name **U.S. POSTMASTER**
 Payee address City State Zip Code
510 GUADALUPE
AUSTIN, TEXAS 78701

Amount (\$)
\$12.49

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

** Complete if direct expenditure to benefit C/OH **
 Candidate / Officeholder name Office sought Office held

Date **6/12/06**
 Payee name **AUSTIN BLACK LAWYERS ASSOCIATION**
 Payee address City State Zip Code
P.O. BOX 13321
AUSTIN, TEXAS 78711

Amount (\$)
\$100.00

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

** Complete if direct expenditure to benefit C/OH **
 Candidate / Officeholder name Office sought Office held

Date **6/26/06**
 Payee name **TRANS COUNTY DEMOCRATIC PARTY**
 Payee address City State Zip Code
P.O. BOX 684263
AUSTIN, TEXAS 78768

Amount (\$)
\$2500.00

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

** 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: **3**

2 FILER NAME **WILFORD FLOWERS**

3 ACCOUNT # (Ethics Commission file)

4 Date
6/26/06

5 Payee name
SOUTH AUSTIN DEMOCRATS

7 Amount (\$)
\$10.00

6 Payee address, City, State, Zip Code
**P. O. Box 152592
AUSTIN, TEXAS 78715**

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

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

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

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