

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

6360

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/>	FIRST WILFORD	MI	Date Received	TRAVIS COUNTY CLERK TRAVIS COUNTY TEXAS 2006 AUG 12 PM 3:28 RECORDED
	NICKNAME WIL	LAST FLOWERS	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	Amount
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Legal	Totals
5 ORIGINAL PERIOD COVERED	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Inaged	
Month Day Year		THROUGH		Month Day Year	
07 01 / 2005		12 / 31 / 2005			

6 EXPLANATION OF CORRECTION

An oversight was made in not including the purpose of an expenditure to the Travis County Democratic Party. The correction is made to page 2 of Schedule F and lists the purpose of payment as: Filing Fee for the Primary Election of 3/7/2006.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.



AFFIX NOTARY SEAL ABOVE

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

[Handwritten Signature]
 Signature of Candidate or Officeholder

Sworn to and subscribed before me by Wilford Flowers this the 1st day of September

20 06 to certify which, witness my hand and seal of office.

Virginia Vasquez Virginia Vasquez Judicial Aide Specialist
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**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	MS / MRS <input checked="" type="checkbox"/> MR	FIRST WILFORD	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME	LAST FLOWERS	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
<input type="checkbox"/> Change of Address	6912 GAUR DRIVE AUSTIN, TEXAS 78749		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	3011941	
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST WILFORD	OFFICE USE ONLY
	NICKNAME	LAST FLOWERS	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO 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)	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 (off-candidate 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 COH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	07 / 01 / 2005		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, 147TH DISTRICT		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		
<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 Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		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	\$	9.91
	INTEREST		
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES	\$	1797.00
	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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Print name of officer administering oath 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
9/16/05

5 Payee name
SOUTH AUSTIN DEMOCRATS

7 Amount (\$)
\$55.00

6 Payee address City, State Zip Code
P. O. Box 152592
AUSTIN, TEXAS 78715-2592

8 Purpose of payment (See instructions regarding type of information required)
SPONSOR OF EVENT

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

Date
9/16/05

Payee name
US POSTMASTER

Amount (\$)
\$37.00

Payee address City, State Zip Code
510 GUADALUPE
AUSTIN, TEXAS 78701

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
10/03/05

Payee name
AUSTIN BLACK LAWYERS ASSOCIATION

Amount (\$)
\$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
10/13/05

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

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

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

4 Date 12/2/05	5 Payee name STATE BAR COLLEGE	7 Amount (\$) \$ 45.00
6 Payee address; City; State; Zip Code P.O. BOX 12487 AUSTIN, TEXAS 78711		

8 Purpose of payment (See instructions regarding type of information required.) MEMBERSHIP FEE <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought: Office held:
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Date 12/14/05	Payee name TRAVIS COUNTY DEMOCRATIC PARTY	Amount (\$) \$ 1500.00
Payee address; City; State; Zip Code 1311 EAST 6TH STREET AUSTIN, TEXAS 78702		

Purpose of payment (See instructions regarding type of information required.) FILING FEE FOR THE PRIMARY ELECTION - 3/7/2006 <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** 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

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 # (Enter 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:

Description of Asset:

Description of Asset:

Description of Asset:

Description of Asset:

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

