

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT 6431**

**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.** *4*

3 CANDIDATE / OFFICEHOLDER NAME	MR / MR FIRST LAST SUFFIX <i>WILFORD</i>	OFFICE USE ONLY
	MIC-NAME LAST SUFFIX <i>WIL FLOWERS</i>	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <i>6912 GAUR DRIVE AUSTIN, TEXAS</i>	Date Received: <i>12/14/12</i>
	<input type="checkbox"/> Change of Address	Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 494 4198</i>	Receipt #	Agent:
		Date Processed:	

6 CAMPAIGN TREASURER NAME	MR / MR FIRST LAST SUFFIX <i>WILFORD</i>	Date Imaged:
	MIC-NAME LAST SUFFIX <i>WIL FLOWERS</i>	

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE <i>SAME</i>
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>() SAME</i>
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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 sworn
	<input type="checkbox"/> July 15	<input type="checkbox"/> 6th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report - Attach COH - FR

10 PERIOD COVERED	Month Day Year MONTH DAY YEAR <i>7 1 2006 THROUGH 12 31 2006</i>
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11 ELECTION	ELECTION DATE: Month Day Year <i>11 7 2006</i>	ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE	OFFICE HELD (if any): <i>JUDGE, 147TH DISTRICT</i>	13 OFFICE SIGHT (if known) : <i>JUDGE, 147TH DISTRICT</i>
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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 C/OH NAME WILFORD FLOWERS 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

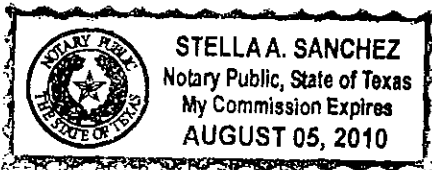
** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they 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	\$ 4.78
	<i>INTEREST EARNED</i>	
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	\$ 642.50
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$4,902.77
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 12th day of JAN, 20 07, 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

[Handwritten Signature]
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 file #)

4 Date **8/8/06**

5 Payee name **AUSTIN AFL-CIO**

7 Amount (\$)
\$115

6 Payee address: City: State: Zip Code
P.O. Box 87 AUSTIN, TX 78767

8 Purpose of payment (See instructions regarding type of information required.)
Advertising
(If travel outside of Texas, complete Schedule T)

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

Date **8/25/06**

Payee name **AYLA FOUNDATION**

Amount (\$)
\$37.50

Payee address: City: State: Zip Code
**816 CONGRESS AVENUE #700
AUSTIN, TEXAS 78701**

Purpose of payment (See instructions regarding type of information required.)
Advertising
(If travel outside of Texas, complete Schedule T)

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

Date **8/25/06**

Payee name **SOUTH AUSTIN DEMOCRATS**

Amount (\$)
\$50.00

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

Purpose of payment (See instructions regarding type of information required.)
Fundraising Event
(If travel outside of Texas, complete Schedule T)

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

Date **8/29/06**

Payee name **LINKS FOUNDATION AUSTIN CHAPTER**

Amount (\$)
\$140.00

Payee address: City: State: Zip Code
**7300 COVERED BRIDGE DRIVE
AUSTIN, TEXAS 78736**

Purpose of payment (See instructions regarding type of information required.)
Fundraiser
(If travel outside of Texas, complete Schedule T)

** 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's

4 Date 9/15/06	5 Payee name AUSTIN BLACK LAWYERS ASSOCIATION	7 Amount (\$) \$200.00
6 Payee address, City, State, Zip Code P. O. BOX 13321 AUSTIN, TEXAS 78711		

8 Purpose of payment (See instructions regarding type of information required.)
RECEPTION
(If travel outside of Texas, complete Schedule T)

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

Date 10/6/06	Payee name TEXAS COALITION OF BLACK DEMOCRATS	Amount (\$) \$100.00
Payee address, City, State, Zip Code P. O. BOX 12817 AUSTIN, TEXAS 78711		

Purpose of payment (See instructions regarding type of information required.)
Banquet
(If travel outside of Texas, complete Schedule T)

-- 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: _____

(If travel outside of Texas, complete Schedule T)

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: _____

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED