

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**6538**

**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>3</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST <b>WILFORD</b>	<b>OFFICE USE ONLY</b> Date Received: <b>2007 JUL 13 PM 1:10</b> Date Hand-delivered: <b>2007 JUL 13 PM 1:10</b> Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____
	NICKNAME <b>WIL</b>	LAST <b>FLOWERS</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX <b>6912 GAUR DRIVE</b>	APT / SUITE # <b>AUSTIN, TEXAS</b>	CITY STATE ZIP CODE <b>78749</b>
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(512)</b>	PHONE NUMBER <b>494 4198</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input type="checkbox"/>	FIRST <b>WILFORD</b>	MI
	NICKNAME <b>WIL</b>	LAST <b>FLOWERS</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE <b>SAME</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>( )</b>	PHONE NUMBER <b>SAME</b>	EXTENSION
9 REPORT TYPE	<input 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 checked="" 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 <b>01 / 01 / 2007</b> <b>06 / 30 / 2007</b>		
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) <b>JUDGE, 147TH DISTRICT</b>		13 OFFICE SOUGHT (if known)
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)

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

additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	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	\$ 201.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4504.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 13th day of July, 20 07, to certify which, witness my hand and seal of office.

Virginia Vasquez Signature of officer administering oath  
Virginia Vasquez Print name of officer administering oath  
Judicial Aide 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 # (Ethics Commission filers)

4 Date <b>4/24/07</b>	5 Payee name <b>Cinco de Mayo Committee</b>	7 Amount (\$) <b>\$ 25,00</b>
6 Payee address; City: State: Zip Code <b>314 WEST 11th STREET AUSTIN, TEXAS 78701</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>Sponsor</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>5/10/07</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> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>5/10/07</b>	Payee name <b>SAM BISCOE SPECIAL PROJECTS</b>	Amount (\$) <b>\$ 25,00</b>
Payee address; City: State: Zip Code <b>314 WEST 11th STREET AUSTIN, TEXAS 78701</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Sponsor</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>5/25/07</b>	Payee name <b>U. S. POSTMASTER</b>	Amount (\$) <b>\$ 41,00</b>
Payee address; City: State: Zip Code <b>510 GUADALUPE STREET AUSTIN, TEXAS 78701</b>		

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