

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT		6675	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: 3
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MR FIRST MI	OFFICE USE ONLY FILED FOR RECORD TRAVIS COUNTY TEXAS 2008 JAN 15 11:50 AM CLERK FOR	
	NICKNAME LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt #	Amount
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> MR FIRST MI	Date Processed	Date Imaged
	NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
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 07/01/2007 12/31/2007		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
12 OFFICE	OFFICE HELD (if any)	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		

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**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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$ 2.14
	<i>Interest income</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	\$ 430.00
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$4,186.22
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 16, Election Code.

STELLA A. SANCHEZ
Notary Public, State of Texas
My Commission Expires
AUGUST 05, 2010

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Wilford Flowers, this the 14th day of JANUARY, 20 08, to certify which, witness my hand and seal of office.

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: <u>1</u>
2 FILER NAME <u>WILFORD FLOWERS</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>9/25/07</u>	5 Payee name <u>TEXAS ASSOCIATION OF DISTRICT JUDGES</u>	7 Amount (\$) <u>\$ 20.00</u>
6 Payee address: City, State, Zip Code <u>P.O. BOX 1373</u> <u>CORPUS CHRISTI, TEXAS 78403</u>		
8 Purpose of payment (See instructions regarding type of information required.) <u>Membership Fee</u> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <u>10/24/07</u>	Payee name <u>AUSTIN BLACK LAWYERS ASSOC.</u>	Amount (\$) <u>\$50.00</u>
Payee address: City, State, Zip Code <u>P.O. BOX 13321</u> <u>AUSTIN, TEXAS 78711-3321</u>		
Purpose of payment (See instructions regarding type of information required.) <u>Membership Fee</u> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <u>12/14/07</u>	Payee name <u>TRAVIS COUNTY DEMOCRATIC PARTY</u>	Amount (\$) <u>\$300.00</u>
Payee address: City, State, Zip Code <u>P.O. BOX 684263</u> <u>AUSTIN, TEXAS 78768</u>		
Purpose of payment (See instructions regarding type of information required.) <u>Sponsorship</u> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <u>12/27/07</u>	Payee name <u>STATE BAR COLLEGE</u>	Amount (\$) <u>\$60.00</u>
Payee address: City, State, Zip Code <u>P.O. BOX 12487</u> <u>AUSTIN, TEXAS 78711</u>		
Purpose of payment (See instructions regarding type of information required.) <u>Membership Fee</u> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED