

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

6900

**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>4</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI	<b>OFFICE USE ONLY</b> Date Received: <b>JUL 15 PM 12:50</b> Date Hand-delivered or Date Postmarked: _____ Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____	
	NICKNAME LAST SUFFIX		
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>6912 GAUR DRIVE AUSTIN, TEXAS 78749</b>			
<input type="checkbox"/> Change of Address			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	AREA CODE PHONE NUMBER EXTENSION		
	<b>(512) 4944198</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI		
	NICKNAME LAST SUFFIX		
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	<b>SAME</b>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	AREA CODE PHONE NUMBER EXTENSION		
	<b>( ) SAME</b>		
8 CAMPAIGN TREASURER PHONE	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 C/OH - FR)		
9 REPORT TYPE	PERIOD COVERED Month Day Year    THROUGH    Month Day Year <b>01/01/2008    06/30/2008</b>		
10 PERIOD COVERED	ELECTION DATE Month Day Year    ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 ELECTION	OFFICE HELD (if any)    OFFICE SOUGHT (if known) <b>JUDGE, 147TH DISTRICT</b>		
12 OFFICE	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 _____		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	<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)

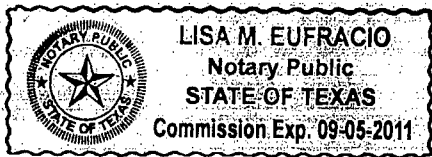
17 NOTICE FROM POLITICAL COMMITTEE(S) ... This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ...

COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	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. 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	\$ 198,37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,878,60
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.



*Wilford Flowers*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Wilford Flowers this the 15th day of July, 20 08, to certify which, witness my hand and seal of office.

*Lisa M. Eufrazio* Lisa M. Eufrazio Notary Public  
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 filers)

4 Date

**2/11/08**

5 Payee name

**US POSTMASTER**

7 Amount (\$)

**18.90**

6 Payee address: City: State: Zip Code

**510 GUADALUPE STREET  
AUSTIN, TEXAS 78701**

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

**POSTAGE**

(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

**4/10/08**

Payee name

**CINCO MAYO COMMITTEE**

Amount (\$)

**25.00**

Payee address: City: State: Zip Code

**314 WEST 11TH STREET RM 525  
AUSTIN, TEXAS 78701**

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

**SPONSORSHIP**

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

**5/9/08**

Payee name

**SAM BISCOE SPECIAL PROJECTS**

Amount (\$)

**25.00**

Payee address: City: State: Zip Code

**314 WEST 11TH STREET RM 510  
AUSTIN, TEXAS 78701**

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

**SPONSORSHIP**

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

**6/5/08**

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**

(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 filers)

4 Date <b>6/17/08</b>	5 Payee name <b>OFFICE DEPOT</b>	7 Amount (\$) <b>19.47</b>
6 Payee address; City; State; Zip Code <b>5300 MOPAC EXPY SOUTH #101 AUSTIN, TEXAS 78749</b>		

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