

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

7032

**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 MI WILFORD <hr/> NICKNAME LAST SUFFIX WIL FLOWERS	<p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 0.8em; margin: 5px 0;">Date Received</p> <p style="font-size: 0.8em; margin: 5px 0;">Date Hand-delivered or Date Postmarked</p> <p style="font-size: 0.8em; margin: 5px 0;">Receipt # Amount</p> <p style="font-size: 0.8em; margin: 5px 0;">Date Processed</p> <p style="font-size: 0.8em; margin: 5px 0;">Date Imaged</p> <div style="text-align: center; font-size: 0.7em; margin-top: 10px;"> CLERK OF COURT TRAVIS COUNTY TEXAS 2009 JAN 15 PM 1:04 2009 JAN 15 RECORD </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 6912 GAUR DRIVE AUSTIN, TEXAS 78749										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 494 4198										
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> MR FIRST MI WILFORD <hr/> NICKNAME LAST SUFFIX WIL FLOWERS										
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE SAME										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION () SAME										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<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)
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<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 Month Day Year 07 / 01 / 2008 THROUGH 12 / 31 / 2008										
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) JUDGE, 14TH DISTRICT	13 OFFICE SOUGHT (if known)									
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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. ** <hr/> Name <hr/> Address / PO Box; Apt. / Suite #: City; State; Zip Code										

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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)

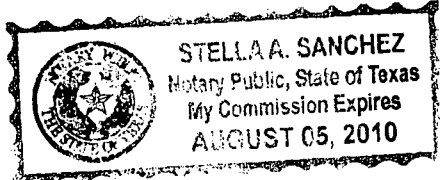
17 NOTICE FROM POLITICAL COMMITTEE(S)

This box is for notice of political contributions accepted or political expenditures made 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	\$ 966.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2912.52
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.

[Handwritten Signature]
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 JAN, 20 09, to certify which, witness my hand and seal of office.

[Handwritten Signature] Stella A. Sanchez notary
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: 3
2 FILER NAME WILFORD FLOWERS		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/15/08	5 Payee name LINKS FOUNDATION	7 Amount (\$) 170.00
6 Payee address; City: State: Zip Code 7300 COVERED BRIDGE DRIVE AUSTIN, TEXAS 78736		
8 Purpose of payment (See instructions regarding type of information required.) FUNDRAISING EVENT (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 7/23/08	Payee name CAPITAL AREA DEMOCRATIC WOMEN	Amount (\$) 100.00
Payee address; City: State: Zip Code P.O. BOX 12962 AUSTIN, TEXAS 78711		
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 8/14/08	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.) 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 9/29/08	Payee name TRAVIS COUNTY DEMOCRATIC PARTY	Amount (\$) 100.00
Payee address; City: State: Zip Code P.O. BOX 684263 AUSTIN, TEXAS 78768		
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

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: **3**

2 FILER NAME **WILFORD FLOWERS**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/18/08

5 Payee name
SOUTH AUSTIN DEMOCRATS

7 Amount (\$)
20.00

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

8 Purpose of payment (See instructions regarding type of information required.)
DUES
(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
10/20/08

Payee name
COORDINATED CAMPAIGN TCDP

Amount (\$)
300.00

Payee address: City: State: Zip Code
**P.O. BOX 084263
AUSTIN, TEXAS 78768**

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

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

Date
11/15/08

Payee name
HOOVERS RESTAURANT

Amount (\$)
56.68

Payee address: City: State: Zip Code
**2002 MANOR ROAD
AUSTIN, TEXAS 78722**

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

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

Date
11/13/08

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: **3**

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

4 Date 12/16/09	5 Payee name STATE BAR COLLEGE	7 Amount (\$) 60.00
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	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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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