

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

3561 FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

6

OFFICE USE ONLY

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI

Judge Elena Diaz

NICKNAME LAST SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX. APT / SUITE #. CITY STATE ZIP CODE

2928 Wickersham Ln.
Austin, TX 78741-7352

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI

Elena Diaz

NICKNAME LAST SUFFIX

Receipt #

HD / PM Amount

Date Processed

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #. CITY STATE ZIP CODE

2928 Wickersham Ln.
Austin, TX 78741-7352

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 389-1189

8 REPORT TYPE

- January 15, 30th day before election, Runoff, 15th day after campaign treasurer appointment (officeholder only), July 15, 8th day before election, Exceeded \$500 limit, Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
1 / 1 / 97 6 / 30 / 97

10 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any) Justice of the Peace Precinct 4, Travis Co., TX OFFICE SOUGHT (if known)

13 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 None

Address / PO Box. Apt. / Suite #. City. State Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Elena Diaz

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING
POLITICAL
COMMITTEE(S)

** This listing includes 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 NO REPORTABLE
ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 227.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

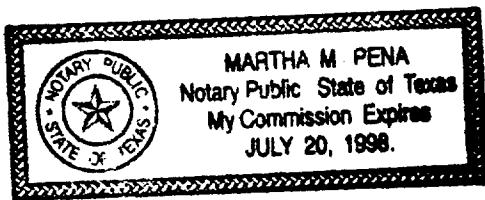
\$ 142.00

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 130.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Elena Diaz
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Elena Diaz, this the 15th day of July

19 97, to certify which, witness my hand and seal of office.

Martha M. Pena
Signature of officer administering oath

Martha M. Pena
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME Elena Diaz		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/13/97	5 Full name of contributor <input type="checkbox"/> out of state PAC T. L. Harris	7 Amount of contribution (\$) \$102.00	8 In-kind contribution description(if applicable)
6 Contributor address: City: State: Zip Code 5905 Mesa Dr. Austin, TX 78731			
9 Principal occupation Director of Programs		10 Employer (optional) Texas Education Agency	
Date 6/23/97	Full name of contributor <input type="checkbox"/> out of state PAC Patrick J. Malone	Amount of contribution (\$) \$100.00	In-kind contribution description(if applicable)
Contributor address: City: State: Zip Code 504 Ramble Ln. Austin, TX 78745			
Principal occupation Attorney		Employer (optional)	
Date 6/27/97	Full name of contributor <input type="checkbox"/> out of state PAC Yolanda Flores	Amount of contribution (\$) \$25.00	In-kind contribution description(if applicable)
Contributor address: City: State: Zip Code 114 E. Francis Ave. Baytown, TX 77520			
Principal occupation Teacher		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address: City: State: Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address: City: State: Zip Code			
Principal occupation		Employer (optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 2
2 FILER NAME <p style="text-align: center;">Elena Diaz</p>		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/16/ 97	5 Payee name Austin Womens' Political Caucus 6 Payee address: City: State: Zip Code P. O. Box 12735 Austin, TX 78711	8 Amount (\$) \$10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure Local fundraiser		
Date 2/25/97	Payee name Austin Womens' Political Caucus Payee address: City: State: Zip Code P. O. Box 12735 Austin, TX 78711	Amount (\$) \$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure Membership dues		
Date 3/7/97	Payee name A.B. Cantu Pan American Recreation Center Payee address: City: State: Zip Code 2100 E. 3rd St. Austin, TX 78702	Amount (\$) \$14.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure Fundraiser		
Date 3/19/97	Payee name South Austin Tejano Democrats Payee address: City: State: Zip Code 4905 Allison Cove Austin, TX 78741	Amount (\$) \$8.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure Fundraiser		
Date 4/30/ 97	Payee name Travis County Cinco de Mayo Committee Payee address: City: State: Zip Code 314 W. 11th St., Ste. 525 Austin, TX 78701	Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure Sponsorship of Cinco De Mayo celebration for Travis Co.		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2

2 FILER NAME

Elena Diaz

3 ACCOUNT # (Ethics Commission Bars)

4 Date
5/1/97

5 Payee name
Mexic-Arte Arts Museum

6 Payee address: City: State: Zip Code
P. O. Box 2632
Austin, TX 78768

8 Amount (\$)
\$10.00

Reimbursement from political contributions intended

7 Purpose of expenditure
Hispanic Leaders fundraiser for museum

Date
6/11/97

5 Payee name
Capital Area Progressive Democrats

6 Payee address: City: State: Zip Code
P. O. Box 142175
Austin, TX 78714

8 Amount (\$)
\$10.00

Reimbursement from political contributions intended

7 Purpose of expenditure
Fundraiser

Date
6/16/97

5 Payee name
Commissioner Sam Bischoe, Special Projects

6 Payee address: City: State: Zip Code
P. O. Box 1748
Austin, TX 78767

8 Amount (\$)

Reimbursement from political contributions intended

7 Purpose of expenditure
Travis Co./City of Austin Juneteenth Committee Celebration

Date

5 Payee name

6 Payee address: City: State: Zip Code

8 Amount (\$)

Reimbursement from political contributions intended

7 Purpose of expenditure

Date

5 Payee name

6 Payee address: City: State: Zip Code

8 Amount (\$)

Reimbursement from political contributions intended

7 Purpose of expenditure

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L:

1

2 FILER NAME

Elena Diaz

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender
Elena Diaz

5 Lender address: City: State: Zip Code
2928 Wickersham Ln.
Austin, TX 78741-7352

GUARANTOR INFORMATION

6 Name of guarantor

7 Guarantor address: City: State: Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address: City: State: Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address: City: State: Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address: City: State: Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address: City: State: Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address: City: State: Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address: City: State: Zip Code

not applicable

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