

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3779

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:  14
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <i>Judge Elena Diaz</i>	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX	Date Received  JAN 16 3 33 PM '98 FILED DANA DEBBE COUNTY CLERK TRAVIS COUNTY, TEXAS	
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>2928 Wickersham Ln. Austin, TX 78741-7352</i>	Receipt # HD / PM Amount Date Processed Date Imaged <i>Jan. 15, 1998</i>	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <i>Elena Diaz</i>	Date Processed Date Imaged <i>Jan. 15, 1998</i>	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2928 Wickersham Ln. Austin, TX 78741-7352</i>		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 389-1189</i>		
8 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)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>7 / 1 / 97    12 / 31 / 97</i>		
10 ELECTION	ELECTION DATE Month Day Year <i>3 / 10 / 98</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) <i>Justice of the Peace Precinct 4, Travis Co. TX</i>	12 OFFICE SOUGHT (if known) <i>Justice of the Peace Precinct 4, Travis Co. TX</i>	
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 size of campaign expenditures. Name Address / PO Box; Apt. / Suite #; City; State; Zip Code <input type="checkbox"/> 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

\$

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

\$

1205.00

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

1752.05

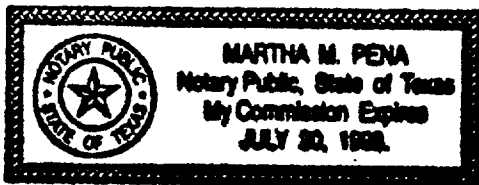
OUTSTANDING  
LOAN TOTALS

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

\$

130.00

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.

Elena Diaz  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

19 98, 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: 4	
2 FILER NAME Elena Diaz		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/4/97	5 Full name of contributor <input type="checkbox"/> out of state PAC E. Belinda Flores	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10927 Gown Colony Austin, TX 78747			
9 Principal occupation Director - Tx Education Agency		10 Employer (optional)	
Date 8/13/97	Full name of contributor <input type="checkbox"/> out of state PAC Antonio and Alicia Perez	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 175 Kush Lane Corpus Christi, TX 78404			
Principal occupation		Employer (optional)	
Date 8/16/97	Full name of contributor <input type="checkbox"/> out of state PAC Yolanda D. Garcia	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2307 Muddy Peak San Antonio, TX 78245			
Principal occupation Principal		Employer (optional)	
Date 10/7/97	Full name of contributor <input type="checkbox"/> out of state PAC Zaida Flores Gonzalez	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8406 Flower meadow Dr. Dallas, TX 75243			
Principal occupation Teacher		Employer (optional)	
Date 10/29/97	Full name of contributor <input type="checkbox"/> out of state PAC Joy G. Carter	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2203 W. 35th St. Austin, TX 78703			
Principal occupation Accountant		Employer (optional) Texas Education Agency	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

4

2 FILER NAME

Elena Diaz

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/28/97

5 Full name of contributor

Thomas I. Davies

out of state PAC

7 Amount of contribution (\$)

75.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
3500 Hampton Rd.  
Austin, TX 78705

9 Principal occupation

10 Employer (optional)

Date

10/28/97

Full name of contributor

Frances Acebo

out of state PAC

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
#617-D Pinehurst Dr. So.  
Austin, TX 78747

Principal occupation

Employer (optional)

Date

10/28/97

Full name of contributor

Froy Salinas

out of state PAC

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
3604 Harpers Ferry Ln.  
Austin, TX 78749

Principal occupation

Employer (optional)

Date

10/30/97

Full name of contributor

Carmen Lockstedt

out of state PAC

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
407 Crawford Dr.  
Victoria, TX 77904

Principal occupation

Employer (optional)

Date

12/30/97

Full name of contributor

Paul Ruiz

out of state PAC

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
222 E. Riverside Dr. Apt 129  
Austin TX 78704

Principal occupation

Employer (optional)

Attorney

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

4

2 FILER NAME

Elena Diaz

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/28/97

5 Full name of contributor

out of state PAC

Miguel Stoupirgan

6 Contributor address; City; State; Zip Code

414 Barton Springs Rd  
Austin, TX 78704

7 Amount of contribution (\$)

200.00

8 In-kind contribution description(if applicable)

Food for Re-election announcement

9 Principal occupation

Restaurant Owner

10 Employer (optional)

Date

Full name of contributor

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

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

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

out of state PAC

Amount of contribution (\$)

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

Elena Diaz

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

7/31/97

Travis County Credit Union

5.00

6 Payee address; City; State; Zip Code

1101 N. IH 35  
Austin, TX 78702

8 Purpose of expenditure

Service charge

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

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

8/31/97

Travis County Credit Union

5.00

Payee address; City; State; Zip Code

1101 N. IH 35  
Austin, TX 78702

Purpose of expenditure

Service charge

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

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

9/24/97

Travis County Credit Union

11.75

Payee address; City; State; Zip Code

1101 N. IH 35  
Austin TX 78702

Purpose of expenditure

Fee for checks

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

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

12/23/97

Travis County Democratic Party

800.00

Payee address; City; State; Zip Code

P.O. Box 684263  
Austin, TX 78768

Purpose of expenditure

Filing fee

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

Candidate / Officeholder name

Office sought / 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

Elena Diaz

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/31/97

5 Payee name

Travis County Credit Union

7 Amount (\$)

5.00

6 Payee address; City; State; Zip Code

1101 N. IH 35  
Austin, TX 78702

8 Purpose of expenditure

Service charge

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <b>5</b>
2 FILER NAME <b>Elena Diaz</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>7/27/97</b>	5 Payee name <b>Travis County Clerk</b>	8 Amount (\$) <b>25.00</b>
6 Payee address; City; State; Zip Code <b>P.O. Box 1748 Austin, TX 78767</b>		
7 Purpose of expenditure <b>Copies of campaign finance reports</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <b>7/26/97</b>	5 Payee name <b>South Austin Democrats</b>	Amount (\$) <b>10.00</b>
6 Payee address; City; State; Zip Code <b>P.O. Box 152392 Austin, TX 78715</b>		
Purpose of expenditure <b>membership dues</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <b>7/19/97</b>	5 Payee name <b>South Austin Tejano Democrats</b>	Amount (\$) <b>20.00</b>
6 Payee address; City; State; Zip Code <b>3317-B Thomas Kincheon Austin, TX 78745</b>		
Purpose of expenditure <b>membership dues</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <b>8/12/97</b>	5 Payee name <b>Catholic Cristo Rey Church</b>	Amount (\$) <b>125.00</b>
6 Payee address; City; State; Zip Code <b>2110 E. 2nd St. Austin, TX 78702</b>		
Purpose of expenditure <b>Political Ad in Jamaica program</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <b>8/28/97</b>	5 Payee name <b>Austin Hispanic Chamber of Commerce</b>	Amount (\$) <b>20.00</b>
6 Payee address; City; State; Zip Code <b>823 Congress Ave. Austin, TX 78701</b>		
Purpose of expenditure <b>Awards Ceremony fundraiser</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <b>5</b>
2 FILER NAME <b>Elena Diaz</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>9/26/97</b>	5 Payee name <b>University YWCA</b>	8 Amount (\$) <b>100.00</b>
6 Payee address; City; State; Zip Code <b>1524 S. IH 35 Austin, TX 78704</b>		
7 Purpose of expenditure <b>Benefit Auction / Dinner Sponsorship</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <b>9/30/97</b>	Payee name <b>David Chapel Baptist Church</b>	Amount (\$) <b>12.50</b>
Payee address; City; State; Zip Code <b>2211 E. Martin Luther King, Jr. Blvd Austin, TX 78702</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure <b>Appreciation Celebration Ad (10/9/97)</b>		
Date <b>9/30/97</b>	Payee name <b>Texas County Democratic Party</b>	Amount (\$) <b>100.00</b>
Payee address; City; State; Zip Code <b>P.O. Box 684263 Austin, TX 78768</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure <b>Fundraiser Sponsorship</b>		
Date <b>10/13/97</b>	Payee name <b>Hispanic Women's Network, Austin Chapter</b>	Amount (\$) <b>25.00</b>
Payee address; City; State; Zip Code		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure <b>4th Annual Scholarship Banquet</b>		
Date <b>10/5/97</b>	Payee name <b>Texas Civil Rights Project</b>	Amount (\$) <b>40.00</b>
Payee address; City; State; Zip Code <b>2212 E. Martin Luther King Blvd. Austin, TX 78702-1344</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure <b>7th Annual Bill of Rights Dinner</b>		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <b>5</b>
2 FILER NAME <b>Elena Diaz</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>10/7/97</b>	5 Payee name <b>LGRL of Texas</b>	8 Amount (\$) <b>20.00</b>
6 Payee address; City; State; Zip Code <b>P.O. Box 2340 Austin TX 78768</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure <b>Awards Reception</b>		
Date <b>10/12/97</b>	Payee name <b>ALLO</b>	Amount (\$) <b>5.00</b>
Payee address; City; State; Zip Code <b>1715 E. 6th St. Austin TX 78702</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure <b>Dia de la Raza Tardeada fundraiser</b>		
Date <b>10/16/97</b>	Payee name <b>Capitol Area Democratic Women</b>	Amount (\$) <b>15.00</b>
Payee address; City; State; Zip Code <b>P.O. Box 50038 Austin TX 78763</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure <b>membership dues</b>		
Date <b>10/16/97</b>	Payee name <b>Capitol Area Democratic Women</b>	Amount (\$) <b>10.00</b>
Payee address; City; State; Zip Code <b>P.O. Box 50038 Austin, TX 78763</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure <b>luncheon meeting</b>		
Date <b>10/17/97</b>	Payee name <b>TARAL</b>	Amount (\$) <b>25.00</b>
Payee address; City; State; Zip Code <b>P.O. Box 684602 Austin, TX 78768</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure <b>11th Annual Celebration of Choice Fundraiser</b>		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

5

2 FILER NAME

Elena Diaz

3 ACCOUNT # (Ethics Commission filers)

4 Date  
10/21/97

5 Payee name  
South Austin Democrats

6 Payee address; City; State; Zip Code  
P.O. Box 152592  
Austin TX 78715

8 Amount (\$)  
50.00

7 Purpose of expenditure  
Sponsorship - 10th Annual Yeller Dawg Award

Reimbursement from political contributions intended

Date  
11/19/97

Payee name  
Travis County Sheriff's Asso.

Payee address; City; State; Zip Code

Amount (\$)  
15.00

Purpose of expenditure  
Annual Christmas Party ticket

Reimbursement from political contributions intended

Date  
10/30/97

Payee name  
Robin's Party Shop

Payee address; City; State; Zip Code  
2149 S. Lamar  
Austin, TX 78704

Amount (\$)  
21.97

Purpose of expenditure  
South Austin Tejano Democrat function

Reimbursement from political contributions intended

Date  
10/30/97

Payee name  
H.E.B. Food Store No. 8

Payee address; City; State; Zip Code  
2400 S. Congress  
Austin, TX 78704

Amount (\$)  
41.70

Purpose of expenditure  
South Austin Tejano Democrats function

Reimbursement from political contributions intended

Date  
10/30/97

Payee name  
Warehouse Liquor

Payee address; City; State; Zip Code  
2424 South First  
Austin, TX 78704

Amount (\$)  
79.83

Purpose of expenditure  
South Austin Tejano Democrats function

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

5

2 FILER NAME

Elena Diaz

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/22/97

5 Payee name

A.I. Herrera, Dept. Constable

6 Payee address; City; State; Zip Code

2201 Post Rd., Rm.  
Austin, TX 78704

8 Amount (\$)

25.00

7 Purpose of expenditure

Contribution towards funeral expenses

Reimbursement from political contributions intended

Date

12/12/97

Payee name

"Amigos En Azul"

Payee address; City; State; Zip Code

Austin Hispanic Police Officers Asso.  
715 E. 8th St.  
Austin, TX 78701

Amount (\$)

25.00

Purpose of expenditure

2nd Annual Holiday Gala Ball

Reimbursement from political contributions intended

Date

12/20/97

Payee name

Austin Women's Political Caucus

Payee address; City; State; Zip Code

P.O. Box 12341  
Austin, TX 78711

Amount (\$)

50.00

Purpose of expenditure

membership dues

Reimbursement from political contributions intended

Date

12/30/97

Payee name

Fast Signs

Payee address; City; State; Zip Code

3003 S. Lamar  
Austin, TX 78704

Amount (\$)

64.30

Purpose of expenditure

Banner

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Beauvoir  
Clark  
County  
TX 77617



1998  
AUSTIN TX 78

FILED

JAN 16 12 05 PM '98

DANA DEBEAUVOIR  
COUNTY CLERK  
TRAVIS COUNTY, TEXAS

Aust.  
P.O. Box  
Travis  
County  
Dona De

*[Handwritten signature]*

1998 JAN 15 10 41 AM  
222 W. 11th St. Austin, TX 78701-1352

*[Handwritten signature]*

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME Elena Diaz		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/11/97	5 Full name of contributor <input type="checkbox"/> out of state PAC Harold F. Tidwell, Jr. and Chris Tidwell	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5400 Sugar Maple Ct. Austin, TX 78744			
9 Principal occupation		10 Employer (optional)	
Date 7/16/97	Full name of contributor <input type="checkbox"/> out of state PAC Mauro L. Reyna	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8904 Trenwood Dr. Austin, TX 78758			
Principal occupation		Employer (optional)	
Date 7/17/97	Full name of contributor <input type="checkbox"/> out of state PAC Anita Esparza	Amount of contribution (\$) 10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1727 Greenbrier Ave. Brownsville, TX 78520			
Principal occupation		Employer (optional)	
Date 7/23/97	Full name of contributor <input type="checkbox"/> out of state PAC Linda G. Mora	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1307 Kinney Ave. #140 Austin, TX 78704			
Principal occupation		Employer (optional)	
Date 8/1/97	Full name of contributor <input type="checkbox"/> out of state PAC Teresa Saenz	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 201 Dolphin Pl. Corpus Christi, TX 78411			
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.