

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Elena Diaz 15 ACCOUNT # (Ethics Commission files)

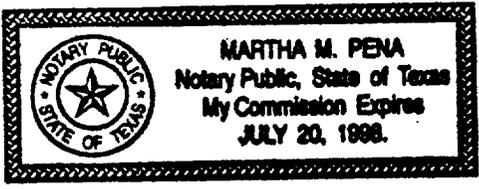
16 SUPPORTING POLITICAL COMMITTEE(S) .. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report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

COMMITTEE TYPE <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

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)	\$ 450.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 639.78
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 July 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: 2	
2 FILER NAME Elena Diaz		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/2/98	5 Full name of contributor <input type="checkbox"/> out of state PAC Lillie Sosa 6 Contributor address; City; State; Zip Code 3704 Ebony Hollow Pass Austin, TX 78739	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description(if applicable)
9 Principal occupation Loan officer		10 Employer (optional) North American Mortgage Company	
Date 1/4/98	Full name of contributor <input type="checkbox"/> out of state PAC Daniel Diaz Contributor address; City; State; Zip Code 6719 Lost Valley Austin, TX 78745	Amount of contribution (\$) \$ 20.00	In-kind contribution description(if applicable)
Principal occupation Program Administrator		Employer (optional) Texas Asso. of Community Health Centers, Inc.	
Date 1/14/98	Full name of contributor <input type="checkbox"/> out of state PAC Cynthia M. Lozano Castillo Contributor address; City; State; Zip Code 7918 Latigo Dr. San Antonio, TX 78227	Amount of contribution (\$) \$ 25.00	In-kind contribution description(if applicable)
Principal occupation School Principal		Employer (optional) San Antonio ISD	
Date 4/17/98	Full name of contributor <input type="checkbox"/> out of state PAC Albert Steven Dietz Contributor address; City; State; Zip Code 8409 Ganttcrest Austin, TX 78749	Amount of contribution (\$) \$15.00	In-kind contribution description(if applicable)
Principal occupation		Employer (optional)	
Date 5/22/98	Full name of contributor <input type="checkbox"/> out of state PAC Stephen Olona Contributor address; City; State; Zip Code 1404 Waldrop Cove Austin, TX 78748	Amount of contribution (\$) \$40.00	In-kind contribution description(if applicable)
Principal occupation Engineer		Employer (optional) Texas Dept. of Transportation	

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: 2	
2 FILER NAME Elena Diaz		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/5/98	5 Full name of contributor <input type="checkbox"/> out of state PAC Dora Davila 6 Contributor address; City; State; Zip Code 2237 E. Riverside Dr. Austin, TX 78741	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description(if applicable) Ad in 1998 Cinco de Mayo Festival Program
9 Principal occupation Hair Salon Owner		10 Employer (optional)	
Date 6/30/98	Full name of contributor <input type="checkbox"/> out of state PAC Frank O. Limon, Jr. Contributor address; City; State; Zip Code 2709 Francisco St. Austin, TX 78702	Amount of contribution (\$) \$100.00	In-kind contribution description(if applicable)
Principal occupation Retired		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
Principal occupation		Employer (optional)	

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <p style="text-align: center;">1</p>
2 FILER NAME <p style="text-align: center;">Elena Diaz</p>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄		\$
5 Date of loan <p style="text-align: center;">1/3/94</p>	7 Name of lender <input type="checkbox"/> out of state PAC <p style="text-align: center;">Elena Diaz</p>	9 Loan Amount (\$) <p style="text-align: center;">\$130.00 (balance)</p>
6 Is lender a financial institution? <p style="text-align: center;">Y <input checked="" type="radio"/> N</p>	8 Lender address; City; State; Zip Code	10 Interest rate <p style="text-align: center;">3%</p>
		11 Maturity date <p style="text-align: center;">7/3/94</p>
12 Description of Collateral <input checked="" type="checkbox"/> none		
13 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	14 Name of guarantor	16 Amount Guaranteed (\$)
	15 Guarantor address; City; State; Zip Code	
17 Principal Occupation		18 Employer
Date of loan	Name of lender <input type="checkbox"/> out of state PAC	Loan Amount (\$)
Is lender a financial institution? <p style="text-align: center;">Y N</p>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation		Employer

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME Elena Diaz		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/2/98	5 Payee name Alamo Printing & Copying Service 6 Payee address; City; State; Zip Code 1303 E. 51st St. Austin, TX 78723	7 Amount (\$) \$ 93.76
8 Purpose of expenditure Political push card		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
Date 1/31/98	Payee name Travis Co. Credit Union Payee address; City; State; Zip Code 1101 N. IH 35 Austin, TX 78702	Amount (\$) \$ 5.00
Purpose of expenditure service charge		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
Date 2/28/98	Payee name Travis Co. Credit Union Payee address; City; State; Zip Code 1101 N. IH 35 Austin, TX 78702	Amount (\$) \$ 5.00
Purpose of expenditure Service charge		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
Date 3/31/98	Payee name Travis Co. Credit Union Payee address; City; State; Zip Code 1101 N. IH 35 Austin, TX 78702	Amount (\$) \$ 5.00
Purpose of expenditure Service charge		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME Elena Diaz		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/30/98	5 Payee name Travis Co. Credit Union 6 Payee address; City; State; Zip Code 1101 N. IH 35 Austin, TX 78702	7 Amount (\$) \$ 5.00
8 Purpose of expenditure Service Charge		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 5/31/98	Payee name Travis Co. Credit Union Payee address; City; State; Zip Code 1101 N. IH 35 Austin, TX 78702	Amount (\$) \$ 5.00
Purpose of expenditure Service charge		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 6/30/98	Payee name Travis Co. Credit Union Payee address; City; State; Zip Code 1101 N. IH 35 Austin, TX 78702	Amount (\$) \$ 5.00
Purpose of expenditure Service charge		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 6/30/98	Payee name Arriba Newspaper Payee address; City; State; Zip Code P. O. Box 12865 Austin, TX 78711	Amount (\$) \$80.00
Purpose of expenditure Xmas Advertising		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3

2 FILER NAME

Elena Diaz

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/30/98

5 Payee name

JRG Communications dba Hispanic Impact

7 Amount (\$)

\$175.00

6 Payee address; City; State; Zip Code

2512 S. IH 35, Ste. 123
Austin, TX 78704

8 Purpose of expenditure

Xmas advertising

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

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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: <p style="text-align: center;">1</p>
2 FILER NAME <p style="text-align: center;">Elena Diaz</p>		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/8/98	5 Payee name Nelda Wells Spears, Tax Assessor Collector..... 6 Payee address; City; State; Zip Code P. O. Box 1748 Austin, TX 78767	8 Amount (\$) \$ 3.00
7 Purpose of expenditure Map of precinct boundries		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/31/98	Payee name Tejano Democrats..... Payee address; City; State; Zip Code	Amount (\$) \$25.00
Purpose of expenditure Registration fee for endorsement convention		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/24/98	Payee name LGRL of Texas..... Payee address; City; State; Zip Code P. O. Box 2340 Austin, TX 78768	Amount (\$) \$30.00
Purpose of expenditure Fat Tuesday fundraiser		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/27/98	Payee name Capitol Area Progressive Democrats..... Payee address; City; State; Zip Code P. O. Box 142175 Austin, TX 78714	Amount (\$) \$ 5.00
Purpose of expenditure Democratic Primary Straw Poll fundraiser		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/26/98	Payee name Crown Portraits, Inc..... Payee address; City; State; Zip Code P. O. Box 3176 Cleveland , TN 37320-3176	Amount (\$) \$198.02
Purpose of expenditure Color and B&W portraits		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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16 JUL 1998 PM 16 JUL 1998 PM 16 JUL 1998 PM
JUDGE ELENA DIAZ
AUSTIN TX 78783
AUSTIN TX 787
AUSTIN TX 37

DANA DEBEAUVOIR
County Clerk
P. O. 1748
Austin, TX 78767

TRAVIS COUNTY CLERK
JULY 17 1998

FILED
Jul 17 12 23 PM '98



P1