



# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

<b>14 C/OH NAME</b> Elena Diaz	<b>15 ACCOUNT #</b> (Ethics Commission files)
-----------------------------------	---

<b>16 SUPPORTING POLITICAL COMMITTEE(S)</b>	- 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. **	
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>
	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
	<input type="checkbox"/> additional pages	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 500.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 262.06
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4629.60
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 130.00

**18 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.

\_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elena Diaz this the 15<sup>th</sup> day of July 19 99, to certify which, witness my hand and seal of office.

Nancy Clark                      Nancy Clark                      Notary Public  
 Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J) 1	
2 FILER NAME Elena Diaz		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/11/99	5 Full name of contributor <input type="checkbox"/> out of state PAC Fidel Estrada	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description(if applicable)
6 Contributor address, City, State, Zip Code 2918 E. 7th St. Austin, TX 78702			
9 Contributor's principal occupation Business Owner (Dry Cleaners)		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
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)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
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)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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****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

3/1/99

**5** Payee name

Justice of the Peace and Constable Association of Texas

**7** Amount  
(\$)

\$35.00

**6** Payee address, City, State, Zip CodeP. O. Box 2048  
Wylie, TX 75098**8** Purpose of expenditure

Membership dues for 1999

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

Candidate / Officeholder name

Office sought / held

Date

3/22/99

Payee name

Austin Women's Political Caucus

Amount  
(\$)

\$50.00

Payee address, City, State, Zip Code

P. O. Box 123735  
Austin, TX 78711

Purpose of expenditure

Membership dues

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

4/16/99

Payee name

Travis County Cinco de Mayo Committee

Amount  
(\$)

\$25.00

Payee address, City, State, Zip Code

314 W. 11th St., Ste. 525  
Austin, TX 78701

Purpose of expenditure

Sponsorship of Cinco de Mayo celebration  
for Travis County

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

5/25/99

Payee name

Travis County Women Lawyers' Association

Amount  
(\$)

\$25.00

Payee address, City, State, Zip Code

P. O. Box 13404  
Austin, TX 78711

Purpose of expenditure

Awards Banquet

-- 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 6/11/99	5 Payee name Sam Biscoe Special Projects ..... 6 Payee address: City, State, Zip Code P. O. Box 1748 Austin, TX 78767	7 Amount (\$) \$25.00
8 Purpose of expenditure Sponsorship of Travis County Juneteenth Celebration		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 6/14/99	Payee name Dollars for Democrats - Texas Democratic Party Campaign ..... Payee address: City, State, Zip Code 919 N. Congress Ave., Ste. 600 Austin, TX 78701	Amount (\$) \$25.00
Purpose of expenditure Political contribution to Democratic campaigns		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 6/14/99	Payee name Worley Printing Co. ..... Payee address: City, State, Zip Code 3217 N. IH 35 Austin, TX 78722	Amount (\$) \$27.06
Purpose of expenditure Graphic design for stationery		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name ..... Payee address: City, State, Zip Code	Amount (\$)
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 1
2 FILER NAME  Elena Diaz		3 ACCOUNT # (Ethics Commission filers)
4 Date  5/14/99	5 Payee name Gonzalo Barrientos Scholarship Fund 6 Payee address, City, State, Zip Code	8 Amount (\$) \$50.00
7 Purpose of expenditure Contribution to Senator Barrientos Scholarship Fund		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address, City, State, Zip Code	Amount (\$)
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address, City, State, Zip Code	Amount (\$)
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address, City, State, Zip Code	Amount (\$)
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address, City, State, Zip Code	Amount (\$)
Purpose of expenditure		<input type="checkbox"/> 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 Díaz		
	5 Lender address:	City:	State: Zip Code
2928 Wickersham Ln., Austin, TX 78741			
GUARANTOR INFORMATION	6 Name of guarantor None		
	7 Guarantor address:	City:	State: Zip Code
<input checked="" type="checkbox"/> not applicable			
LENDER INFORMATION	Name of lender		
	Lender address:	City:	State: Zip Code
GUARANTOR INFORMATION	Name of guarantor		
	Guarantor address:	City:	State: Zip Code
<input type="checkbox"/> not applicable			
LENDER INFORMATION	Name of lender		
	Lender address:	City:	State: Zip Code
GUARANTOR INFORMATION	Name of guarantor		
	Guarantor address:	City:	State: Zip Code
<input type="checkbox"/> not applicable			
LENDER INFORMATION	Name of lender		
	Lender address:	City:	State: Zip Code
GUARANTOR INFORMATION	Name of guarantor		
	Guarantor address:	City:	State: Zip Code
<input type="checkbox"/> not applicable			
LENDER INFORMATION	Name of lender		
	Lender address:	City:	State: Zip Code
GUARANTOR INFORMATION	Name of guarantor		
	Guarantor address:	City:	State: Zip Code
<input type="checkbox"/> not applicable			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



2201 Post Rd., Rm. 101  
Austin, Texas 78704-4390

**JUDGE ELENA DIAZ**  
**JUSTICE OF THE PEACE, PRECINCT FOUR**

Dana DeBeauvoir  
County Clerk, Travis County  
Elections Division  
P.O. Box 1748  
Austin, TX 78767

787-47-1798

