

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME Elena Diaz **15 ACCOUNT #** (Ethics Commission File #) _____

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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZED	\$ 25.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED	\$
	4	TOTAL POLITICAL EXPENDITURES	\$ 1095.00
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3785.71
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 130.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Elena Diaz this the 18th day of January, ~~2000~~ 2000, to certify which, witness my hand and seal of office.

Diana R. Cantu

 Signature of officer administering oath

DIANA R. CANTU

 Print name of officer administering oath

Notary Public

 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		3 ACCOUNT # (Ethics Commission filers)	
Elena Diaz			
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/01/99	Daniel and Benita Diaz	\$25.00	
6 Contributor address: City: State: Zip Code			
6719 Lost Valley Dr. Austin, TX 78745			
9 Contributor's principal occupation		10 Contributor's job title	
TX. ASSO. of Community Health Clinics			
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	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code		
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	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code		
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.

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule B(J)

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

← → ↔ ↔ ↔ ↔

\$

5 Date	6 Full name of pledgor	<input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address, City, State, Zip Code			

10 Pledgor's principal occupation

11 Pledgor's job title

12 Pledgor's employer/law firm

13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

Date	Full name of pledgor	<input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address, City, State, Zip Code			

Pledgor's principal occupation

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

Date	Full name of pledgor	<input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address, City, State, Zip Code			

Pledgor's principal occupation

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

4

2 FILER NAME

Elena Diaz

3 ACCOUNT # (Ethics Commission file #)

4 Date

7/20/99

5 Payee name

Austin Tejano Democrats

7 Amount

(\$)

\$100.00

6 Payee address City State Zip Code

8 Purpose of expenditure

Fundraiser

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

Candidate / Officeholder name

Office sought / held

Date

7/20/99

Payee name

Cristo Rey Catholic Church

Amount

(\$)

\$125.00

Payee address City State Zip Code

2110 E. 2nd St.
Austin, Tx 78702

Purpose of expenditure

Jamaica Program Ad

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

Candidate / Officeholder name

Office sought / held

Date

7/26/99

Payee name

San Francisco Javier Catholic Church

Amount

(\$)

\$ 75.00

Payee address City State Zip Code

9110 Hwy. 183 So.
Austin, TX 78747

Purpose of expenditure

Jamaica Program Ad

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

Candidate / Officeholder name

Office sought / held

Date

8/05/99

Payee name

Limon Reunion

Amount

(\$)

\$40.00

Payee address City State Zip Code

Purpose of expenditure

Family Reunion Program Ad

-- 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

4

2 FILER NAME

Elena Diaz

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/14/99

5 Payee name

South Austin Democrats

7 Amount

(\$)
\$10.00

6 Payee address City State Zip Code

P. O. Box 152592
Austin, TX 78715-2592

8 Purpose of expenditure

Membership Dues for 1999

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

Candidate / Officeholder name

Office sought / held

Date

9/16/99

Payee name

United East Austin Coalition

Amount

(\$)
\$50.00

Payee address City State Zip Code

Purpose of expenditure

14th Annual Dia de la Raza Celebration
Sponsorship

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

Candidate / Officeholder name

Office sought / held

Date

9/30/99

Payee name

Travis County Democratic Party

Amount

(\$)
\$100.00

Payee address City State Zip Code

P. O. Box 684263
Austin, TX 78768-4263

Purpose of expenditure

Travis County Democratic Party -
Finance Council contribution

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

Candidate / Officeholder name

Office sought / held

Date

10/12/99

Payee name

South Austin Democrats

Amount

(\$)
\$50.00

Payee address City State Zip Code

P. O. Box 152592
Austin, TX 78715-2592

Purpose of expenditure

12th Annual Yeller Dawg Event
sponsorship

-- 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. 4
2 FILER NAME Elena Diaz		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/24/99	5 Payee name Tejanos in Action 6 Payee address; City; State; Zip Code 8113 Appomattox Dr. Austin, TX 78745	7 Amount (\$) \$50.00
8 Purpose of expenditure Veterans' Day Program sponsorship		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 10/25/99	Payee name Dawson Elementary School Payee address; City; State; Zip Code 3001 S. 1st St. Austin, TX 78704	Amount (\$) \$50.00 ^(S)
Purpose of expenditure Prize sponsorship for attendance contest		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 10/26/99	Payee name Capitol Area Democratic Women Payee address; City; State; Zip Code P. O. Box 12962 Austin, TX 78711-2962	Amount (\$) \$100.00
Purpose of expenditure A Toast To Democratic Women Wine & Cheese fundraiser Sponsor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 11/2/99	Payee name Capital Area Democratic Women Payee address; City; State; Zip Code P. O. Box 12962 Austin, TX 78711-2962	Amount (\$) \$15.00 ^(S)
Purpose of expenditure Membership dues 99/2000		** 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

4

2 FILER NAME

Elena Diaz

3 ACCOUNT # (Ethics Commission files)

4 Date

11/09/99

5 Payee name

Women Victory Fund of the Austin Women's

7 Amount
(\$)

\$100.00

6 Payee address, City, State, Zip Code

Political Caucus

P. O. Box 12383

Austin, TX 78711

8 Purpose of expenditure

Contribution of AWPC Victory Fund
PAC9 -- 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: right;">1</p>
2 FILER NAME <p style="text-align: center;">Elena Diaz</p>		3 ACCOUNT # (Ethics Commission files)
4 Date 7/29/99	5 Payee name South Austin Tejano Democrats 6 Payee address: City: State: Zip Code 7400 Ladle Ln. Austin, Tx 78749	8 Amount (\$) \$ 20.00
7 Purpose of expenditure Membership Dues for 1999		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 9/17/99	Payee name Fiestas Patrias of Austin, Inc. Payee address: City: State: Zip Code 1908 Holly St. Austin, TX 78702	Amount (\$) \$10.00
Purpose of expenditure Contribution for 21st Annual Dies y Seis		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/20/99	Payee name Mexic-Arte Museum Payee address: City: State: Zip Code P. O. Box 2632 Austin, TX 78768	Amount (\$) \$100.00
Purpose of expenditure Frida's Fiestas V Benefit sponsorship		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/24/99	Payee name Anna Maria Endowed Presidential Scholarship Fund Payee address: City: State: Zip Code University of Texas School of Law Austin, TX 78701	Amount (\$) \$100.00
Purpose of expenditure Contribution to Scholarship Fund honoring a constituent		<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

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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 files)

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 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	

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