

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT **4662**

FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 6
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
Judge Elena Diaz				Date Received JUN 21 9 00 AM '00	

4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
<input type="checkbox"/> Change of Address	2928 Wickersham Ln. Austin, TX 78741-7352				

5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Receipt #				
	NICKNAME	LAST	SUFFIX					
	Elena Diaz						HD / PM	Amount
							Date Processed	
				Date Imaged				

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	<input 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach JC/OH - FR)			

9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	1	1	2000		6	30	2000

10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special

11 OFFICE	OFFICE HELD (if any) Justice of the Peace, Pct. 4, Travis County, TX	12 OFFICE SOUGHT (if known)
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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				
	Address / PO Box: Apt. / Suite #: City: State: Zip Code				
<input type="checkbox"/> additional pages					

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 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)

\$ 0

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 297.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

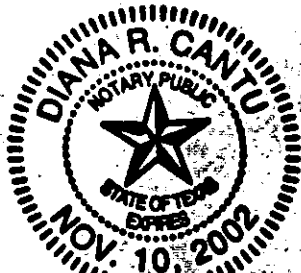
\$ 3,607.49

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 17th day of July

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
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 1/19/00	5 Payee name Central Texas Justice of the Peace & Constables Asso. 6 Payee address: City, State, Zip Code 10409 Burnet Rd., Ste. 150 Austin, TX 78758	7 Amount (\$) \$12.00
8 Purpose of expenditure Annual Meeting fee		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 3/6/00	Payee name Justices of the Peace and Constables Association of Texas, Inc. Payee address: City, State, Zip Code P. O. Box 2048 Wylie, TX 75098	Amount (\$) \$35.00
Purpose of expenditure Annual Membership Dues		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 5/1/00	Payee name Travis County Cinco de Mayo Payee address: City, State, Zip Code 314 W. 11th St., Ste. 525 Austin, TX 78701	Amount (\$) \$25.00
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 5/30/00	Payee name Girls Scouts - Lone Star Council Payee address: City, State, Zip Code P. O. Box 15385 Austin, TX 78761	Amount (\$) \$100.00
Purpose of expenditure Steering Committee Sponsorship Women of Distinction 2000 luncheon		-- 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

6/7/00

5 Payee name

Pan American Golf Association of Austin

7 Amount (\$)

\$50.00

6 Payee address, City, State, Zip Code

P. O. Box 12862
Austin, TX 78711

8 Purpose of expenditure

Sponsorship of a Hole for
Scholarship Invitational Tournament

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: **1**

2 FILER NAME: **Elena Diaz** 3 ACCOUNT # (Ethics Commission files)

4 Date 1/10/00	5 Payee name Harris County Tejano Democrats	8 Amount (\$) \$35.00
6 Payee address: City: State: Zip Code		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure Registration fee for Screening & Endorsement Convention		

Date 6/10/00	Payee name Maria Luisa Flores	Amount (\$) \$40.00
Payee address: City: State: Zip Code 1300 Alta Vista, Austin, TX 78704		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure Hotel expenses for Texas State Democratic Convention		

Date	Payee name	Amount (\$)
Payee address: City: State: Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure		

Date	Payee name	Amount (\$)
Payee address: City: State: Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure		

Date	Payee name	Amount (\$)
Payee address: City: State: Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
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

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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