

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 5201

## 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

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI  
Judge Elena Diaz  
NICKNAME LAST SUFFIX

OFFICE USE ONLY

Date Received  
Date Hand-delivered  
Date Postmarked  
Receipt #  
Amount  
Date Processed  
Date Imaged

RECEIVED  
JUL 18 PM 1:34  
COMMISSIONER OF ETHICS

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  
2928 Wickersham Ln.  
Austin, TX 78741-7352  
 Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
Elena Diaz  
NICKNAME LAST SUFFIX

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

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach COH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
1 / 01 / 02 THROUGH 6 / 30 / 02

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any) OFFICE SOURCE (if known)  
Justice of the Peace, Pct 4 Travis Co., TX Justice of the Peace, Pct 4 Travis Co., TX

13 NOTICE OF 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

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 NOTICE FROM POLITICAL COMMITTEE(S)

*\*\* This box is for notice of 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 | \$ .       |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 800.00  |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$         |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 445.00  |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                | \$ 1247.87 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 0       |

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 12<sup>th</sup> day of July, 2002, 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

**Elena Diaz**

3 ACCOUNT # (Ethics Commission files)

4 Date

**1/02/02**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**Lillie G. Sosa**

7 Amount of contribution (\$)

**\$ 200.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**4970 Hwy 290 W # 460  
Austin TX 78704**

9 Contributor's principal occupation

**Mortgage broker**

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

**2/28/02**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**Mary Ann Pompa**

Contributor address; City; State; Zip Code

**579 Trudell  
San Antonio, TX 78213**

Amount of contribution (\$)

**\$100.00**

In-kind contribution description (if applicable)

Contributor's principal occupation

**Retired - Southwestern Bell**

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

**4/30/02**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**Austin Apartment Association  
PAC**

Contributor address; City; State; Zip Code

**4107 Medical Parkway  
Austin TX 78756**

Amount of contribution (\$)

**\$ 500.00**

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 **1**

2 FILER NAME

**Elena Diaz**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**1/13/02**

5 Payee name

**South Austin ~~Times~~ Democrats**

7 Amount (\$)

**\$50.00**

6 Payee address; City; State; Zip Code

**P.O. Box 152592  
Austin, TX 78755 2592**

8 Purpose of payment (See instructions regarding type of information required.)

**Sponsorship of Annual Yellow Dog Awards Reception**

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

Candidate / Officeholder name Office sought Office held

Date

**3/25/02**

Payee name

**Justice of the Peace and Constables Assn.**

Amount (\$)

**\$45.00**

Payee address; City; State; Zip Code

**P.O. Box 494  
West, TX 76691**

Purpose of payment (See instructions regarding type of information required.)

**membership dues**

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

Candidate / Officeholder name Office sought Office held

Date

**6/4/02**

Payee name

**Cristo Rey Catholic Church**

Amount (\$)

**\$125.00**

Payee address; City; State; Zip Code

**2110 E. Second Street  
Austin TX 78702**

Purpose of payment (See instructions regarding type of information required.)

**Political Ad in Jamaica Program.**

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

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

Candidate / Officeholder name Office sought Office 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 this Schedule G **2**

2 FILER NAME  
**Elena Diaz**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**1/24/02**

5 Payee name  
**Austin Women's Political Caucus**  
6 Payee address; City, State; Zip Code

8 Amount (\$)  
**\$65.00**

7 Purpose of expenditure  
**membership dues**

Reimbursement from political contributions intended

Date  
**2/10/02**

Payee name  
**Texas Environmental Democrats**  
Payee address; City, State; Zip Code

Amount (\$)  
**\$10.00**

Purpose of expenditure  
**Membership dues**

Reimbursement from political contributions intended

Date  
**4/1/02**

Payee name  
**Travis High School School Safety Force**  
Payee address; City, State; Zip Code  
**1211 East Oltorf  
Austin, TX 78704**

Amount (\$)  
**\$50.00**

Purpose of expenditure  
**Sponsorship for Volunteer Banquet**

Reimbursement from political contributions intended

Date  
**4/27/02**

Payee name  
**Travis County Cinco de Mayo**  
Payee address; City, State; Zip Code

Amount (\$)  
**\$25.00**

Purpose of expenditure **2002**  
**Sponsorship of a Cinco de Mayo Celebration**

Reimbursement from political contributions intended

Date  
**5/11/02**

Payee name  
**Hispanic Women's Network of Texas**  
Payee address; City, State; Zip Code  
**Austin Chapter**

Amount (\$)  
**\$15.00**

Purpose of expenditure  
**Dia de las Madres breakfast ticket**

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 this Schedule G

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

5/25/02

Travis County Women Lawyers Association

6 Payee address: City: State: Zip Code

\$35.00

7 Purpose of expenditure: Annual Ticket to Awards Luncheon

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

5/25/02

Sara Biscoe, Special Projects

6 Payee address: City: State: Zip Code

Juvenile Committee  
314 W. 14th St. Ste. 510  
Austin TX 78702

\$ 25.00

7 Purpose of expenditure: 2002 Sponsorship of Annual Juneteenth Celebration

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

6 Payee address: City: State: Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

6 Payee address: City: State: Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

6 Payee address: City: State: Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED