JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5226

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

5

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3 CANDIDATE / OFFICEHOLDER NAME

TITLE	FIRST		MI
Judge	Elena	Diaz	
NICKNAME	LAST		SUFFIX

OFFICE USE ONLY

Date Received: OCT -8 AM 9:58

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4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

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

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5 CAMPAIGN TREASURER NAME

TITLE	FIRST		MI
	Elena	Diaz	
NICKNAME	LAST		SUFFIX

Receipt #

HD / PM	Amount
Date Processed	
Date Imaged	

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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				

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7 CAMPAIGN TREASURER PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(512)	389-1189	

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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 JC/OH - FR)

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9 PERIOD COVERED

Month 07 / Day 01 / Year 02   THROUGH   Month 09 / Day 26 / Year 02

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10 ELECTION

ELECTION DATE
Month 11 / Day 05 / Year 02

ELECTION TYPE
☐ Primary   ☐ Runoff   ☒ General   ☐ Special

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11 OFFICE

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

12 OFFICE SOUGHT (if known)
Justice of the Peace, Pct. 4 Travis County, TX

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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

☐ additional pages

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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

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	COMMITTEE NAME
	COMMITTEE ADDRESS
☐ SPECIFIC	
	COMMITTEE CAMPAIGN TREASURER NAME
☐ additional pages	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	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 100.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 140.00
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 1297.87
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

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)

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ___Elena Diaz___ , this the ___7th___ day of ___October___

x19 __2002__, to certify which, witness my hand and seal of office.

(signature)   Diana R. Cantu   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	**5** Full name of contributor ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)	**8** In-kind contribution description(if applicable)
7/02/02	Froy Salinas	$25.00	
	6 Contributor address; City; State; Zip Code 3604 Harpers Ferry Ln. Austin, TX 78749		

9 Contributor's principal occupation Lobbyist and Retired State Repr.	**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 ☐ out-of-state PAC (ID#_____)	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 ☐ out-of-state PAC (ID#_____)	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.

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	5 Payee name	7 Amount ($)
8/23/02	AFL-CIO Austin Council	$65.00

6 Payee address;   City; State; Zip Code
Central Labor Council of Texas Capital Area
P. O. Box 684644
Austin, TX 78768-4644

8 Purpose of payment (See instructions regarding type of information required.) Labor Day Program Ad	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount ($)
8/23/02	Travis County Democratic Party	$25.00

Payee address;   City; State; Zip Code
P. O. Box 684263
Austin, TX 78768

Purpose of payment (See instructions regarding type of information required.) Precinct Training Workshop	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount ($)
9/24/02	South Austin Democrats	$25.00

Payee address;   City; State; Zip Code
P. O. Box 152592
Austin, TX 78715-2592

Purpose of payment (See instructions regarding type of information required.) Sponsorship of 15th Annual Yeller Dawg Awards Event	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount ($)

Payee address;   City; State; Zip Code

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: **1**

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

4 Date	**5** Payee name	**8** Amount ($)
7/03/02	Ulysses McBride	$25.00
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure Sponsorship of Conner Grant McBride for XXXVI AAU National Jr. Olympics	[X] Reimbursement from political contributions intended

Date	Payee name	Amount ($)
	Payee address; City, State; Zip Code	
	Purpose of expenditure	[ ] Reimbursement from political contributions intended

Date	Payee name	Amount ($)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	[ ] Reimbursement from political contributions intended

Date	Payee name	Amount ($)
	Payee address; City, State, Zip Code	
	Purpose of expenditure	[ ] Reimbursement from political contributions intended

Date	Payee name	Amount ($)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	[ ] Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED