

JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

5436

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
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Judge Elena Diaz NICKNAME LAST SUFFIX	OFFICE USE ONLY FILED FOR RECORD 2008 JUL 15 PM 1:11 COUNTY CLERK TRAVIS COUNTY TEXAS	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 2928 Wickersham Ln. Austin, Texas 78741-7352		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Elena Diaz NICKNAME LAST SUFFIX	Receipt #	HD / PM Amount
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		Date Processed	Date Imaged
7 CAMPAIGN TREASURER PHONE		STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 2928 Wickersham Ln. Austin, Texas 78741-7352	
8 REPORT TYPE		AREA CODE PHONE NUMBER EXTENSION (512) 389-1189	
9 PERIOD COVERED		<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)	
10 ELECTION		MONTH DAY YEAR THROUGH MONTH DAY YEAR 1 / 01 / 03 THROUGH 6 / 30 / 03	
11 OFFICE		ELECTION DATE ELECTION TYPE Month Day Year / / <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS		OFFICE HELD (if any) Justice of the Peace, Pct 4 Travis County, Texas	
<input type="checkbox"/> additional pages ** 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. **		12 OFFICE SOUGHT (if known) UTRAO SI ANTI FAX TO 512-463-5800	
Name		FACILITY	
Address / PO Box APT / Suite # City State Zip Code			

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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 <u>Elena Diaz</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/31/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Richard Arriola 6 Contributor address: City: State: Zip Code P.O. Box 1627 Austin, Texas 78767	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Retired-Communications		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 1
2 FILER NAME Elena Diaz		3 ACCOUNT # (Ethics Commission files)
4 Date 2/7/03	5 Payee name Justice of the Peace and Constables Asso. of Tx.	7 Amount (\$) \$45.00
6 Payee address, City, State, Zip Code P.O. Box 17047 Galveston, Texas 77552-7047		
8 Purpose of payment (See instructions regarding type of information required.) Membership dues		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:
Date 2/7/03	Payee name Central Tx. Justice of the Peace & Constables	Amount (\$) \$25.00
Payee address, City, State, Zip Code P.O. Box 88 Belton, Texas 76513		
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 4/25/03	Payee name Cristo Rey Church Jamaica Committee	Amount (\$) \$117.99
Payee address, City, State, Zip Code 2110 E. 2nd. St. Austin, Texas 78702		
Purpose of payment (See instructions regarding type of information required.) Sponsorship of Valentine a Fundraiser expense		-- 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:

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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

Elena Diaz

3 ACCOUNT # (Ethics Commission tier#)

4 Date

3/25/03

5 Payee name

Justice of the Peace and Constable Asso. of Texas

8 Amount (\$)

\$20.00

6 Payee address, City, State, Zip Code

P.O. Box 17047
Galveston, Texas 77552-7047

7 Purpose of expenditure

Legislative Day registration fee

Reimbursement from political contributions intended

Date

4/22/03

Payee name

Travis Co. Cinco de Mayo

Amount (\$)

\$25.00

Payee address, City, State, Zip Code

c/o Margaret Gomez, Co. Commissioner, Pct. 4
314 W. 11th. St., Suite 525
Austin, Texas 78701

Purpose of expenditure

Sponsorship for 2003 Cinco de May Celebration

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