

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6140

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: 13

3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Judge Elena Diaz

OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged

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

5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 389-1189

6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Elena Diaz

7 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

8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 389-1189

9 REPORT TYPE [x] 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 C/OH - FR)

10 PERIOD COVERED Month Day Year 07 / 01 / 05 THROUGH Month Day Year 12 / 31 / 05

11 ELECTION ELECTION DATE Month Day Year ELECTION TYPE [] Primary [] Runoff [] General [] Special

12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Justice of the Peace, Pct. 4 Travis County, TX

14 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

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

15 C/OH NAME
Elena Diaz

16 ACCOUNT # (Ethics Commission filers)

17 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. --

| | | |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

18 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)

\$ 1485.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 3482.76

CONTRIBUTION BALANCE

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

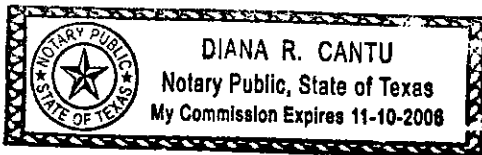
\$ 8772.44

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 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.

Elena Diaz
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elena Diaz, this the 17th day of January, 20 06, 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): 3

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

4 Date: 08/13/05 **5** Full name of contributor: Virginia Agnew out-of-state PAC (ID#: _____)
6 Contributor address: City, State, Zip Code: 1204 Castle Hill, Austin, TX 78703
7 Amount of contribution (\$): \$150.00 **8** In-kind contribution description (if applicable):

9 Contributor's principal occupation: Attorney **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: 09/15/05 Full name of contributor: William J. Stevens out-of-state PAC (ID#: _____)
 Contributor address: City, State, Zip Code: 3466 S. 6th St., Abilene, TX 79605-2813
 Amount of contribution (\$): \$100.00 In-kind contribution description (if applicable):

Contributor's principal occupation: Lobbyist 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: 11/09/05 Full name of contributor: Jorge G. Pineda out-of-state PAC (ID#: _____)
 Contributor address: City, State, Zip Code: 2211 S. IH 35, Suite 107, Austin, TX 78741
 Amount of contribution (\$): \$100.00 In-kind contribution description (if applicable):

Contributor's principal occupation: Attorney Contributor's job title:

Contributor's employer/law firm: Jorge G. Pineda & Associates 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|--|--|--|
| The <i>INSTRUCTION GUIDE</i> explains how to complete this form. | | 1 Total pages Schedule A(J): 3 | |
| 2 FILER NAME <u>Elena Diaz</u> | | 3 ACCOUNT # (Ethics Commission files) | |
| 4 Date 12/02/05 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>George Jennings</u> | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 1205 Stepp Bend Cedar Park, TX 78613. | | | |
| 9 Contributor's principal occupation <u>Attorney</u> | | 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 12/31/05 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>David Diaz</u> | Amount of contribution (\$) \$500.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1102 Red Ranch Cir. Cedar Park, TX 78613 | | | |
| Contributor's principal occupation <u>Driller</u> | | Contributor's job title | |
| Contributor's employer/law firm <u>Santa Fe Drilling Co.</u> | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|--|---|---|
| Date 12/26/05 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>No Excuse Computer Services (Irma García)</u> | Amount of contribution (\$) \$500.00 | In-kind contribution description (if applicable) graphics & printing |
| Contributor address; City; State; Zip Code P. O. Box 180084 Austin, TX 78718 | | | |
| Contributor's principal occupation <u>Computer Services</u> | | 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 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): 3 | |
| 2 FILER NAME Elena Diaz | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 10/24/05 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lulu Flores | 7 Amount of contribution (\$) \$35.00 | 8 In-kind contribution description (if applicable) Luncheon Ticket to Planned Parenthood |
| 6 Contributor address; City; State; Zip Code 1300 Alta Vista Austin, TX 78704 | | | |
| 9 Contributor's principal occupation Attorney | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm | | 12 Law firm of contributor's spouse (if any) F | |

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 (ID# _____) 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 (ID# _____) 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:
6

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

| | | |
|--|--|---------------------------|
| 4 Date 08/09/05 | 5 Payee name Texas Democratic Party | 7 Amount (\$) \$120.00 |
| 6 Payee address; City; State; Zip Code 707 Rio Grande St. Austin, TX 78701 | | |

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| 8 Purpose of payment (See instructions regarding type of information required.) Sustaining membership- 1 year | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held F |
|--|--|

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|--|---|-------------------------|
| Date 08/26/05 | Payee name Capital Area Democratic Women | Amount (\$) \$100.00 |
| Payee address; City; State; Zip Code P.O. Bpx 12962 Austin, TX 78711 | | |

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|--|---|
| Purpose of payment (See instructions regarding type of information required.) 2005 Celebration of Champions Sponsorship | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
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|---|---|------------------------|
| Date 09/02/05 | Payee name Austin Central Labor Council (AFL-CIO)..... | Amount (\$) \$25.00 |
| Payee address; City; State; Zip Code 1106 Lavaca Austin, TX 78701 | | |

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|--|---|
| Purpose of payment (See instructions regarding type of information required.) 2005 Annual Labor Day Event | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
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|---|--------------------------------------|-------------------------|
| Date 09/04/05 | Payee name South Austin Democrats | Amount (\$) \$125.00 |
| Payee address; City; State; Zip Code P. O. Box 152592 Austin, TX 78715-2592 | | |

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|--|---|
| Purpose of payment (See instructions regarding type of information required.) Sponsorship-18th Annual Yeller Dawg Event | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
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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: 6 |
|---|--------------------------------|

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

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|--------------------|---|---------------------------|
| 4 Date 09/04/05 | 5 Payee name Hispanic Bar Association 6 Payee address; City; State; Zip Code P. O. Box 12692 Austin, TX 78711-2692 | 7 Amount (\$) \$250.00 |
|--------------------|---|---------------------------|

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| 8 Purpose of payment (See instructions regarding type of information required.) Sponsorship-9th Annual Hispanic Heritage Luncheon | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held ✓ |
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|------------------|--|-------------------------|
| Date 09/27/05 | Payee name Janie Moreno Briseno Payee address; City; State; Zip Code 92 Mildred St. Austin, TX 78702 | Amount (\$) \$100.00 |
|------------------|--|-------------------------|

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| Purpose of payment (See instructions regarding type of information required.) Fundraiser/Funeral Services for Christopher "Woody" Briseno | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
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|------------------|--|-------------------------|
| Date 09/28/05 | Payee name Lulac Council 650 Payee address; City; State; Zip Code 1514 Homewood Circle Round Rock, TX 78664 | Amount (\$) \$100.00 |
|------------------|--|-------------------------|

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| Purpose of payment (See instructions regarding type of information required.) Dennis R. Garza Memorial Scholarship Fundraiser | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
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|------------------|--|-------------------------|
| Date 09/28/05 | Payee name United East Austin Coalition Payee address; City; State; Zip Code 1511 Haskell St. Austin, TX 78702 | Amount (\$) \$100.00 |
|------------------|--|-------------------------|

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|--|---|
| Purpose of payment (See instructions regarding type of information required.) Gold Sponsorship-20th Annual Dia de la Raza | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
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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:
6

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

Elena Diaz

| | | |
|----------|--|---------------|
| 4 Date | 5 Payee name | 7 Amount (\$) |
| 10/21/05 | Southwest Austin Democrats | \$10.00 |
| | 6 Payee address; City; State; Zip Code | |
| | 7916 Copana Dr. Austin, TX 78749 | |

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| 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 |
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|----------|--------------------------------------|-------------|
| Date | Payee name | Amount (\$) |
| 10/25/05 | Karen Renick | \$100.00 |
| | Payee address; City; State; Zip Code | |
| | 2500 Tower Dr. Austin, TX 78703 | |

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|---|---|
| Purpose of payment (See instructions regarding type of information required.) Vote Rescue Project Contribution | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
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|----------|--------------------------------------|-------------|
| Date | Payee name | Amount (\$) |
| 11/10/05 | Capital Area Democratic Women | \$35.00 |
| | Payee address; City; State; Zip Code | |
| | P. O. Box 12962 Austin, TX 78711 | |

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| 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 |
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|----------|--------------------------------------|-------------|
| Date | Payee name | Amount (\$) |
| 11/14/05 | Sunset Valley Elementary | \$12.50 |
| | Payee address; City; State; Zip Code | |
| | 3000 Jones Rd. Austin, TX | |

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|---|---|
| Purpose of payment (See instructions regarding type of information required.) Yearbook advertisement | -- 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

SCHEDULE F

| | | |
|--|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule F: 6 |
| 2 FILER NAME lena Diaz | | 3 ACCOUNT # (Ethics Commission files) |
| 4 Date 12/01/05 | 5 Payee name 21st Centruy Democrats 6 Payee address; City; State; Zip Code 1731 Conneticut Ave. Washington, D.C. 20009 | 7 Amount (\$) \$50.00 |
| 8 Purpose of payment (See instructions regarding type of information required.) Contribution | | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date 12/01/05 | Payee name Texas Dollars For Democrats..... Payee address; City; State; Zip Code P. O. Box 12787 Austin, TX 78711 | Amount (\$) \$40.00 |
| Purpose of payment (See instructions regarding type of information required.) Contribution | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date 12/12/05 | Payee name Office Max Payee address; City; State; Zip Code 5400 Brodie Ln. Austin, TX 78745 | Amount (\$) \$41.19 |
| Purpose of payment (See instructions regarding type of information required.) Office Supplies | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date 12/14/05 | Payee name Justice of the Peace & Constables Association Payee address; City; State; Zip Code P. O. Box 518 Plainview, TX 79073 | Amount (\$) \$85.00 |
| Purpose of payment (See instructions regarding type of information required.) Gifts | | -- 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 **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:
6

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

| | | |
|----------|--|---------------|
| 4 Date | 5 Payee name | 7 Amount (\$) |
| 12/14/05 | Justices of the Peace & Constables Association | \$45.00 |
| | 6 Payee address; City; State; Zip Code | |
| | P. O. Box 518 Plainview, TX 79073 | |

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| 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 |
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|----------|--------------------------------------|-------------|
| Date | Payee name | Amount (\$) |
| 12/19/05 | No Excuse Computer Services | \$24.89 |
| | Payee address; City; State; Zip Code | |
| | P. O. Box 180084 Austin, TX 78718 | |

| | |
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| Purpose of payment (See instructions regarding type of information required.) Computer supplies | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
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| | | |
|----------|--|-------------|
| Date | Payee name | Amount (\$) |
| 12/20/05 | Glen Maxey Consulting | \$1250.00 |
| | Payee address; City; State; Zip Code | |
| | 512 E. Riverside Dr. Austin, TX 78704 | |

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|--|---|
| Purpose of payment (See instructions regarding type of information required.) Consulting Services | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
|--|---|

| | | |
|----------|--------------------------------------|-------------|
| Date | Payee name | Amount (\$) |
| 12/22/05 | Office Depot | \$136.33 |
| | Payee address; City; State; Zip Code | |
| | 2101 S. Lamar Austin, TX 78701 | |

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) Campaign Announcement Supplies | -- 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 **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:
6

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

| | | |
|--|----------------------------|---------------------------|
| 4 Date 12/27/05 | 5 Payee name Postmaster | 7 Amount (\$) \$184.00 |
| 6 Payee address; City; State; Zip Code GMF Station Austin, TX 78710-9765 | | |

| | |
|--|---|
| 8 Purpose of payment (See instructions regarding type of information required.) Postage for Campaign Announcement Mailout | 9 -- 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 |
|---|---|

| | | |
|--------------------------------------|------------|-------------|
| 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 |
|---|---|

| | | |
|--------------------------------------|------------|-------------|
| 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
2

2 FILER NAME

Elena Diaz

3 ACCOUNT # (Ethics Commission files)

4 Date
10/24/05

5 Payee name
Planned Parenthood of Austin

8 Amount (\$)
\$100.00

6 Payee address: City, State, Zip Code
1823 E. 7th St.
Austin, TX 78702

7 Purpose of expenditure
Contribution

Reimbursement from political contributions intended

Date
10/27/05

Payee name
Great Austin Hispanic Chamber of Commerce

Amount (\$)
\$20.00

Payee address: City, State, Zip Code
3000 S. IH 35 Ste. 305
Austin, TX 78704

Purpose of expenditure
Monthly Luncheon

Reimbursement from political contributions intended

Date
10/31/05

Payee name
Democratic Congressional Campaign Committee

Amount (\$)
\$25.00

Payee address: City, State, Zip Code
Washington, DC

Purpose of expenditure
Contribution

Reimbursement from political contributions intended

Date
12/07/05

Payee name
Austin Women's Political Caucus

Amount (\$)
\$65.00

Payee address: City, State, Zip Code
815 Brazos St.
Austin, TX

Purpose of expenditure
Membership Dues

Reimbursement from political contributions intended

Date
12/29/05

Payee name
No Excuse Computer Services

Amount (\$)
\$21.64

Payee address: City, State, Zip Code
P. O. Box 180084
Austin, TX 78718

Purpose of expenditure
Printer Ink Jet

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

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

| | | |
|---|--|---|
| 4 Date 07/15/05 | 5 Payee name Postmaster 6 Payee address; City; State; Zip Code 8225 Cross Park Austin, TX 78710-9765 | 8 Amount (\$) \$2.21 |
| 7. Purpose of expenditure Postage for Finance Report Mailout | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|--|---|---|
| Date 07/03/05 | Payee name Democratic Congressional Campaign Committee Payee address; City; State; Zip Code Washington, DC | Amount (\$) \$40.00 |
| Purpose of expenditure Contribution | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|--|--|---|
| Date 08/09/05 | Payee name No Nonsense in November Campaign Payee address; City; State; Zip Code | Amount (\$) \$100.00 |
| Purpose of expenditure Kickoff Fundraiser | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|---|---|---|
| Date 10/01/05 | Payee name Austin Benevolent Police Society Payee address; City; State; Zip Code 615 W. Yeager Austin, TX 78753 | Amount (\$) \$75.00 |
| Purpose of expenditure 2005 Austin Police Officers' Ball | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|--|---|---|
| Date 10/13/05 | Payee name Non Nonsense in November Campaign Payee address; City; State; Zip Code | Amount (\$) \$100.00 |
| Purpose of expenditure Bettye Naylor Fundraiser | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

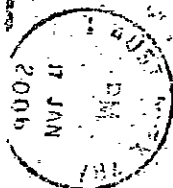
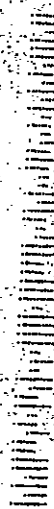
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



401 McKinney Falls Parkway, Suite 1200
Austin, Texas 78744

JUSTICE OF THE PEACE, PRINCIPAL FOUR

JL



Dana DeBeauvoir

P.O. Box 149325

Austin, Texas 78714-9325