

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7177

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>  4																	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">MS / MRS / MR</td> <td style="width:30%; border-bottom: 1px solid black;">FIRST</td> <td style="width:30%; border-bottom: 1px solid black;">MI</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Elena Diaz</td> <td style="border-bottom: 1px solid black;">DIAZ</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST</td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> </table>	MS / MRS / MR	FIRST	MI	Elena Diaz	DIAZ		NICKNAME	LAST	SUFFIX	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY</b></p> <p style="font-size: small; margin: 5px 0;">Date Received</p> <p style="font-size: x-small; margin: 5px 0;">Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount</td> </tr> <tr> <td style="border-bottom: 1px solid black;">5</td> <td style="border-bottom: 1px solid black;">500.00</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table> </div>		Receipt #	Amount	5	500.00	Date Processed		Date Imaged	
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<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>																		
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	<p style="font-size: small;">-- 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. --</p> <p style="font-size: x-small;">Name</p> <p style="font-size: x-small;">Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>																			
<input type="checkbox"/> additional pages																				

**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 contributions accepted or political expenditures made 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

<b>18 CONTRIBUTION TOTALS</b>	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
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 30,000.00

**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 15th day of October, 2009, to certify which, witness my hand and seal of office.

*Robie Nell Brown*  
Signature of officer administering oath

Robie Nell Brown  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

# OUTSTANDING LOANS

# SCHEDULE L

The Instruction Guide explains how to complete this form.		1 Total pages Schedule L: <div style="text-align: right; margin-right: 20px;">1</div>
2 FILER NAME <div style="text-align: center; margin-top: 5px;">Elena Diaz</div>		3 ACCOUNT # (Ethics Commission filers)
LENDER INFORMATION	4 Name of lender Elena Diaz <hr style="border-top: 1px dotted black;"/> 5 Lender address;                      City;                      State;                      Zip Code 2928 Wickersham Ln., Austin, TX 78741-7352	
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	6 Name of guarantor  <hr style="border-top: 1px dotted black;"/> 7 Guarantor address;                      City;                      State;                      Zip Code	
LENDER INFORMATION	Name of lender  <hr style="border-top: 1px dotted black;"/> Lender address;                      City;                      State;                      Zip Code	
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  <hr style="border-top: 1px dotted black;"/> Guarantor address;                      City;                      State;                      Zip Code	
LENDER INFORMATION	Name of lender  <hr style="border-top: 1px dotted black;"/> Lender address;                      City;                      State;                      Zip Code	
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  <hr style="border-top: 1px dotted black;"/> Guarantor address;                      City;                      State;                      Zip Code	
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GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  <hr style="border-top: 1px dotted black;"/> Guarantor address;                      City;                      State;                      Zip Code	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

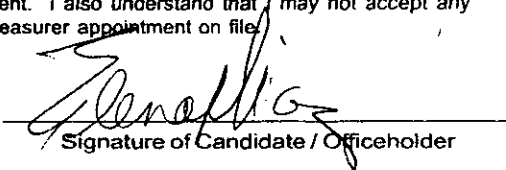
FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME <p>Elena Diaz</p>	2 ACCOUNT # (Ethics Commission filers)
----------------------------------	--

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER  
\*\* Complete A & B below only if you are not an officeholder. \*\*

**A. CAMPAIGN FUNDS**

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

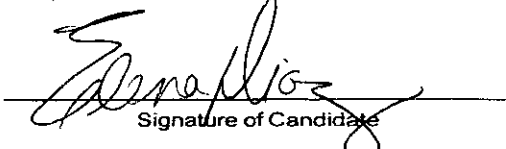
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
Signature of Candidate

5 OFFICEHOLDER  
\*\* Complete this section only if you are an officeholder \*\*

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder