

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / <u>MRS</u> / MR	FIRST Gloria	MI
	NICKNAME	LAST Garcia-Madrigal	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE 78411
<input type="checkbox"/> Change of Address 4253 Dody Street Corpus Christi, TX			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(361) 558-6174			
6 CAMPAIGN TREASURER NAME	<u>MS</u> / MRS / MR	FIRST Jenesis	MI
	NICKNAME	LAST Shaw	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
1802 Ennis Joslin #121 Corpus Christi, TX 78412			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(918) 810-4222			
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
12 / 15 / 2015 01 / 15 / 2016			
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any)		Justice of the Peace Precint 2 Place 1	

OFFICE USE ONLY

Date Received
**FILED FOR RECORD
AT 10:15 M
JAN 15 2016**

KARA SANDS
CLERK, COUNTY COURT, NUECES COUNTY, TEXAS
BY Rhonda Adams DEPUTY

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 2**

14 JC/OH NAME Gloria Garcia-Madrugal 15 Filer ID (Ethics Commission Filers)

16 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.

NO

GENERAL
 SPECIFIC

COMMITTEE TYPE

COMMITTEE NAME
none

COMMITTEE ADDRESS
none

COMMITTEE CAMPAIGN TREASURER NAME
Jenesis Shaw

COMMITTEE CAMPAIGN TREASURER ADDRESS
1802 Ennis Joslin #21 Corpus Christi, TX 78412


Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Gloria Garcia-Madrugal
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gloria Garcia-Madrugal, this the 15th day of January, 2016, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Annette L. Mouttet Printed name of officer administering oath
Notary Public Title of officer administering oath

SUBTOTALS - JC/OH

**FORM JC/OH
COVER SHEET PG 3**

19 FILER NAME <i>Gloria Garcia-Madrigal</i>		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ <i>0</i>
2.	<input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ <i>0</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>1,500.00</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A(J)1: <u>1</u>
2 FILER NAME <u>Gloria Garcia-Madrugal</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>Ø</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>NOT Applicable</u>	7 Amount of contribution (\$) <u>Ø</u>
6 Contributor address; City; State; Zip Code <u>None</u>		
8 Contributor's principal occupation <u>NONE</u>		9 Contributor's job title <u>NONE</u>
10 Contributor's employer/law firm <u>NONE</u>		11 Law firm of contributor's spouse (if any) <u>NONE</u>
12 If contributor is a child, law firm of parent(s) (if any) <u>NONE</u>		
Date <u>Ø</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>NOT APPLICABLE</u>	Amount of contribution (\$) <u>Ø</u>
Contributor address; City; State; Zip Code <u>NONE</u>		
Contributor's principal occupation <u>NONE</u>		Contributor's job title <u>NONE</u>
Contributor's employer/law firm <u>NONE</u>		Law firm of contributor's spouse (if any) <u>NONE</u>
If contributor is a child, law firm of parent(s) (if any) <u>NONE</u>		
Date <u>Ø</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>NOT Applicable</u>	Amount of contribution (\$) <u>Ø</u>
Contributor address; City; State; Zip Code <u>NONE</u>		
Contributor's principal occupation <u>NONE</u>		Contributor's job title <u>NONE</u>
Contributor's employer/law firm <u>none</u>		Law firm of contributor's spouse (if any) <u>none</u>
If contributor is a child, law firm of parent(s) (if any) <u>none</u>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Gloria Garcia-Madrigal</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>0</u>	
5 Date <u>0</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>NONE</u>	8 Amount of Contribution \$ <u>0</u>	9 In-kind contribution description <u>0</u>
7 Contributor address; City; State; Zip Code <u>NONE</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>NONE</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>NONE</u>	
12 Contributor's principal occupation (FOR JUDICIAL) <u>NONE</u>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <u>NONE</u>	
14 Contributor's employer/law firm (FOR JUDICIAL) <u>NONE</u>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <u>NONE</u>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <u>NONE</u>			
Date <u>0</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>NONE</u>	Amount of Contribution \$ <u>0</u>	In-kind contribution description <u>0</u>
Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>NONE</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>NONE</u>	
Contributor's principal occupation (FOR JUDICIAL) <u>NONE</u>		Contributor's job title (FOR JUDICIAL) (See Instructions) <u>NONE</u>	
Contributor's employer/law firm (FOR JUDICIAL) <u>NONE</u>		Law firm of contributor's spouse (if any) (FOR JUDICIAL) <u>NONE</u>	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <u>NONE</u>			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B(J): 1	
2 FILER NAME Gloria Garcia-Madriral		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0	
5 Date 0	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) NONE	8 Amount of Pledge \$ 0	9 In-kind contribution description 0
7 Pledgor address; City; State; Zip Code NONE		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Pledgor's principal occupation NONE		11 Pledgor's job title NONE	
12 Pledgor's employer/law firm NONE		13 Law firm of pledgor's spouse (if any) NONE	
14 If pledgor is a child, law firm of parent(s) (if any) NONE			
Date 0	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) NONE	Amount of Pledge \$ 0	In-kind contribution description 0
Pledgor address; City; State; Zip Code NONE		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Pledgor's principal occupation NONE		Pledgor's job title NONE	
Pledgor's employer/law firm NONE		Law firm of pledgor's spouse (if any) NONE	
If pledgor is a child, law firm of parent(s) (if any) NONE			
Date 0	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) NONE	Amount of Pledge \$ 0	In-kind contribution description 0
Pledgor address; City; State; Zip Code NONE		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Pledgor's principal occupation NONE		Pledgor's job title NONE	
Pledgor's employer/law firm NONE		Law firm of pledgor's spouse (if any) NONE	
If pledgor is a child, law firm of parent(s) (if any) NONE			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): 1
2 FILER NAME Gloria Garcia-Madrugal		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 0	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) NONE	9 Loan Amount (\$) 0
6 Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code 0	10 Interest rate 0
		11 Maturity date 0
12 Lender's Principal Occupation NONE		13 Lender's Job Title None
14 Lender's Employer/Law Firm NONE		15 Law Firm of lender's spouse (if any) None
16 If lender is a child, law firm of parent(s) (if any) NONE		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> NO
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor NONE	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code NONE	
23 Guarantor's Principal Occupation NONE		24 Guarantor's Job Title NONE
25 Guarantor's Employer/Law Firm NONE		26 Law Firm of guarantor's spouse (if any) None
27 If guarantor is a child, law firm of parent(s) (if any) NONE		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Gloria Garcia-Madriral</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>0</i>	5 Payee name <i>NONE</i>	
6 Amount (\$) <i>0</i>	7 Payee address; City; State; Zip Code <i>NONE</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>NONE</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>NOT APPLICABLE</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>NONE</i> Office sought: <i>NA</i> Office held: <i>N/A</i>	
Date <i>0</i>	Payee name <i>none</i>	
Amount (\$) <i>0</i>	Payee address; City; State; Zip Code <i>N/A</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>N/A</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Not applicable</i>
	10 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>none</i> Office sought: <i>n/a</i> Office held: <i>N/A</i>	
Date <i>0</i>	Payee name <i>None</i>	
Amount (\$) <i>0</i>	Payee address; City; State; Zip Code <i>n/a</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>n/a</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Not applicable</i>
	11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>None</i> Office sought: <i>N/A</i> Office held: <i>N/A</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME Gloria Garcia-Madriral	3 Filer ID (Ethics Commission Filers)
---------------------------------	--	---------------------------------------

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
---	------

5 Date 0	6 Payee name None
-------------	----------------------

7 Amount (\$) 0	8 Payee address; City; State; Zip Code N/A
--------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	N/A
-----------------------	---	-----

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) NOT Applicable	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense N/A
---------------------------	--	--

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name None	Office sought N/A	Office held N
--	---------------------------------------	----------------------	------------------

Date 0	Payee name NONE
-----------	--------------------

Amount (\$) 0	Payee address; City; State; Zip Code N/A
------------------	---

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	not applicable
---------------------	---	----------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) None	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense NOT Applicable
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name none	Office sought N/A	Office held Not applicable
---	---------------------------------------	----------------------	-------------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3: 1

2 FILER NAME Gloria Garcia-Madriral

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

none

6 Address of person from whom investment is purchased; City; State; Zip Code

none

7 Description of investment

none

8 Amount of investment (\$)

0

Date

Name of person from whom investment is purchased

none

Address of person from whom investment is purchased; City; State; Zip Code

none

Description of investment

none

Amount of investment (\$)

0

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Gloria Garcia-Madriral</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>0</i>
5 Date <i>0</i>	6 Payee name <i>none</i>	
7 Amount (\$) <i>0</i>	8 Payee address; City; State; Zip Code <i>N/A</i>	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political <i>not applicable</i>	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>none</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>not applicable</i>
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>none</i>	Office sought <i>N/A</i>
		Office held <i>N/A</i>
Date <i>0</i>	Payee name <i>none</i>	
Amount (\$) <i>0</i>	Payee address; City; State; Zip Code <i>N/A</i>	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political <i>not applicable</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>none</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>none</i>	Office sought <i>N/A</i>
		Office held <i>N/A</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <u>1</u>	2 FILER NAME <u>Gloria Garcia-Madriral</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>12-14-15</u>	5 Payee name <u>Republican Party</u>	
6 Amount (\$) <u>\$ 1,000.00</u> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>4639 Corona Ste 5 Corpus Christi, TX 78411</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Filing fee</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>NONE</u>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Gloria Garcia-Madriral</u>	Office sought / Office held <u>Justice of Peace Pet 2 Place 1</u>
Date <u>1-12-16</u>	Payee name <u>Richard Garcia</u>	
Amount (\$) <u>500.00</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>4110 Bascule Corpus Christi, TX 78416</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Express</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>N/A</u>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Gloria Garcia-Madriral</u>	Office sought / Office held <u>Justice of the Peace Pet 2 Place 1</u>
Date <u>1-13-16</u>	Payee name <u>Vista print</u>	
Amount (\$) <u>300.00</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>www.vistaprint.com</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing expense</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>N/A</u>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Gloria Garcia-Madriral</u>	Office sought / Office held <u>Justice of the Peace Pet 2 Pl. 1</u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:		2 FILER NAME Gloria Garcia-Madrigal		3 Filer ID (Ethics Commission Filers)	
4 Date 0		5 Payee name None			
6 Amount (\$) 0		7 Payee address; City; State; Zip Code N/A			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories.) N/A		(b) Description (See instructions regarding type of information required.) N/A	
Date 0		Payee name None			
Amount (\$) 0		Payee address; City; State; Zip Code N/A			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) N/A		Description (See instructions regarding type of information required.) n/a	
Date 0		Payee name None			
Amount (\$) 0		Payee address; City; State; Zip Code n/a			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) none		Description (See instructions regarding type of information required.) n/a	
Date 0		Payee name none			
Amount (\$) 0		Payee address; City; State; Zip Code N/A			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) none		Description (See instructions regarding type of information required.) n/a	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME Gloria Garcia-Madrugal

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

0

NONE

0

6 Address of person from whom amount is received; City; State; Zip Code

N/A

7 Purpose for which amount is received Check if political contribution returned to filer

n/a

Date

Name of person from whom amount is received

Amount (\$)

0

none

0

Address of person from whom amount is received; City; State; Zip Code

N/A

Purpose for which amount is received Check if political contribution returned to filer

n/a

Date

Name of person from whom amount is received

Amount (\$)

0

none

0

Address of person from whom amount is received; City; State; Zip Code

N/A

Purpose for which amount is received Check if political contribution returned to filer

n/a

Date

Name of person from whom amount is received

Amount (\$)

0

NONE

0

Address of person from whom amount is received; City; State; Zip Code

N/A

Purpose for which amount is received Check if political contribution returned to filer

n/a

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L: 1

2 FILER NAME Gloria Garcia-Madrigal

3 Filer ID (Ethics Commission Filers)

LENDER INFORMATION

4 Name of lender

None

5 Lender address; City; State; Zip Code

N/A

GUARANTOR INFORMATION

6 Name of guarantor

None

not applicable

7 Guarantor address; City; State; Zip Code

N/A

LENDER INFORMATION

Name of lender

none

Lender address; City; State; Zip Code

n/a

GUARANTOR INFORMATION

Name of guarantor

none

not applicable

Guarantor address; City; State; Zip Code

n/a

LENDER INFORMATION

Name of lender

none

Lender address; City; State; Zip Code

n/a

GUARANTOR INFORMATION

Name of guarantor

none

not applicable

Guarantor address; City; State; Zip Code

N/A

LENDER INFORMATION

Name of lender

none

Lender address; City; State; Zip Code

n/a

GUARANTOR INFORMATION

Name of guarantor

none

not applicable

Guarantor address; City; State; Zip Code

n/a

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES
FOR TRAVEL OUTSIDE OF TEXAS**

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>1</u>
2 FILER NAME <u>Gloria Garcia-Madrugal</u>		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <u>NONE</u>		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input checked="" type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel <u>NONE</u>	7 Name of person(s) traveling <u>NONE</u>	
	8 Departure city or name of departure location <u>N/A</u>	
	9 Destination city or name of destination location <u>N/A</u>	
10 Means of transportation <u>N/A</u>	11 Purpose of travel (including name of conference, seminar, or other event) <u>N/A</u>	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <u>NONE</u>		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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

Gloria Garcia-Madrizal

2 Filer ID (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.

Gloria Garcia-Madrizal
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.

Gloria Garcia-Madrizal
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, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder