

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 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>MELISSA</i> NICKNAME LAST SUFFIX <i>Madrigal</i>	<div style="border: 1px solid black; padding: 2px;"> FILED FOR RECORD ONLY AT <i>M</i> Date Received <i>1:00PM</i> JAN 15 2014 By <i>Rose Chavez</i> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <i>P.O. BOX 1216 COMPTON CHRISTI, TX 78405</i>	DIANA T. BARRERA Clerk, County Court, Travis County, Texas Deputy By <i>Rose Chavez</i>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(301) 816 6315</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Jimmy</i> NICKNAME LAST SUFFIX <i>Grandberry</i>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE <i>102 N. STAPLES CC TX. 78403</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(301) 816 6315</i>		
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 <i>12 / 19 / 2013</i> <i>01 / 15 / 2014</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>03 / 04 / 2014</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>None</i>	13 OFFICE SOUGHT (if known) <i>County Court At Law #5</i>	

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2014-025

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)
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2 FILER NAME MELISSA MADRYAL	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/19/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward A. Martin	7 Amount of contribution (\$) 500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5314 DSO Parkway, CC TX 78414		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation MANAGEMENT	10 Contributor's job title PRESIDENT
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11 Contributor's employer/law firm BAW	12 Law firm of contributor's spouse (if any) ---
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13 If contributor is a child, law firm of parent(s) (if any)

Date 12/20/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELISSA MADRYAL	Amount of contribution (\$) 300⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 102 N. STANLEY CC TX 78401		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation ATTY - JUDGE	Contributor's job title MAYORAL JUDGE
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Contributor's employer/law firm LAW OFFICE OF MELISSA MADRYAL, AUSTIN CO	Law firm of contributor's spouse (if any) ---
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If contributor is a child, law firm of parent(s) (if any)

Date 1/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALAS, GABRIEL	Amount of contribution (\$)	In-kind contribution description (if applicable) CAMPAGN T-SHIRTS
Contributor address; City; State; Zip Code 7405 TRAILCROCK CC TX. 78414		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation ATTY	Contributor's job title DEFENSE ATTORNEY
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Contributor's employer/law firm LAW OFFICE OF SCOTT ELLISON.	Law firm of contributor's spouse (if any) UNKNOWN.
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If contributor is a child, law firm of parent(s) (if any)
N/A.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form. 1 Total pages Schedule T:

2 FILER NAME *Melissa Madrugal* 3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee
SALAS, GABRIEL

5 Contribution / Expenditure reported on:
 Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

6 Dates of travel <i>N/A</i>	7 Name of person(s) traveling _____
	8 Departure city or name of departure location _____
	9 Destination city or name of destination location _____

10 Means of transportation _____	11 Purpose of travel (including name of conference, seminar, or other event) _____
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Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:
 Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

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)
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Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:
 Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

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)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>MELISSA MADRIGAL</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>12/20/13</i>	5 Payee name <i>Hernesto Villareal</i>
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6 Amount (\$) <i>150⁰⁰</i>	7 Payee address; City; State; Zip Code <i>608 Indiana ST. Austin, TX. 78380</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Ad</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/10/14</i>	Payee name <i>SAM'S CLUB</i>
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Amount (\$) <i>112.08</i>	Payee address; City; State; Zip Code <i>4833 SPZO CC TX 78411</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>candy for parade.</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/10/14</i>	Payee name <i>Breastcancer Free Home.</i>
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Amount (\$) <i>94.78</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/10/14</i>	Payee name <i>Bank of America</i>
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Amount (\$) <i>39⁰⁰</i>	Payee address; City; State; Zip Code <i>5875 Weber Rd CC TX 78415</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Account / Bank</i>	Description (If travel outside of Texas, complete Schedule T) <i>Check fee</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Melissa Madrigal</i>	Office sought <i>CC at Law # 5</i>	Office held <i>None</i>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Melissa Madrigal</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>1/11/14</i>	5 Payee name <i>BREWSKAS</i>
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6 Amount (\$) <i>74.78</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>1724 N. Tancagua CC TX. 78401</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food Beverage</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Lunch for campaign workers</i>
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Date <i>1/10/14</i>	Payee name <i>Gulf Coast Graphics</i>
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Amount (\$) <i>96.34</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>833 SPFD CC TX 78401</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Magnetic signs car</i>
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Date <i>1/10/14</i>	Payee name <i>Office Depot</i>
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Amount (\$) <i>12.44</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>5425 SPFD, CC TX 78411</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advantage expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Home Trg Political Adverts</i>
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

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

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 800.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 183.56

4. TOTAL POLITICAL EXPENDITURES

\$ 445.44

CONTRIBUTION BALANCE

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

\$ 498.92

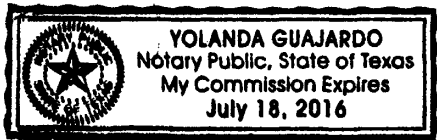
OUTSTANDING LOAN TOTALS

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

\$ 0

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.



M. Madrigal
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said M. Madrigal, this the 15 day of January 20 14, to certify which, witness my hand and seal of office.

Yolanda Guajardo
Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath