2014-081

	CANDIDATE / OFFICEHON FINANCE REPORT	OLDER	FORM Cover Sh	JC/OH EET 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  MELISSA  NICKNAME LAST  MADRIGAL	MI 	Date Received	2 5 2014
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX: APT / SUITE #; CITY:    .   box   L   U	STATE: ZIP CODE	Cler typeour	t, Nuecas County, Texas Postmarked Sepur
5 CANDIDATE/ OFFICEHOLDER PHONE	(341) 914 6315	EXTENSION	Date Processed	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  FIM M  NICKNAME LAST  GRUBEN	MI 	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  (361) 7166315	EXTENSION		
9 REPORT TYPE	July 15 30th day before election   8th day before election	Runoff  Exceeded \$500 limit	15th day after of treasurer appoir (officeholder only) Final report (Attac	itment
10 PERIOD COVERED	Month Day Year  O2/04/14  THROUGH	Month Day 82 / 24 /	Year	
11 ELECTION	Month Day Year Primary [	Runoff	General	Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (FKNOWN)		
	GO TO PAGE	2	004	4 004

## 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	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATION OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY	E'S OR OFFICEHOLDER'S KNOWLEDGE OR		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME  WA			
	CENTEDA!				
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
, '					
17 CONTRIBUTION TOTALS	N 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 200				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 500				
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	160.		
	4. TOTAL	\$ 1611.7			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 2420				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
	DA GUAJARDO	I swear, or affirm, under penalty of per true and correct and includes all inform unider Title 11, Election Gode.			
Notary Public, State of Texas My Commission Expires July 18, 2016 Signature of Candidate or Officeholder					
AFFIX NOTARY STAI		me, by the sai <b>g</b> Melissa Madr	this the		
day of fehruary, 20 14, to certify which, witness my hand and seal of office.					
yolanda D	uajardo	Yolanda Guajardo	NOTARY		
Signature of officer admir	nistering oath	Print name of officer administering oath Title	e of officer administering oath		

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS (JUDICIAL)

P.O. Box 12070

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J):		
2 FILER NAME MELIESA WARRIGA		3 ACCOUNT # (Ethics Commission Filers)			
4 Date 5 Full name of contributor Dut-of-state PAC (ID#		7 Amount of contribution (\$) 500 (If travel outside	8 In-kind contribution description(if applicable)  of Texas, complete Schedule T)		
9 Contributor's p			title LFD		
	mployer/law firm		butor's spouse (if any)		
13 If contributor is	ya child, law firm of parent(s) (if any)				
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description(if applicable)	
			(If travel outside	of Texas, complete Schedule T)	
Contributor's p	rincipal occupation	Contributor's job	itle		
Contributor's employer/law firm Law firm of c			tributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)					
Date	Full name of contributorout-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description(if applicable)	
	Contributor address; City; State; Zip Code		     (If travel outside	of Texas, complete Schedule T)	
Contributor's principal occupation Contributor's job		· · · · · · · · · · · · · · · · · · ·			
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 SCHEDULE AS NEEDED

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

## **POLITICAL EXPENDITURES**

SCHEDULE  $\mathbf{F}$ 

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense e explains how to complete this for	Loan Repayment/Rei Transportation Equipi Contributions/Donatic Candidate/Officeh OTHER (enter a cate	ment & Related Expense	
1 Total pages Schedule F:	2 FILER NAME Melisa Madr	in	3 ACCOUNT #	(Ethics Commission Filers)	
4 Date 2 14 14	5 Payee name ALBAT Pere				
6 Amount (\$)	7 Payee address; City; S	rate; Zip Code			
1,000	917 House Rd,	CC 4x 78416			
8 PURPOSE OF	(a) Category (See categories listed at the to	op of this schedule) (b) Description	(If travel outside of Texas,	complete Schedule T)	
EXPENDITURE	Advent Eque	510	<i>a</i> ·		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name  H Melissa Made		car #5	Office held	
Date	Payee name			7,700	
2/14/14	Gulf Coast M	acin Seau			
Amount (\$)		tate; Zip Code	a 1		
45),40	451.40 P.1 60x 9312 CC TX 78405-3312				
PURPOSE	Category (See categories listed at the to	· · · · · · · · · · · · · · · · · · ·	(If travel outside of Texas,	complete Schedule T)	
EXPENDITURE	Advent Expu	· <i></i>	an, condu		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office holder name H MELISSA WARE	Office soug		Office held  Aux	
Date	Payee name				
Amount (\$)	Payee address; City; St	ate; Zip Code			
PURPOSE OF	Category (See categories listed at the to	op of this schedule) Description	(If travel outside of Texas,	complete Schedule T)	
EXPENDITURE	A 111 10 111				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	e Office soug	int	Office held	
Date	Payee name		A de la de l		
Amount (\$)	Payee address; City; St	ate; Zip Code			
PURPOSE OF	Category (See categories listed at the to	p of this schedule) Description	(If travel outside of Texas,	complete Schedule T)	
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	e Office soug	ht	Office held	
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS	NEEDED		

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE	CATEGORIES P	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense	Legal Services Solicitation/Fundraising Expense Train		
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of Distri Office Overhead/Re		Candidate/Officeholder/Political Committee
	The Instruction Guide			OTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Melissa Madry	·····		3 ACCOUNT # (Ethics Commission Filers)
4 Date 2 17 114	5 Payee name  How Dept			
6 Amount (\$) 2204		ate; Zip Code		
Reimbursement from political contributions intended	4033 Smd Prot	ICC TX.	7941	Ĭ
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Adrus zxpu		wid	
2/1/14	Payee name  How Dept			
Amount (\$)		ate; Zip Code		
Reimbursement from political contributions intended	4058 S. Po	nt oc	TX 7841	σ
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	exp		T Pos	T
2 3 NY	Payee name Pept			
Amount (\$)	Payee address; City; Sta	ite; Zip Code		
Reimbursement from political contributions intended	4038 S. Pont	CCTR	78405	
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advy		Tpos	TiNavo
Date	Payee name			
Amount (\$)	Payee address; City; Sta	te; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Description (	If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL CO	PIES OF THIS SC	HEDULE AS NI	EEDED