

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: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MELISSA K. NICKNAME LAST SUFFIX MADRIGAL	OFFICE USE ONLY Date Received FILED FOR RECORD AT 1:48 P M JUL 15 2014 Date Hand-delivered or Postmarked DIANA T. BARRERA <small>Clerk, County Court, Nueces County, Texas</small> Receipt # Deirdre Amount Deputy Date Processed Syamken Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 1216, Corpus Christi, TX 78403		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 316 6315		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Jimmy NICKNAME LAST SUFFIX Granberry		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 102 N. STAPLES, CC TX 78403		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 316 6315		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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 02 / 24 / 14 THROUGH 05 / 19 / 2014		
11 ELECTION	ELECTION DATE Month Day Year 03 / 04 / 2014	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)	13 OFFICE SOUGHT (if known) County Court @ Law 5	

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2014-112

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

14 C/OH NAME Melissa Madrigal 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.

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	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	\$ 1,250 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,050 ⁴²
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 6085.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 490 ⁰⁰
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Melissa Madrigal
Signature of Candidate or Officeholder

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

Linda M. Starcher
Signature of officer administering oath

Linda M. Starcher
Print name of officer administering oath

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): 1	
2 FILER NAME MELISSA MADRIGAL		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/20/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELIAS CASTILLO, JR	7 Amount of contribution (\$) 400.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1905 TAWAKONI, CC TX 78409		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation WCCDEN		10 Contributor's job title WCCDEN	
11 Contributor's employer/law firm Self employed		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any) N/A			

Date 4/17/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrianna or Hector Gonzalez	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5253 River Oaks Dr. CC TX 78413		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Defence Attorney	
Contributor's employer/law firm Gonzalez Law Firm		Law firm of contributor's spouse (if any) Adrianna Gonzalez	
If contributor is a child, law firm of parent(s) (if any) N/A			

Date 4/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Dorsey	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 301 Louisiana Pkwy, CC TX 78404		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Defence Attorney	
Contributor's employer/law firm Jerry Dorsey Law Firm		Law firm of contributor's spouse (if any) Jerry Dorsey	
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.

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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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>03/03/14</i>	5 Payee name <i>Robert Valadez</i>
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6 Amount (\$) <i>204⁰⁰</i>	7 Payee address; City; State; Zip Code <i>3430 S. Padme Blvd. DR., CC. TX 78415</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>T-SHIRTS - campaign</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Melissa Madrigal</i>	Office sought <i>CCLS</i>	Office held <i>None</i>
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Date <i>03/03/14</i>	Payee name <i>David Mendez</i>
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Amount (\$) <i>250⁰⁰</i>	Payee address; City; State; Zip Code <i>P.O. BOX 7373, CC TX 78467</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Adverts expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>video</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Melissa Madrigal</i>	Office sought <i>CCLS</i>	Office held <i>None</i>
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Date <i>03/03/14</i>	Payee name <i>Kiji Operat Comp</i>
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Amount (\$) <i>63750</i>	Payee address; City; State; Zip Code <i>5002 SPFD, CC TX 78411</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Adverts exp</i>	Description (If travel outside of Texas, complete Schedule T) <i>Comment AIRTIME</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Melissa Madrigal</i>	Office sought <i>CCLS</i>	Office held <i>None</i>
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Date <i>3/3/14</i>	Payee name <i>KORO</i>
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Amount (\$) <i>630⁰⁰</i>	Payee address; City; State; Zip Code <i>P.O. BOX 201977, DALLAS TX. 75320</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Adverts</i>	Description (If travel outside of Texas, complete Schedule T) <i>Comment - AIR TIME</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Melissa Madrigal</i>	Office sought <i>CCLS</i>	Office held <i>None</i>
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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>Melisa Madrigal</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/5/14</i>		5 Payee name <i>Stripes</i>			
6 Amount (\$) <i>100⁰⁰</i>		7 Payee address; City; State; Zip Code <i>6814 Weber Rd, CC TX 78415</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>OFFICE</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>995 - ^{Purpose} pickup exps sym</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Melisa Madrigal</i>		Office sought <i>Sudge CCUS</i>	
Office held <i>None</i>					
Date <i>03/10/14</i>		Payee name <i>Meady expm</i>			
Amount (\$) <i>84⁰⁰</i>		Payee address; City; State; Zip Code <i>1302 Flour at Driv, CC TX 78418</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>OTHER</i>		Description (If travel outside of Texas, complete Schedule T) <i>995 to pickup exps sym</i>	
Complete <u>ONLY</u> 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 EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> 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 EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					

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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)	
4 Date <i>05/19/14</i>		5 Payee name <i>Kiii Studios</i>			
6 Amount (\$) <i>1,037.⁰⁰</i>		7 Payee address; City; State; Zip Code <i>5002 SPED, CC TX 78411</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Advert</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>in off comment</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Melissa Madrigal</i>		Office sought <i>CCLS</i>	Office held <i>NML</i>
Date <i>03/03/14</i>		Payee name <i>EXXON Mobil</i>			
Amount (\$) <i>12.45</i>		Payee address; City; State; Zip Code <i>4101 AYLES ST. CC TX 78415</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food Bev</i>		Description (If travel outside of Texas, complete Schedule T) <i>waters</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Melissa Madrigal</i>		Office sought <i>CCLS</i>	Office held <i>NML</i>
Date <i>03/03/14</i>		Payee name <i>Home Depot</i>			
Amount (\$) <i>94.60</i>		Payee address; City; State; Zip Code <i>4038 South Point, CC TX 78415</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advert</i>		Description (If travel outside of Texas, complete Schedule T) <i>ties, stakes, T-patch</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Melissa Madrigal</i>		Office sought <i>CCLS</i>	Office held <i>NML</i>
Date <i>03/15/14</i>		Payee name <i>Mesquite Street Grill</i>			
Amount (\$) <i>200⁰⁰</i>		Payee address; City; State; Zip Code <i>224 North Mesquite Street, CC TX 78401</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food Bev</i>		Description (If travel outside of Texas, complete Schedule T) <i>- Food - elect apt volunteers</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Melissa Madrigal</i>		Office sought <i>J-40 CCL5</i>	Office held <i>NML</i>

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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)	
4 Date <i>4/12/14</i>		5 Payee name <i>HOMERO VILLANUEVA</i>			
6 Amount (\$) <i>150⁰⁰</i>		7 Payee address; City; State; Zip Code <i>608 INDIANA ST., ROBERTA TX. 78380</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Adverts expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Ad.</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>MELISSA MADRIGAL</i>		Office sought <i>Judge</i>	
Date <i>04/21/14</i>		Payee name <i>Kevin Kirschmick</i>			
Amount (\$) <i>30⁰⁰</i>		Payee address; City; State; Zip Code <i>901 Leopard, CC TX 78401</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Fees</i>		Description (If travel outside of Texas, complete Schedule T) <i>work office fee</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name MELISSA MADRIGAL <i>MELISSA MADRIGAL</i>		Office sought <i>Judge</i>	
Date <i>04/25/14</i>		Payee name <i>Nueces County Democratic Party</i>			
Amount (\$) <i>50⁰⁰</i>		Payee address; City; State; Zip Code <i>3765 S. Alameda St #304, CCTA 78411</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>OFFICE</i>		Description (If travel outside of Texas, complete Schedule T) <i>DUNSTON.</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>MELISSA MADRIGAL</i>		Office sought <i>Judge</i>	
Date <i>4/2/14</i>		Payee name <i>Gulf Coast Mailly Servs</i>			
Amount (\$) <i>121.²⁴</i>		Payee address; City; State; Zip Code <i>P.O BOX 9312, CC TX 78469</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Prints expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>handouts</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Melissa Madrigal</i>		Office sought <i>CCLS Judge</i>	

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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)	
4 Date <i>05/06/14</i>		5 Payee name <i>ARC TEXAS</i>			
6 Amount (\$) <i>4.98</i>		7 Payee address; City; State; Zip Code <i>P.O. Box 203890, Dallas, TX. 75320.</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Advertis</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Transporter.</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Melissa Madrigal</i>		Office sought <i>CCLS Judge</i>	
Office held <i>none</i>					
Date <i>03/03/14</i>		Payee name <i>MELISSA Madrigal ALBERT PEREZ</i>			
Amount (\$) <i>700⁰⁰</i>		Payee address; City; State; Zip Code <i>ALBERT 817 Home Rd. CC TX 78414</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertis</i>		Description (If travel outside of Texas, complete Schedule T) <i>SIGNS</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Melissa Madrigal</i>		Office sought <i>CCLS Judge</i>	
Office held <i>none</i>					
Date <i>05/16/14</i>		Payee name <i>GULF COAST MAILING SERVICES</i>			
Amount (\$) <i>1,179.65</i>		Payee address; City; State; Zip Code <i>P.O. Box 9312, CC TX. 78469</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Printing Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>MAIL OUT.</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Melissa Madrigal</i>		Office sought <i>CCLS Judge</i>	
Office held <i>none</i>					
Date <i>03/15/14</i>		Payee name <i>ALBERT PEREZ</i>			
Amount (\$) <i>600⁰⁰</i>		Payee address; City; State; Zip Code <i>817 Home Road, CC TX 78414</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>PRINT Advertis</i>		Description (If travel outside of Texas, complete Schedule T) <i>SIGNS</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Melissa Madrigal</i>		Office sought <i>CCLS Judge</i>	
Office held <i>none</i>					

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