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:
CANDIDATE /	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER		k.	Date Received
NAME	MELISSA		FILED FOR RECORD
	NICKNAME LAST	SUFFIX	AT LIO OM
	MAdrigal		1.401
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	JUL 1 5 2014
OFFICEHOLDER		al aux TX	Date Hand-delivered or Postmarked
MAILING ADDRESS	P.O. BOX 1214, CORPU	Chroni, TXID3	MANA T BARRERA
	1.0, 00.	1000	Clerk County Court Nueces County, Texas Receipt # Deputy
change of address		EXTENSION	Dellare
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
OFFICEHOLDER PHONE	(361) 3166315		Syamken
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged
TREASURER	Imm y		
NAME	NICKNAME LAST	SUFFIX	
	Granberry		
= CAMPAICN	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER			
ADDRESS	1 20 +8	701/03	
(residence or business)	102 N. STAPLES, CC TX	18900	
	THOUSE MINISTER	EXTENSION	
8 CAMPAIGN	AREA CODE PHONE NUMBER	Diciolor	
TREASURER PHONE	(361) 3144315		
THORE			
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
			Final report (Attach C/OH - FR)
10	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach Croft 111)
44 DEDIOD	No.	Month Day	Year
10 PERIOD COVERED	Month Day Year THROUGH	nc /10	/ and
00121122	02/24/14	05/19	2017
	na	<u> </u>	
	ELECTIONTYPE		
11 ELECTION	Month Day Year Primary	□ Durate □	General Special
	· · · · · · · · · · · · · · · · · · ·	Runoff	Joanna
	03/04/2014		
		13 OFFICE SOUGHT (if know	vn)
12 OFFICE	OFFICE HELD (if any)	Court Services & AN	
		A A	01.15
		Courty Cont	a las
		0.0	

GO TO PAGE 2

2014-112

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

P.O. Box 12070

FORM JC/OH COVER SHEET PG 2

(512) 463-5800

14 C/OH NAME	icsa Mada	engul	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL	CANDIDATE / OFFICEH	E OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE OLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIL S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TI	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S) -	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	0
additional pages	or zero	COMMITTEE CAMPAIGN TREASURER NAME	
di s		COMMITTEE CAMPAIGN TREASURER ADDRESS	e T
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	L POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$1,25000
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,0504
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		AIZED \$
	4. TOTAL POLITICAL EXPENDITURES \$ 60 85. 42		\$ 60 85. 42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 490 = 200.00000000000000000000000000000000		\$ 60 85. 42 DAY \$ 490 °C
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		THE \$ 16
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. LINDA M. STARCHER Notary Public STATE OF TEXAS AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said 15th day of Gleby, 20 14 , to certify which, witness my hand and seal of office. Shuma M. Starcher Linda M. Starcher Title of effect of ministration on the starcher of			
Signature of officer adn	ninistering oath	Print name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

(512) 463-5800

		Miles III		
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J):	
2 FILER NAME	MELISSA MADRIGAL		3 ACCOUNT # (Ethi	ics Commission Filers)
4 Date	5 Full name of contributor Dut-of-state PAC (ID#	13409	contribution (\$)	8 In-kind contribution description(if applicable) f Texas, complete Schedule T)
Contributor's p	rincipal occupation	10 Contributor's job	title	
WECP		WELDE		
11 Contributor's el			butor's spouse (if any)	
	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)
4/17/14	Contributor address; City; State; Zip Code		500	
	5253 River Oaks DR. CC T		d	of Texas, complete Schedule T)
Contributor's p	rincipal occupation 19	Contributor's job	torney	
	mployer/law firm	Law firm of contr	ibutor's spouse (if any))
	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID# Serm Porse:		Amount of contribution (\$)	In-kind contribution description(if applicable)
4/8/19	Contributor address; City; State; Zip Code		150	
7-701	301 Louisiona powly, CC TX	78404	(If travel outside	of Texas, complete Schedule T)
Contributor's	orincipal occupation	Contributor's job	attay	ж
	employer/law firm	San Don't	ributor's spouse (if any	() 0
If contributor i	s a child, law firm of parent(s) (if any)			
7 - 7 80				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense	Salaries/Wages/Contract Lat Solicitation/Fundraising Expe Travel In District	ense Transportation	ent/Reimbursement Equipment & Related Expense Donations Made By
Consulting Expense	Polling Expense	Travel Out Of District	Candidate/	Officeholder/Political Committee
Event Expense Fees	Printing Expense	Office Overhead/Rental Exp		a category not listed above)
	The Instruction Gui	de explains how to complete	e this form.	
1 Total pages Schedule F:	MELISCA MANERY		3 ACC	DUNT # (Ethics Commission Filers)
4 Date	4			
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6 Amount (\$)	7 Payee address; City;	Olito, Zip out	73 -	DUIL
20400	3430 S, Padre		(C - /X /	of Toyon complete Schedule T)
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expenditure to benefit	CYCH MEUTSPA MAR	AL COPIES OF THIS SCHI		nac

EXPENDITURE CATEGORIES FOR BOX 8(a)

Salaries/Wages/Contract Labor

Advertising Expense

Gift/Awards/Memorials Expense

(512) 463-5800

Loan Repayment/Reimbursement

POLITICAL EXPENDITURES

SCHEDULE F

Accounting/Banking	Legal Services	Solicitation/Fundrais	18	sportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of Distri		ributions/Donations Made By andidate/Officeholder/Political Committee
Event Expense Fees	Printing Expense	Office Overhead/Re	7.5	ER (enter a category not listed above)
1 12 M		uide explains how to c	omplete this form.	
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P.O. Box 12070

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES	FOR BOX 8(a)	
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1 Offing Experies		eholder/Political Committee
Tilliang Expense		ategory not listed above)
The Instruction Guide explains how to		
Melissa Madrigu	3 ACCOUNT	Γ # (Ethics Commission Filers)
5 Payee name Kili Stylus		
7 Payee address; City; State; Zip Code		
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The state of the s		Office held
OH Melisa Madrisu	CCLS	Nane
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Home Depot		
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4038 South PORT, OCD	a 78915	
Category (See categories listed at the top of this schedule)	Description (If travel outside of Te	
Advent	ties, states, T-1	Post
Candidate / Officeholder name	Office sought	Office held
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Candidate / Officeholder name	Office sought	Office held
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	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to 2 FILER NAME MC/USA MARIGAL 5 Payee name Kalli SAMS 7 Payee address; City; State; Zip Code 5002 5 PTD, CC TR 78 H/// (a) Category (See categories listed at the top of this schedule) Admit Payee name Exam Mobil Payee address; City; State; Zip Code 4101 Ayaras ST. CC TK Category (See categories listed at the top of this schedule) Food Bev Candidate / Officeholder name HUSA MARIGAL Payee name HUSA MARIGAL Payee name HUSA MARIGAL Payee name HUSA MARIGAL Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Avent Candidate / Officeholder name Candidate / Officeholder name HUSA MARIGAL Payee name HUSA MARIGAL Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Avent Candidate / Officeholder name Candidate / Officeholder name Category (See categories listed at the top of this schedule) Avent Category (See categories listed at the top of this schedule) Payee address; City; State; Zip Code 22 4 Most Marigal Payee address; City; State; Zip Code 22 4 Most Marigal Category (See categories listed at the top of this schedule) Ford Bewuh Category (See categories listed at the top of this schedule) Ford Bewuh Category (See categories listed at the top of this schedule) Ford Bewuh Category (See categories listed at the top of this schedule) Ford Bewuh Category (See categories listed at the top of this schedule) Ford Bewuh	Legal Services Food/Beverage Expense Food/Beverage Expense Printing Printing Prescription (iftravel outside of Texpense Printing Expense Print

(512) 463-5800

SCHEDULE F

POLITICAL EXPENDITURES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/I Food/Beverage Expense Travel In Di Polling Expense Travel Out	ges/Contract Labor Fundraising Expense istrict Of District Candidate/Officel head/Rental Expense ow to complete this form. Loan Repayment/Rei Transportation Equip Contributions/Donatio Candidate/Officel OTHER (enter a cate	ment & Related Expense ons Made By nolder/Political Committee egory not listed above)
1 Total pages Schedule F:	2 FILER NAME MELICA MARINGAL	3 ACCOUNT:	# (Ethics Commission Filers)
4 Date	5 Payee name Homeso Villannoch		
6 Amount (\$)	7 Payee address; City; State; Zip Co	bsh 12. 77380	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedue) Al work expense	Ad.	office held
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH MEUSA MARRY	Office sought Tide	me
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Texas Ethics Commission

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel in District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

	The instruction durde exprains now to t	complete tino form.
1 Total pages Schedule F:	2 FILER NAME MELLEA MAdrigne	3 ACCOUNT # (Ethics Commission Filers)
4 Date 05/04/14	5 Payee name ARC TEXAS	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
4.98	P.0 BOD 203890, Pilles,	TX . 75320.
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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Amount (\$)	Payee address; City; State; Zip Code	
700 *	ALBREA 817 Homene Rd.	CC TX 784/4
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03/15/14	Miberty Penez	* .
Amount (\$)	Payee address; City; State; Zip Code	
600 "	817 Horne Road, CC	78416
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