

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: 5.
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST MERISA	MI K
	NICKNAME	LAST Madrigal	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	P.O. BOX 1214, CC TX 78403		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	816 6315	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST JIMMY	MI
	NICKNAME	LAST Grabery	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	102 N. STAPLES, CC TX 78401		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	816 6315	
9 REPORT TYPE	<input 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 checked="" 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
	05	20	14
		THROUGH	Month Day Year
			07 / 15 / 2014
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	11	07	14
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	NONE		Judge CC at Law 5

OFFICE USE ONLY

Date Received

FILED FOR RECORD AT 1:48P M

JUL 15 2014

Date Hand-delivered or Postmarked

DIANA T. BARRERA

Receipt # _____ County Court, _____ Amount _____ Deputy

By **Delfino**

Date Processed

Spamken

Date Imaged

GO TO PAGE 2

2014-113

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

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

14 C/OH NAME Melissa Madryga 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

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

\$ 500⁰⁰

EXPENDITURE TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 752.84

CONTRIBUTION BALANCE

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

\$ 237.14

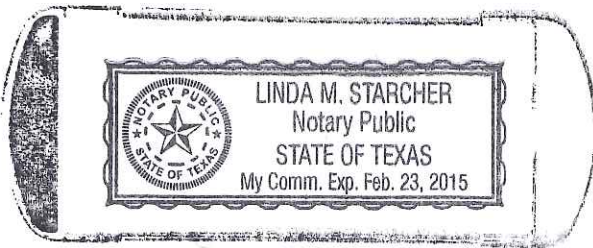
OUTSTANDING LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Melissa Madryga
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Melissa Madryga, 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

Notary Public
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 Madryak 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>05/20/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Miguel A. Calderon</u>	7 Amount of contribution (\$) <u>300</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>P.O. Box 1995, CCTX 78103</u>		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation Legal Analyst/Assistant 10 Contributor's job title Legal Analyst

11 Contributor's employer/law firm Gowen 12 Law firm of contributor's spouse (if any) Marcia Calderon

13 If contributor is a child, law firm of parent(s) (if any) N/A

Date <u>05/20/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ALBERT MARTINEZ</u>	Amount of contribution (\$) <u>200</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>555 N. Carondelet, CC TX 78401</u>		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Legal Assistant/Analyst Contributor's job title _____

Contributor's employer/law firm Guaranda Law Firm Law firm of contributor's spouse (if any) Laura Martiny

If contributor is a child, law firm of parent(s) (if any) N/A

Date	Full name of contributor <input type="checkbox"/> out-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 title

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 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: <i>2</i>	2 FILER NAME <i>Melissa Madrye</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>5/23/14</i>	5 Payee name <i>Boat Coast Motel Service</i>	
6 Amount (\$) <i>72.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 9312, CC TX 78469</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>prints exp</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>bus cards</i>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>MELISSA Madrye</i>	Office sought <i>CC at Law 5 - Judge</i>
	Office held <i>none.</i>	
Date <i>05/21/14</i>	Payee name <i>David Mendez</i>	
Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 7373, CC TX 78407</i>	
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>campaign</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
	Office held	
Date <i>07/09/14</i>	Payee name <i>Kevin Kirschneck</i>	
Amount (\$) <i>30.00</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 info</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
	Office held	
Date <i>06/02/14</i>	Payee name <i>ALBERT PEREZ</i>	
Amount (\$) <i>225.00</i>	Payee address; City; State; Zip Code <i>817 Horne Rd. CC TX 78416</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Prints exp</i>	Description (If travel outside of Texas, complete Schedule T) <i>sign</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Melissa Madrye</i>	Office sought <i>CC 5 - Judge</i>
	Office held <i>none</i>	

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 Madryn</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>05/27/14</i>	5 Payee name <i>Executive Staff Out</i>	
6 Amount (\$) <i>125.84</i>	7 Payee address; City; State; Zip Code <i>309 N. WATER ST. CTR 78701</i>	
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>Em off exp for volunteer meals</i>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Melissa Madryn</i>	Office sought <i>CCLC - Side</i>
		Office held <i>none</i>
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
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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