

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	OFFICE USE ONLY Date Received FILED FOR RECORD AT 1:11P M OCT 06 2014 Date Hand-delivered or Postmarked DIANA T. BARRERA Clerk, County Court, Nueces County, Texas Recorded Amount Deputy Deirdre Spumken Date Processed Date Imaged	
	NICKNAME LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		
	NICKNAME LAST SUFFIX		
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 EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <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)	

GO TO

2014-131

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME MADRIGAL, MELISSA

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

 additional pages

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
<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	\$ 50 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4675 ⁰²
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 80 ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 440 ⁰⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,377. ⁶⁸
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.



Melissa Madrigal
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melissa Madrigal, this the 06 day of October, 2014, to certify which, witness my hand and seal of office.

Yolanda Guajardo Yolanda Guajardo Notary
Signature of officer administering oath 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):	
2 FILER NAME <i>MELISSA MADRIGAL</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/29/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GARCIA, Gene</i>	7 Amount of contribution (\$) <i>200⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>809 S. PORT AVE, CC TX 78405</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>ATTORNEY</i>		10 Contributor's job title <i>ATTY</i>	
11 Contributor's employer/law firm <i>Gene Garcia Law Firm</i>		12 Law firm of contributor's spouse (if any) <i>unknown</i>	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <i>9/29/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Aector Rene Gonzalez</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2813 S. PORT AVE, CC. TX 78404</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTY</i>		Contributor's job title <i>ATTY</i>	
Contributor's employer/law firm <i>SELF EMPLOYED</i>		Law firm of contributor's spouse (if any) <i>---</i>	
If contributor is a child, law firm of parent(s) (if any)			
Date <i>9/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rene Rodriguez</i>	Amount of contribution (\$) <i>300⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>433 S. TANCATUA, CC TX 78401</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTY</i>		Contributor's job title <i>Attorney</i>	
Contributor's employer/law firm <i>SELF EMPLOYED</i>		Law firm of contributor's spouse (if any) <i>NCSA Rodriguez</i>	
If contributor is a child, law firm of parent(s) (if any)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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):	
2 FILER NAME <i>MELISSA MADRIGAL</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/9/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rmy Madrigal</i>	7 Amount of contribution (\$) <i>200⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3002 Churchll, CC TX 79404</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Tool Dye</i>		10 Contributor's job title <i>Tool Dye</i>	
11 Contributor's employer/law firm <i>CCAD</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>9/9/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RAQUEL MADRIGAL</i>	Amount of contribution (\$) <i>475⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3002 Churchll</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Secretary</i>		Contributor's job title <i>Secretary</i>	
Contributor's employer/law firm <i>SCI</i>		Law firm of contributor's spouse (if any) <i>None</i>	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>9/30/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROBERT VALADEZ</i>	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>T-SHIRTS</i>
Contributor address; City; State; Zip Code <i>3430 SPFP, CC TX 78411</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Business Own - T-SHIRT, GROWN</i>		Contributor's job title <i>Owner</i>	
Contributor's employer/law firm <i>self employed</i>		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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>1</i>	2 FILER NAME <i>MELISSA MADRIGN</i>	3 ACCOUNT # (Ethics Commission Filers)
--	---	---

4 Date <i>9.6.14</i>	5 Payee name <i>ALBERT PEREZ</i>
--------------------------------	--

6 Amount (\$) <i>440⁰⁰</i>	7 Payee address; City; State; Zip Code <i>817 HUNTER, RD, CC TX 78714</i>
---	---

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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Melissa Madrign</i>	Office sought <i>CCLS + 80%</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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	--

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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	--

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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>(1)</i>	2 FILER NAME <i>Madrign, Melissa</i>	3 ACCOUNT # (Ethics Commission Filers)
--	--	---

4 Date <i>8/1/14</i>	5 Payee name <i>Kevin Kieschik</i>
--------------------------------	--

6 Amount (\$) <i>30.00</i>	7 Payee address; City; State; Zip Code <i>901 Lopad, CC TX 78401</i>
--------------------------------------	--

Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fee</i>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED