

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM JC/OH  
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>  <div style="text-align: right; font-size: 24px; font-weight: bold;">6</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI <div style="text-align: center; font-size: 18px; font-weight: bold;">MELISSA      K.</div> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 18px; font-weight: bold;">MADRIGAL</div>	<b>OFFICE USE ONLY</b> <hr/> Date Received <div style="font-size: 24px; font-weight: bold; color: blue;">AT 4:30 P.M.</div> <div style="font-size: 24px; font-weight: bold; color: red;">OCT 27 2014</div> Date Rec'd - Delivered or Postmarked by <div style="font-size: 24px; font-weight: bold; color: blue;">BARBERA</div> Receipt #      Amount Date Processed Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <div style="font-size: 18px; font-weight: bold;">P.O. Box 1216, CORPUS CHRISTI, TEXAS 78403</div>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <div style="font-size: 18px; font-weight: bold;">(361)      816 6315</div>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI <div style="text-align: center; font-size: 18px; font-weight: bold;">James</div> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 18px; font-weight: bold;">Cowanberry</div>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <div style="font-size: 18px; font-weight: bold;">P.O. Box 1216      CC      TX      78403</div>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <div style="font-size: 18px; font-weight: bold;">(361)      816 6315</div>		
<b>9 REPORT TYPE</b>	<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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <div style="font-size: 18px; font-weight: bold;">10 / 05 / 14      THROUGH      10 / 27 / 14</div>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <div style="font-size: 18px; font-weight: bold;">11 / 4 / 14</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)  <div style="font-size: 18px; font-weight: bold;">NONE</div>	<b>13 OFFICE SOUGHT (if known)</b>  <div style="font-size: 18px; font-weight: bold;">County Court AT LAW 5</div>	

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2014-153

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

14 C/OH NAME  
*Veronica Rodriguez*

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	\$ 150 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,350 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 79 <sup>00</sup>
	4. TOTAL POLITICAL EXPENDITURES	\$ 9892.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 358
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.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Veronica Rodriguez, this the 27 day of Oct, 20 14, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of officer administering oath

Veronica Rodriguez  
Print name of officer administering oath

Office Manager  
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>10-12-14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>NOT GUILTY FIRM.</i>	7 Amount of contribution (\$) <i>500<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>500 N. WATER STREET, Suite 400, CC TX 78401</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>ATTY</i>		10 Contributor's job title <i>Defense ATTY</i>	
11 Contributor's employer/law firm <i>Mark Gonzalez 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) <i>N/A</i>			
Date <i>10-12-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>A. Gonzalez Law Firm</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>500 NORTH WATER ST. SUITE 400, CC TX 78401</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTY</i>		Contributor's job title <i>Defense ATTY</i>	
Contributor's employer/law firm <i>SELF</i>		Law firm of contributor's spouse (if any) <i>---</i>	
If contributor is a child, law firm of parent(s) (if any) <i>---</i>			
Date <i>10-28-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Abel Herrera</i>	Amount of contribution (\$) <i>200<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O BOX, 2923, CCTX 78403</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>Unknown</i>		Law firm of contributor's spouse (if any) <i>Unknown</i>	
If contributor is a child, law firm of parent(s) (if any) <i>---</i>			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# 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>10-13-14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lites &amp; Harris</i>	7 Amount of contribution (\$) <i>1,000</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>500 N. WINTER ST, CC TX 78401</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>ATTORNEY</i>		10 Contributor's job title <i>ATTORNEY</i>	
11 Contributor's employer/law firm <i>Lites - Harris</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) <i>N/A</i>			
Date <i>10-20-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SCOTT ELLIEN</i>	Amount of contribution (\$) <i>150</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>410 Peoples St. CC TX 78401</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ADJ</i>		Contributor's job title <i>ATTORNEY</i>	
Contributor's employer/law firm <i>SCOTT ELLIEN LAW FIRM</i>		Law firm of contributor's spouse (if any) <i>same</i>	
If contributor is a child, law firm of parent(s) (if any) <i>N/A</i>			
Date <i>10/10/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SHARON LOPEZ</i>	Amount of contribution (\$) <i>1,000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3509 Heritage Lane, CC TX 78745</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>EXECUTIVE ASSISTANT</i>		Contributor's job title <i>EXECUTIVE ASST. A COO</i>	
Contributor's employer/law firm <i>UNKNOWN</i>		Law firm of contributor's spouse (if any) <i>UNKNOWN</i>	
If contributor is a child, law firm of parent(s) (if any)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			



# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <i>Melissa Madryga</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>10/21/14</i>	<b>5</b> Payee name <i>Gulf Coast Mailing Service</i>
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<b>6</b> Amount (\$) <i>214.50</i>	<b>7</b> Payee address; City; State; Zip Code <i>P.O. Box 9312, CCTX 78409</i>
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Print's exp</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 Madryga</i>	Office sought <i>CCLS</i>	Office held <u>          </u>
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Date <i>10/7/14</i>	Payee name <i>Gulf Coast Mailing Service</i>
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Amount (\$) <i>9268.25</i>	Payee address; City; State; Zip Code <i>P.O. Box 9312, CCTX 78409</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Prints Service Exp.</i>	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 Madryga</i>	Office sought <i>CCLS</i>	Office held <u>          </u>
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Date <del><i>Oct 1, 2014</i></del>	Payee name <del><i>Gulf Coast Mailing Service</i></del>
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Amount (\$)	Payee address; City; State; Zip Code <del><i>P.O. Box 9312, CCTX 78409</i></del>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <del><i>Print exp</i></del>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>Melissa Madrycz</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>10/7/14</i>	<b>5</b> Payee name <i>Golf Court Mail sent</i>	
<b>6</b> Amount (\$) <i>2,000<sup>00</sup></i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>P.O box 9312, CC TX 78469</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Print expense</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date <i>10.1.14</i>	Payee name <del><i>Melissa Madrycz</i></del> <i>Golf Court Mail sent</i>	
Amount (\$) <i>408<sup>10</sup></i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>Golf: P.O box 9312, CC TX 78469</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Print exp</i>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED