

# 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:

**FILED FOR RECORD**  
AT 3:23 PM  
**OFFICE USE ONLY**

Date Rec'd  
**FEB 11 2014**

By **DIANA BARBER**  
Clerk County Court, Tarrant County, Texas  
Deputy

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
**MELISSA**  
NICKNAME LAST SUFFIX  
**MADRIGAL**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**P.O. BOX 1216 Corpus Christi TX 78401**

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(361) 816 6315**

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
**Jimm**  
NICKNAME LAST SUFFIX  
**GRABEARY**

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**102 N. STAPLE Corpus Christi TX ~~78401~~ 78401**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(361) 816 6315**

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
**01 / 15 / 2014 THROUGH 02 / 04 / 2014**

11 ELECTION

ELECTION DATE Year ELECTION TYPE  
Month Day Year  
**03 / 04 / 2014**  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)  
**NONE**

13 OFFICE SOUGHT (if known)

**County Court AT Law #5**

GO TO PAGE 2

# 2014-067

**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.

**COMMITTEE TYPE**

GENERAL

SPECIFIC

additional pages

**COMMITTEE NAME**

**COMMITTEE ADDRESS**

**COMMITTEE CAMPAIGN TREASURER NAME**

**COMMITTEE CAMPAIGN TREASURER ADDRESS**

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,700 <sup>00</sup>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <del>525</del>
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,584.93
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3914.38
<b>OUTSTANDING LOAN TOTALS</b>	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 16, 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 11 day of Feb., 20 14, to certify which, witness my hand and seal of office.

Ann M. Cortez  
Signature of officer administering oath

Ann M. Cortez  
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):
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2 FILER NAME <i>MELISSA Madrigal</i>	3 ACCOUNT # (Ethics Commission Filers)
---	--

4 Date <i>1/17/2014</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MELISSA Madrigal</i>	7 Amount of contribution (\$) <i>4,700<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. BOX 1214 CC TX 78704</i>		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation <i>ATTORNEY</i>	10 Contributor's job title <i>Judge</i>
---	--

11 Contributor's employer/law firm <i>LAW OFFICE of MELISSA Madrigal</i>	12 Law firm of contributor's spouse (if any) <i>none</i>
---	---

13 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)

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>1 of 2</i>		2 FILER NAME <i>Melissa Madrigal</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1/29/2014</i>		5 Payee name <i>Gulf Coast Mailing Services</i>			
6 Amount (\$) <i>457.40</i>		7 Payee address; City; State; Zip Code <i>P.O. Box 9312 Corpus Christi, Texas 78409-9312</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) <i>cards and door hanger</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Melissa Madrigal</i>		Office sought <i>CC at Law #5</i>	
Office held <i>None.</i>		Date <i>01/21/14</i>		Payee name <i>Kerri Kivschneck</i>	
Amount (\$) <i>30.00</i>		Payee address; City; State; Zip Code <i>901 Leopard, Suite 301, Corpus Christi, Texas 78401</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>CD Demo Primer.</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Melissa Madrigal</i>		Office sought <i>CC at Law #5</i>	
Office held <i>None.</i>		Date <del>12/22/14</del> <i>1/17/14</i>		Payee name <i>NAACP</i>	
Amount (\$) <i>65.00</i>		Payee address; City; State; Zip Code <i>P.O. Box 2921 Corpus Christi, Texas 78403</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Event Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>ticket to NAACP BANQUET</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>MELISSA Madrigal</i>		Office sought <i>CC at Law #5</i>	
Office held <i>None.</i>		Date <i>1/13/2014</i>		Payee name <i>ALBERT PEREZ</i>	
Amount (\$) <i>375.00</i>		Payee address; City; State; Zip Code <i>317 Horne Road, CC. TX 78414</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</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>CC at Law #5</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: <b>29</b>		2 FILER NAME <b>Melissa Madryga</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>1/30/14</b>		5 Payee name <b>Office Depot</b>			
6 Amount (\$) <b>82.72</b>		7 Payee address; City; State; Zip Code <b>5425 SP10 Corpus Christi, Texas 78411</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Solicitation/Fundraising expense</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>envelope/carbon</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Melissa Madryga</b>		Office sought <b>CC at Law #5</b>	
Date <b>1/26/14</b>		Payee name <b>Home Depot</b>			
Amount (\$) <b>25.39</b>		Payee address; City; State; Zip Code <b>4038 South Port, Corpus Christi, Texas 78415</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Adm's exp</b>		Description (If travel outside of Texas, complete Schedule T) <b>TIES</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Melissa Madryga</b>		Office sought <b>CC at Law 5</b>	
Date <b>1/19/14</b>		Payee name <b>David Mendez</b>			
Amount (\$) <b>75<sup>00</sup></b>		Payee address; City; State; Zip Code <b>P.O. Box 7373, CC TX. 78407</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertis' Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Photography</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Melissa Madryga</b>		Office sought <b>CC at Law #5</b>	
Date <b>2/4/14</b>		Payee name <b>David Mendez</b>			
Amount (\$) <b>180<sup>00</sup></b>		Payee address; City; State; Zip Code <b>P.O. Box 7373, CC TX 78407</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Adm's Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Layouts</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Melissa Madryga</b>		Office sought <b>CC at Law #5</b>	

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            |
| 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.

<b>1</b> Total pages Schedule G: <i>(1)</i>	<b>2</b> FILER NAME <i>Melissa Madryga</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>1/20/14</i>	<b>5</b> Payee name <i>American Bank Center</i>	
<b>6</b> Amount (\$) <i>5.02</i> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>American Bank Center CC TX 78401</i>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Pants</i>
Date <i>2/4/14</i>	Payee name <i>Murphy Express</i>	
Amount (\$) <i>92.50</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1302 Flora Buff Drive, CC, TX 78418</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Travel in Dist for Ad</i>	Description (If travel outside of Texas, complete Schedule T) <i>Fuel cost</i>
Date <i>1/25/14</i>	Payee name <i>Home Depot</i>	
Amount (\$) <i>202.97</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>4038 South Port Ave. CC TX 78415</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertg expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>STAKE, POLY RIM, tm. rest</i>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> 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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED