

# 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 Filer ID (Ethics Commission Filers)

2 Total pages filed:

8

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

McKinley

W

NICKNAME

LAST

SUFFIX

Melancon

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

PO Box 50302 Austin TX 78763-0302

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 523-5603

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Piper

NICKNAME

LAST

SUFFIX

Madison

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

6814 Willamette Austin TX 78723

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(256) 679-6759

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 / 01 / 18      01 / 25 / 18

11 ELECTION

ELECTION DATE      ELECTION TYPE

Month Day Year       Primary       Runoff       Other Description

03 / 06 / 2018       General       Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Travis County Court of Law #5

GO TO PAGE 2

FILED FOR RECORD  
2018 FEB 15 PM 1:11

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

14 JC/OH NAME

McKinley W Melancon

15 Filer ID (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

COMMITTEE NAME

GENERAL

SPECIFIC

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

\$ 560.00

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

\$ 3,160.00

EXPENDITURE  
TOTALS

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

\$ 350.70

4. TOTAL POLITICAL EXPENDITURES

\$ 4,258.70

CONTRIBUTION  
BALANCE

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

\$ 7,498.10

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 5, Election Code.

*McKinley W Melancon*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said McKinley Melancon, this the 15 day of February, 2018, to certify which, witness my hand and seal of office.

*Amanda Flores*  
Signature of officer administering oath

Amanda Flores  
Printed name of officer administering oath

Legal Assistant  
Title of officer administering oath

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

19 FILER NAME McKinley W Melancon		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 2,600.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 3,900.00
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

3

2 FILER NAME

McKinley Melancon

3 Filer ID (Ethics Commission Filers)

4 Date

1/1/18

5 Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

Elliot Kralj

7 Amount of contribution (\$)

500.00

6 Contributor address:

City: State: Zip Code

3809 Gaines Court Austin, TX. 78735-6489

8 Contributor's principal occupation

Public Policy Analyst

9 Contributor's job title

Member

10 Contributor's employer/law firm

Kralj Consulting, Inc.

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

1/8/18

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

Law Office of Jason A Katims, PLLC

Amount of contribution (\$)

500.00

Contributor address:

City: State: Zip Code

1106 San Antonio St. Austin, TX. 78701

Contributor's principal occupation

Attorney

Contributor's job title

Member

Contributor's employer/law firm

Law Office of Jason A Katims, PLLC

Law firm of contributor's spouse (if any)

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

Date

1/22/18

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

Law Office of Adam T King Blackwell Reposa

Amount of contribution (\$)

500.00

Contributor address:

City: State: Zip Code

1106 San Antonio St. Austin, TX. 78701

Contributor's principal occupation

Attorney

Contributor's job title

Member

Contributor's employer/law firm

Law Office of Adam T King Blackwell Reposa

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.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

3

2 FILER NAME

McKinley Melancon

3 Filer ID (Ethics Commission Filers)

4 Date

1/8/18

5 Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

Michael Doyle LLP Trial Lawyers

7 Amount of contribution (\$)

250.00

6 Contributor address;

City: State: Zip Code

3401 Allen Parkway Ste 100 Houston, TX, 77019

8 Contributor's principal occupation

Lawyer

9 Contributor's job title

Member

10 Contributor's employer/law firm

Michael Doyle LLP Trial Lawyers

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

1/12/18

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

The Buckley Law Group

Amount of contribution (\$)

500.00

Contributor address;

City: State: Zip Code

533 Delta Queen Ct. Covington, LA, 70433

Contributor's principal occupation

Attorney

Contributor's job title

Member

Contributor's employer/law firm

The Buckley Law Group

Law firm of contributor's spouse (if any)

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

Date

1/24/18

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

Keith Lacerman

Amount of contribution (\$)

100.00

Contributor address;

City: State: Zip Code

4501 Whispering Valley Dr. Austin, TX, 78727

Contributor's principal occupation

Lawyer

Contributor's job title

Member

Contributor's employer/law firm

Keith Lacerman

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

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

3

2 FILER NAME

McKinley Melancon

3 Filer ID (Ethics Commission Filers)

4 Date

1/1/18

5 Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

Doyle LLP Trial Lawyers

7 Amount of contribution (\$)

250.00

6 Contributor address;

City: State: Zip Code

2401 Allen Parkway Ste 100 Houston, TX 77019

8 Contributor's principal occupation

Lawyer

9 Contributor's job title

Member

10 Contributor's employer/law firm

Doyle LLP Trial Lawyers

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

Contributor address;

City: State: Zip Code

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

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

Contributor address;

City: State: Zip Code

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**  
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <p style="text-align:center">2</p>	<b>2</b> FILER NAME <p style="text-align:center">McKinley W Melancon</p>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <p style="text-align:center">1/22/18</p>	<b>5</b> Payee name <p style="text-align:center">Sofia Alarcon</p>				
<b>6</b> Amount (\$) <p style="text-align:center">1250.00</p>	<b>7</b> Payee address; City: State: Zip Code <p style="text-align:center">1824 S I-35 Frontage Rd #308 Austin, TX 78704</p>				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <p style="text-align:center">consulting</p>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <p style="text-align:center">1/20/18</p>	Payee name <p style="text-align:center">Ashkan Jahangiri</p>				
Amount (\$) <p style="text-align:center">800.00</p>	Payee address; City: State: Zip Code <p style="text-align:center">2910 Medical Arts St #104 Austin, TX 78705</p>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <p style="text-align:center">Consulting</p>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <p style="text-align:center">1/17/18</p>	Payee name <p style="text-align:center">Albert Hughes</p>				
Amount (\$) <p style="text-align:center">600.00</p>	Payee address; City: State: Zip Code <p style="text-align:center">16839 Carrack Turn Friendswood, TX 77546</p>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <p style="text-align:center">Advertising</p>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <p style="text-align:center; font-size: 2em;">2</p>	<b>2</b> FILER NAME <p style="font-size: 1.2em;">McKinley W Melancon</p>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <p style="font-size: 1.2em;">1/7/19</p>	<b>5</b> Payee name <p style="font-size: 1.2em;">Romtean Farasat</p>	
<b>6</b> Amount (\$) <p style="font-size: 1.2em;">1250.00</p>	<b>7</b> Payee address; City; State; Zip Code <p style="font-size: 1.2em;">621 Amesbury Ln. Austin, TX. 78752</p>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <p style="font-size: 1.5em; text-align:center;">Consulting</p>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense
<b>9</b> 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	
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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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