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:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mrs. Sheila NICKNAME LAST Bence	MI Garcia suffix	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 1018 East Tyler, Harli	city; state; zip code ngen, Texas 78550	CAMERON COUNTY DEPARTMENT OF ELECTION VOTER REGISTRATION JAN 1 5 2016
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 956-44	EXTENSION 0 - 8 9 0 0	Date Hand-delivered of Date Rustmarked,
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mr. Travis	MI L. SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 1018 East Tyler	GUITE#; CITY; STATE; , Harlingen, Texas	ZIP CODE 78550
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 440-8900	EXTENSION	
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 15 THRO	DUGH 12 / 31 /	Year 15
11 ELECTION	BLECTION DATE Primary 03 01 16 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		1	Candidate for Count
	GO ТО	PAGE 2	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME	Shaila G	aràa Bence	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W. NSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Lages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
	Section telephone management	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$850.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 65,422.59
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	
OUTSTANDING LOAN TOTALS	707.00 (07.00 M	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	\$75,000.00
18 AFFIDAVIT			- Nr.
			erjury, that the accompanying report is prination required to be reported by me
My N	MELISSA ROCHA lotary ID # 126317984 es November 28, 2019	Signature of Cano	didate or Officeholder
AFFIX NOTARY STAME	P/SEALABOVE		
Sworn to and subscribed before me, by the said Sheila Gavaa Bence, this the			
day of knight, 20, to certify which, witness my hand and seal of office.			
		Melissa Rocha	Notary Public
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

Shella Gerga Bence.

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75,000,00



MELISSA ROCHA My Notary ID # 123317824 Expers November 78, 2019

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Markey Markey

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SUBTOTALS-JC/OH

FORM JC/OH COVER SHEET PG 3

3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) 4. SCHEDULE E(J): LOANS (JUDICIAL) 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	19	FILER NAME	20 Filer ID (Ethics Com	mission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE 1.		Sheila Garcia Bence		
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ \$2500.00 3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ 75,000.00 4. SCHEDULE E(J): LOANS (JUDICIAL) \$ 75,000.00 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 53,9(5.65) 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	21	SCHEDULE SUBTOTALS		
3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) 4. SCHEDULE E(J): LOANS (JUDICIAL) 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$950.00
4.	2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2500.00
5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 53,9(5.65) 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$ 🖔
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	4.	X SCHEDULE E(J): LOANS (JUDICIAL)		\$75,000.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$53,915.65
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ &
9. X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 11,50 \(\text{.94} \) 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$ 0
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 🔖
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	9.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	•	\$11,506.94
OCHEDULE IS INTEREST OREDITO CANO REFUNDS AND CONTRIBUTIONS	10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ &
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ 150.00	11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ \$
	12.		NS RETURNED	\$ 150.00

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

T	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	Sheila Garcia Bence		3 Filer ID (Ethics Commission Filers)
4 Date 12/01/15	5 Full name of contributor out-of-state PAC I Jim Melvin Birschbach 6 Contributor address; City; State; 5702 Spicewood, Harlingen,	7 Amount of contribution (\$) 250.00	
8 Contributor's principal occupation Sales Director 9 Contributor's job title Director			of Sales/Sales Manager
10 Contributor's e	employer/law firm me Warner Cable	11 Law firm of contributor Lorie Swayz	's spouse (if any) e Birschbach
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 11/05/15	Full name of contributor	ID#:)	Amount of contribution (\$)
	Contributor address; City; State; 5410 Catlin Ct., Harlinger		30.00
Contributor's p	orincipal occupation Banker		resident/Banking
Contributor's e	employer/law firm First Community Bank	Center Manager Law firm of contributor Natal	's spouse (if any) ie S. Leal
If contributor is	s a child, law firm of parent(s) (if any)		
Date 11/05/15	Full name of contributor out-of-state PAC Jim Melvin Birschbac	h	Amount of contribution (\$)
	Contributor address; City; State: 5702 Spicewood, Harling		
	orincipal occupation es Director	Contributor's job title Director o	f Sales/Sales Manager
Contributor's employer/law firm Time Warner Cable Law firm of contributor's Lorie Swayz			rs spouse (if any) ze Birschbach
If contributor is	s 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.

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	Sheila Garcia Bence		3 Filer ID (Ethics Commission Filers)
4 Date 11/05/15	W. Edward Benton		7 Amount of contribution (\$) 100.00 78578
8 Contributor's p	orincipal occupation Retired	9 Contributor's job title	
10 Contributor's employer/law firm 11 Law firm of contributor			's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
12/18/15	Juan R. Salazar, Contributor address; City; State; 1701 Gabriel's Landing, Harl	Zip Code	250.00 8550
Contributor's p	principal occupation	Contributor's job title	•
E	ngineer	Engineer	2"
	employer/law firm	Law firm of contributor Tr	's spouse (if any) ene Salazar
-			
ii contributor is	s a child, law firm of parent(s) (if any)		
Date	Greg Mitaly	D#:)	Amount of contribution (\$)
/ /	P.O. Box 23, Seabrook	LITX 77586	50.60
Contributor's F	orincipal occupation	Contributor's job title	et Corporate Counsel
	employer/law firm ser Shot, Inc.:	Law firm of contributor	r's spouse (if any)
	s 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	•			
Th	ne Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:	
2 FILER NAM	Sheila Garcia Bence		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor □ out-of-state PAC (ID#: Texas Democratic Party		8 Amount of . 9 In-kind contribution Contribution \$. description	
11/02/15	7 Contributor address; City; State; Zip Cod 4818 E. Ben White, Ste 104, Aus		2500.00 Voter File Acces Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of . In-kind contribution Contribution \$. description	
	Contributor address; City; State; Zip Cod	de	Check if travel outside of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ttor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	ILE AS NEEDED	
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

Forms provided by Texas Ethics Commission

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LOANS (JUDICIAL)

SCHEDULE E(J)

	•		
The In	struction Guide explains how to complete this f	1 Total pages Schedule E(J):	
2 FILER NAME	Sheila Garcia Bence		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNI	TEMIZED LOANS	\$	
5 Date of loan	7 Name of lender ut-of-state PAC ((ID#:)	9 Loan Amount (\$)
10/15/15	First Community B	ank	50,000.00
6 Is lender a financial Institution?		State; Zip Code	10 Interest rate 5.9%
(Y) N	N. Stuart Place Road, Ha	irringen, ix 76552	11 Maturity date April 2017
12 Lender's Principal	Occupation	13 Lender's Job Title	,
14 Lender's Employer/	/Law Firm	15 Law Firm of lender's spous	se (if any)
16 If lender is a child,	law firm of parent(s) (if any)		
17 Description of Colla LOT 25, Blk ☐ none	ateral 47 Padre Subdivision	18 Check if personal funds we account (See Instructions)	ere deposited into political
19 GUARANTOR	20 Name of guarantor	1	22 Amount Guaranteed (\$)
INFORMATION	Travis L. Bence & Sheila	Garcia Bence	
	21 Guarantor address; City;	State; Zip Code	50,000.00
	1018 East Tyler, Harling	gen, TX 78550	
not applicable			
23 Guarantor's Princip	al Occupation Actorney	24 Guarantor's Job Title Attorney	,
25 Guarantor's Employ Bence & Asso	yer/Law Firm ociates, L.L.C.	26 Law Firm of guarantor's s _i Sheila Garcia Ben	pouse (if any) Ice, Attorney at Law
27 If guarantor is a chi	ild, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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LOANS (JUDICIAL) SCHEDULE E(J) Total pages Schedule E(J): The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sheila Garcia Bence 4 TOTAL OF UNITEMIZED LOANS 5 Date of loan 7 Name of lender ut-of-state PAC (ID#:_ 9 Loan Amount (\$) 12/30/15 First Community Bank 25,000.00 8 Lender address; City; Zip Code 10 Interest rate Is lender a financial Institution? 405 N. Stuart Place Road, Harlingen, TX 78552 11 Maturity date April 2017 12 Lender's Principal Occupation 13 Lender's Job Title 14 Lender's Employer/Law Firm 15 Law Firm of lender's spouse (if any) 16 If lender is a child, law firm of parent(s) (if any) 17 Description of Collateral Lot 25, Blk 47 Padre Subdivision 18 Check if personal funds were deposited into political account (See Instructions) none 20 Name of guarantor **19** GUARANTOR 22 Amount Guaranteed (\$) INFORMATION Travis L. Bence & Sheila Garcia Bence 25,000.00 21 Guarantor address; City; State: Zip Code 1018 East Tyler, Harlingen, TX 78550 not applicable 23 Guarantor's Principal Occupation Attorney 24 Guarantor's Job Title Attorney **26** Law Firm of guarantor's spouse (if any) Sheila Garcia Bence, Attorney at Law 25 Guarantor's Employer/Law Firm Bence & Associates, L.L.C. 27 If guarantor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Poli Credit Card Payment	tical Committee	Gift/Awards/Memorials Exp Legal Services		ig Expense es/Wages/Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed above)
		The Instruction Guide		to complete this form.	(cition a category not listed above)
1 Total pages Schedule F		heila 6an	ûn Be	ence	3 Filer ID (Ethics Commission Filers)
10/23/15	5 Payee na	ime	0,00		
6 Amount (\$)	7 Payee ac	7112	tate; Zip Code		
9,877.81	1405				ngen, Tx 78552
8	(a) Category	(See Categories listed at the to	op of this schedule)	(b) Description	
PURPOSE				1	outside of Texas. Complete Schedule T.
OF EXPENDITURE	Adv	ertising			tin, TX, officeholder living expense
		0		Yard sigi	ns + "H"stakes
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candida H	te / Officeholder name		Office sought	Office held
Date	Payee nar	ne			
10/26/15	Ame	urican Ca	ncer :	Societu.	•
Amount (\$)	Payee add		ite; Zip Code	9	
500.00	2897	7 Altas	Palmas	s, Harlingu	n TX 78552
	Category (See Categories listed at the top	of this schedule)	Description	
PURPOSE OF				I — .	stside of Texas. Complete Schedule T.
EXPENDITURE	Eve	nt Expens	e.		, TX, officeholder living expense
				Dining By (Design Sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate	e / Officeholder name		Office sought	Office held
Date	Payee nam	е			
10/26/15		norable Mo	oments	Photogra	Phy
Amount (\$)	Payee addr	ess; City; State	e; Zip Code		U
900.00	1414			-, Harlinge	nitx 78550
		ee Categories listed at the top of		Description	
PURPOSE OF	A 11		15	l — ·	ide of Texas. Complete Schedule T.
EXPENDITURE	Oth	ar .			TX, officeholder living expense
				Photograp	
Complete ONLY if direct expenditure to benefit C/OH	Candidate	/ Officeholder name		Office sought	Office held
	ATTAC	H ADDITIONAL COPI	ES OF THIS S	CHEDULE AS NEED	DED
				THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF TH	Annual Control of the

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Polling Expense Printing Expense Contributions/Donations Made By Travel In District Candidate/Officeholder/Political Committee Credit Card Payment Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sheila Garga Bence 4 Date 4818 E. Ben White, Ste 104, Austin, TX 78741 1,200.00 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Other Check if Austin, TX, officeholder living expense EXPENDITURE Voter File Access "VAN" 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Payee name Tractor Supply Company Payee address; City; State; Zip Code 2,854.00 FM 509, Sam Benito, TX 78586 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check If Austin, TX, officeholder living expense EXPENDITURE Advertising Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Date Payee name I Cook U Ea+ Amount (\$) City; State; Zip Code West van Buren, Harlingen, Tx 78550 1,082.50 Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Frent Catering of Rick off event Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Credit Card Payment

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Printing Expense
Salaries/Wages/Contract Labor Travel In District Candidate/Officeholder/Political Committee Legal Services Travel Out Of District Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sheila Garga Bence 4 Date 481.72 West Tyler, Harlingen iTX 78550 8 (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Fuent EXPENDITURE Chairs, tables + l'inens 9 Complete ONLY If direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name nario Aleman Amount (\$) IV. Nebraska Ave, Weslaco, TX 78596 300.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Event Check if Austin, TX, officeholder living expense Kickoff Music Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date RGU Media Group Amount (\$) P.O.Box 6156, Brounsville, TX 78520 2000.00 Category (See Categorles listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Consulting EXPENDITURE Check if Austin, TX, officeholder living expense Compaign managemen Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Poli Credit Card Payment	itical Committee Legal Services	Printing Expense Travel In District Printing Expense Travel Out of District Salaries/Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F	The Instruction Guide explains 1: 2 FILER NAME Shale Garda	0.5
4 Date 1/15	Minerva Rodri	
6 Amount (\$)	7 Payee address; City; State; Zip	enue, Harlingen, TX 78550
8 PURPOSE	(a) Category (See Categories listed at the top of this sche	edule) (b) Description
OF EXPENDITURE	Wages	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Hourly temp employee Office sought Office held
Date	Payee name	
1/3/15	HEB	
Amount (\$)	Payee address; City; State; Zip C	Code
25.59	1213 S. Commerce	Street, Harlingen, TX 78550
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for Cookies for event
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
1/3/15	Pamaderia la E	squina
Amount (\$)	Payee address: City; State; Zip Co	
85.00	310 Lozano St	reet, Harlingen ITX 78550
PURPOSE OF	Category (See Categories listed at the top of this schedul	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

Legal Services Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME. 3 Filer ID (Ethics Commission Filers) Sheila Garaa Bence 6 Amount (\$) P.O. BOX 911, Brownsville, TX 78520 10.00 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Event Veteran's Day Parade Fees 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Harland Clarke
Dee address; City; State; Zip Code Amount (\$) 15955 La Cantera PKWY, San Antonio Tx 78256 82.49 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Accounting (Banking Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office held Date Payee name De La Garza Bakery + Cake Shop Amount (\$) 50.00 North Texas Ave., Mercedes, TX 78570 Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Food Sweet bread for Kickett event Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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/Fundralsing Expense Transportation Equipment & Related Expense Travel Out Of District

Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sheila Garga Bence 4 Date City; State; Zip Code 1213 S. Commerce Street, Harlingen, TX 78550 81.19 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Event Flowers for Kickoff 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name The Brownsville Herald by se address; City; State; Zip Code Amount (\$) 210.00 E. Van Buren Street, Brownsulle, Tx 78520 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Advertising Veteran's Day 18 page AD Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Date Payee name Cameron County Democratic Party Amount (\$) East Elizabeth Street, Brownsulle, Tx sad 200.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Event Fileman Vela Honoria Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Food/Beverage Expense By Gift/Awards/Memorials Expense	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	
1 Total pages Schedule F	Sheika Garaa B	3 Filer ID (Ethics Commission Filers)
4 Date 11/09/15	5 Payee name Designs	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
4,600.63	1405 South Palmca	Let Drive, Harlingen, TX 78552
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising	Check If Austin, TX, officeholder living expense
	1 674 1131119	250 4x4 signs
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
109/15	Athlos Leadersh	inp Academy
Amount (\$)	Payee address; City; State; Zip C	
40.00	49 55 Pablo Kisel	Blud., Brownstille, TX78520
	Category (See Categories listed at the top of this schedu	ule) Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event	Check if Austin, TX, officeholder living expense
,		Eddie Lucio Jr. Wine + Cheese
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
11/9/2015	MAP Political Co	ommunication
Amount (\$)	Payee address; City; State; Zip Co	
\$2,650.00	The second secon	1stin, TX 78704
	Category (See Categories listed at the top of this schedule	e) Description
PURPOSE OF	O	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Printing Expenses	Check if Austin, TX, officeholder living expense
		Logo Art, push cards, lapel
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEEDED

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SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Transport in District

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	By Gift/Awards/Memorials Expense cal Committee Legal Services	ravel Out Of District	ense
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1 Total pages Schedule F1	: 2 FILER NAME Shaila Gravera	Rence, 3 Filer ID (Ethics Commission Filer	·s)
4 Date 11 14 15 6 Amount (\$)	5 Payee name Cameron Count	4 Democratic Party	
σ / inoditi (φ)	7 Payee address; City; State;	; Zip Code	
\$150.00	1008 East Eliz	labeth Street. Brownsville, TX 785	20
8	(a) Category (See Categories listed at the top of	this schedule) (b) Description	
PURPOSE	D . 170 1.	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Donation made	Check if Austin, TX, officeholder living expense	
	candidate	Party Donation	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		_
11/14/15	Cameron Count	Democratic Party	
Amount (\$)	Payee address; City; State;	Zip Code	
\$1,500.00	1008 East Elizab	beth Street, Brownsville, TX 7852	20
	Category (See Categories listed at the top of thi	als schedule) Description	
PURPOSE OF	F-	Check If travel outside of Texas. Complete Schedule T.	
EXPENDITURE	tees	Check If Austin, TX, officeholder living expense	
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		_
11/17/15	MS Designs		
Amount (\$)	Payee address; City; State;	Zip Code	_
8707.96		Court Drive, Harlingen, TX 78852	4
	Category (See Categories listed at the top of this		_
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising Exper	Check if Austin, TX, officeholder living expense	
	J 3.440.	T-Shirts (campaign)	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	4
expenditure to benefit C/OH		Office held	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	ical Committee Legal Services	Polling Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor Fravel Out Of District Cother (enter a category not listed above)
	The Instruction Guide explain	
1 Total pages Schedule F	Shella Garcia J	3 Filer ID (Ethics Commission Filers)
11/18/12	Lola's Bake Shop	
6 Amount (\$)	7 Payee address; City; State; Zi	p Code
\$250.00	1335 Palm Blud.	Brownsville, TX 78520
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description
PURPOSE OF	- 1	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
	Orth Oppose	Holiday Social Deposit
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
experientine to benefit C/O	H	Office field
Date	Payee name	
11/18/15	City of San B.	enito
Amount (\$)	Payee address; City; State; Zip	Code
\$35.00	485 N. Sam Hous	ston Blud, San Benito, TX 78586
	Category (See Categories listed at the top of this sch	edule) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
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		74th Annual Christmas Parade
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11 18 15	Charro Days I	nc
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	Category (See Categories listed at the top of this sched	
PURPOSE	Event Expense	- Soon plant
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- S ENDITORE		Check if Austin, TX, officeholder living expense
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expenditure to benefit C/OH	Candidate / Chicerlolder name	Office sought Office held
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SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

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Solicitation/Fundralsing Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit	By Gift/Awards/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District	
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4 Date 11 20 15	RGV Media Group			
6 Amount (\$)	7 Payee address; City; State; Zip (Code		
\$2,000.00 P.O. Box 6156 Brownsville, TX 78520				
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description		
PURPOSE OF		Check if travel ou	tside of Texas. Complete Schedule T.	
EXPENDITURE	Solicitation Expens	Check if Austin	, TX, officeholder living expense	
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9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name		,	
11/30/12	RGV Media Grou	IP		
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\$2,000.00 P.O. Box 6156 Brownsville, Tx 78520				
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OF EXPENDITURE	Consulting Expense		TX, officeholder living expense	
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expenditure to benefit C/OH	Candidate / Chiceholder Hame	Office sought	Office held	
Date	Payee name			
12/01/15	Friendship of Wor	nen, Inc		
Amount (\$)	Payee address; City; State; Zip Co	de		
\$250.00	P.O. Box 3112, BI	ownsuille 7	TX 78523	
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OF EXPENDITURE	Event Expense	1 1 1	K, officeholder living expense	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense

Fees
Food/Beverage Expense
Gift/Awards/Memorials Ex

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Poli Credit Card Payment	tical Committee	Gift/Awards/Memorials Expense Legal Services	Printing E Salaries/	xpense Vages/Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed above)
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8	(a) Category (See Categories listed at the top of this :	schedule)	(b) Description	
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OF EXPENDITURE	tve	nt Expense			TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/O	Candidat H	e / Officeholder name		Office sought	Office held
Date	Payee name	9			
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12/4/15	Wal	Mart			
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Fees
Food/Reverage Ex

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Relat

Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	e By tical Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling E Printing Salaries	Expense Expense Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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8	(a) Category	(See Categories listed at the top of thi	is schedule)	(b) Description	
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Complete ONLY if direct expenditure to benefit C/O	Candida H	ate / Officeholder name		Office sought	Office held
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Amount (\$)	Payee add	dress; City; State;	Zip Code		
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12/9/15	A A	dy Clinic			
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\$200.00	1901			ownsville,	TX 78521
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Payee name 6 Amount (\$) 7 Payee address; \$5,238.10 6156 Brownsville, TX 78520 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Printing Expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Postal Service Payee address; City; State; Zip Code Buren Ave #3, Harlingen, TX 78550 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought expenditure to benefit C/OH Office held Date Payee name Amount (\$) Payee address; Isabel Rd. Brownsville, TX 78521 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought expenditure to benefit C/OH Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Contributions/Donations Made By Travel In District Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) neila arria 4 Date Payee name 7 Payee address; City; State; Zip Code Or, Harlingen, TX 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Advertising Ex Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name Media Amount (\$) Payee address; City; State; Zip Code rownsuiller TX 78520 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check If travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Date Payee name Media Group Amount (\$) Payee address; City; State; Zip Code 6156, Brownsville, TX 78520 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Garage Bence 3 Filer ID (Ethics Commission Schedule F1: 2 Filer NAME Garage Bence 4 Date 12 30 15 Payee name Media Group 6 Amount (\$) 7 Payee address; City; State; Zip Code P. O. Box 6156, Brown Soille, TX 78520 8 (a) Category (See Categories listed at the top of this schedule) (b) Description	on Filers)
Shella Garaa Bence 4 Date 12/30 15 5 Rayee name Media Group 6 Amount (\$) 7 Payee address; City; State; Zip Code P. O. BOX 6 56, Brownsville, TX 78520	on Filers)
12/30/15 RGV Media Group 6 Amount (\$) 7 Payee address; City; State; Zip Code \$2,000.00 P. O. Box 6/156, Brownsville, TX 78520	
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9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH	
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SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Printing	Expense g Expense s/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category	not listed above)
orodi odra i dymoni		The Instruction Guide expla	ins how t	o complete this form.		
1 Total pages Schedule G:	2 FILER NA Sheila	me Garcia Bence			3 Filer ID (Ethics (Commission Filers)
4 Date	5 Pavee nan					
9/30/2015		(in Motion				
6 Amount (\$)	7 Payee add	lress; City; State; Z	Zip Code			
\$1,500.00 Reimbursement from	7811	Ped roncelli,	San	Antonio,	TX7825	3
political contributions intended						
8 PURPOSE	(a) Category (See Categories listed at the top of this s	chedule)	(b) Description We	b design	
OF	Advertis	ing Expense			e of Texas. Complete Schedule	т.
EXPENDITURE	71011	& CYLLING.		Check if Austin, T	K, officeholder living expen-	se
9 Complete ONLY if direct expenditure to benefit C/4		ate / Officeholder name		Office sought	C	Office held
Date	Payee nam	10		N.,		
10/16/2015	MS	Designs		**		
Amount (\$)	Payee add	ress; City; State; Z	ip Code			70000
\$ 328.00	14DS	S Palm (DUY	t. Dr., Harli	ngen, 1x	18229
Reimbursement from political contributions intended	1900	J. TOWN C	000		J	
PURPOSE	1000 100	See Categories listed at the top of this se	chedule)	Description Bu	siness cards	
OF EXPENDITURE	Advert	ising Expense		[]	of Texas. Complete Schedule , officeholder living expens	
Complete ONLY if direct	Candida	te / Officeholder name		Office sought	C	office held
expenditure to benefit C/0	ЭH					
Date	Payee nam	Α				
10/16/2015	City	of Harlinge	n			
Amount (\$)	Payee add				- 16-5	
\$150.00	ayas	Boxwood St	-,+	tarlingen	TX 78550	
Reimbursement from political contributions intended	9405	20,000000	·) (is any of 19		
PURPOSE	Category (S	See Categories listed at the top of this so	chedule)	Description Kick	coff peposit	
OF	Event	- Expense			of Texas. Complete Schedule	
EXPENDITURE		J. 10-		Check If Austin, TX	, officeholder living expens	9
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder name		Office sought	0	ffice held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

Forms provided by Texas Ethics Commission

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Ma Candidate/Officeholder/Pc Credit Card Payment	ide By Diltical Committee	Event Expense Fees Food/Beverage Expense Glit/Awards/Memorials Expense Itical Committee Event Expense Food Food/Beverage Expense Glit/Awards/Memorials Expense Legal Services Loan Repayment/Relimbursement Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor			Repayment/Relmbursement o Overhead/Rental Expense g Expense ng Expense les/Wages/Contract Labor	Transportation Travel In Distri Travel Out Of I	ndraising Expense Equipment & Related Expense ct District category not listed above)
	0.50	The Ins	truction Guide e	xplains how	to complete this form.		0,
1 Total pages Schedule (Sheila	a Ga	rcia Be	ence		3 Filer ID (I	Ethics Commission Filers)
4 Date	5 Payee nar	-				-	
6 Amount (\$)	MS		igns				
\$8,218.34	7 Payee add	dress;	City; State	; Zip Code			
Reimbursement from political contributions intended	1405	S. 4	Palm (Court	or., Harlin	rgen, T	£2885x
8 PURPOSE	(a) Category (See Categorie	s listed at the top of t	this schedule)	(b) Description Sign	S. Chirts.	humpor
OF EXPENDITURE	Adverti	0	Expens	se	Checkii travel outsid	le of Texas. Complete S X, officeholder living	Schedule T. Stucer S
9 Complete ONLY if direct expenditure to benefit C.		te / Office	holder name		Office sought		Office held
Date	Payee nam	0			×		
10/16/2015	city o	of H	arlinge	n			
Amount (\$)	Payee addi	ess;	City; State;	Zip Code			
Relimbursement from political contributions intended	ayas	Box	kwood "	St., H	arlingen, T	X 7859	50
PURPOSE	Category (S	ee Categories	listed at the top of th	ils schedule)	Description Vick	- Off Dep	ncit
OF	Event	EVO	iense.		Check if travel outside	of Texas. Complete Sc	chedule T.
EXPENDITURE					Check If Austin, TX	, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/0	Candidat OH	e / Officeh	nolder name		Office sought		Office held
Date	Рауее пате	1					
10/21/2015	Acad	emy	Spor	rts t	outdoor	S	
Amount (\$)	Payee addre	ess;	City; State;	Zip Code			
Reimbursement from political contributions intended	4305	old	Hwy	. 77,	Bownsvill	e,TX-	18270
PURPOSE	Category (Se	e Categories I	isted at the top of this	s schedule)	Description IOX IT	Conop	1
OF EXPENDITURE	Other/7	Event	Expens	se	Check if travel outside of Check if Austin, TX,	of Texas, Complete Sch	edule T.
Complete ONLY if direct expenditure to benefit C/O	Candidate H	/ Officeho	older name		Office sought		Office held
,	ATTACH	ADDITIC	DNAL COPIES	OF THIS S	CHEDULE AS NEEDE	D .	

SCHEDULE G

dvertising Expense Event Expense Loan Repayment/Reimburgerm

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

Event Expense Fees Food/Beverage Expense Gitt/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)

Credit Card Payment	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule C	Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
4 Date 10 21 20 S	5 Payee name Sam's Club	
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Oal US-77 Frontage	Rd, Harringen, Tx 78550
8 PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Event Expense	(b) Description Candy & Cup conation Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C		Office sought Office held
Date 10/22/2015	Payee name Office Depot	·.
Amount (\$) \$95.13 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 606 S. Expressway 83,	Harringen, TX78550
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising the pense	Description Badge kits Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Date 10 37 30 S Amount (\$)	Payee name Office Depot Payee address; City; State; Zip Code	
Reimbursement from political contributions intended	606 S. Expressway 83	3, Harlingen, TX 78550
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Inc. Jenvelopes Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
3	ATTACH ADDITIONAL COPIES OF THIS S	CHEDIU E AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Office/holder/Political Committee

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)

Candidate/Officeholder/Pol Credit Card Payment	litical Committee	Legal Services		g Expense es/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
		The Instruction Guide exp	plains how t	o complete this form.	7
1 Total pages Schedule G	: 2 FILER NA				3 Filer ID (Ethics Commission Filers)
4	Shei	la travid	Benc	e	THOS (CHINGS COUNTINSSION CHOIS)
4 Date	5 Payee nan	ne			
11/5/2015	HEB				
6 Amount (\$)	7 Payee add	dress; City; State;	Zip Code		
Reimbursement from political contributions intended					ven, TX 78550
8 PURPOSE	(a) Category (See Categories listed at the top of thi	is schedule)	(b) Description Food	for event workers
OF EXPENDITURE		Beverage Exp	ense	Check if travel outside	of Texas. Complete Schedule T. officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/		ate / Officeholder name		Office sought	Office held
onpolition in annual	On				
Date	Payee nam	A			
11/5/2015		of Harlings	01	lo.	
Amount (\$)	Payee addr	ress; City; State;	Zin Code		
\$20.00				9	1 8 D
Reimbursement from political contributions intended		5 Boxwood		tarlingen,	Tx 78550
PURPOSE	Category (S	ee Categories listed at the top of this	schedule)	Description Lick	c off Deposit
OF EXPENDITURE	Event	Expense	2	Check if travel outside o	of Texas. Complete Schedule T.
				Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder name		Office sought	Office held
Date	Payee name)			
11/17/2015	Sign	solutions			
Amount (\$)	Payee addre	,,,	Zip Code		
\$422.18	IDLI A	1 FUNCOCCUM	. 0 0	make ville.	Tx 785a)
Relmbursement from political contributions intended	104 1	1. Expressiva	y, D	MOWE IS WITH S	,
PURPOSE	Category (Se	e Categories listed at the top of this s	schedule)	Description Car	Magnets
OF EXPENDITURE	Advertis	INA IN MONCO			Texas, Complete Schedule T.
		only the perise		Check if Austin, TX, o	officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		e / Officeholder name		Office sought	Office held
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:	
2 FILER NAME	Sheila Garcia Bence	3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Name of person from whom amount is received		8 Amount (\$)	
11/24/15	City of Harlingen 6 Address of person from whom amount is received; City; State; P.O. box 2207, Harlingen, Texas	Zip Code 78551	150.00	
	7 Purpose for which amount is received Check if	political contribution	returned to filer	
	Refund from rental of city	venue for	kickoff event	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State;	Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State;	Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State;	Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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	N°	

OUTSTANDING LOANS

SCHEDULE L

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule L:				
2 FILER NAME	Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)				
LENDER INFORMATION	4 Name of lender First Community Bank 5 Lender address; City; State; Zip Code 405 N. Stuart Place, Harlingen	тх 78552				
GUARANTOR INFORMATION	6 Name of guarantor Travis & Sheila Garcia Bence	, 111 /0332				
☐ not applicable	icable 7 Guarantor address; City; State; Zip Code 1018 East Tyler, Harlingen, TX 78550					
LENDER INFORMATION	Name of lender					
	Lender address; City; State; Zip Code					
GUARANTOR INFORMATION	Name of guarantor					
not applicable	Guarantor address; City; State; Zip Code					
LENDER INFORMATION	Name of lender					
	Lender address; City; State; Zip Code					
GUARANTOR INFORMATION	Name of guarantor					
not applicable	Guarantor address; City; State; Zip Code					
LENDER INFORMATION	Name of lender					
	Lender address; City; State; Zip Code					
GUARANTOR INFORMATION	Name of guarantor					
not applicable	Guarantor address; City; State; Zip Code					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED				