JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to complete this form	Tiler ID (Ethics Commission Filers) m.	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST Mrs. Sheila	MI Garcia	OFFICE USE ONLY	
NAME	NICKNAME LAST Bence	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 1018 East Tyler, Harlingen, Texas 7	CITY; STATE; ZIP CODE	CAMERON COUNTY DEPARTMENT OF ELECTIONS 8 VOTER REGISTRATION	
Change of Address			2:50em FEB 0 1 2016	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 440-8900	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Ahoult \$	
TREASURER	Mr. Travis	L.	Date Processed	
NAME	NICKNAME LAST	SUFFIX		
	Bence		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): AP	PT / SUITE #; CITY; STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 440-8900	EXTENSION		
9 REPORT TYPE	January 15 30th day be	efore election Runoff Discreption Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 01 / 01 / 2016 TH	Month Day HROUGH 01 / 22	Year ✓ 2016	
11 ELECTION	ELECTION DATE Month Day Year 03 01 2016 General	Description		
12 OFFICE	OFFICE HELD (il any)	13 OFFICE SOUGHT (if known) Judicial Candidate for (County Court at Law Number Four	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME Sheila Garcia Bence 15 Filer ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OF 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 OF CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE COMMITTEE NAME			
	GENERAL			
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages			, , , , , , , , , , , , , , , , , , , ,	
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ \[\tau_D \cdot \tau_			
EXPENDITURE TOTALS	1 3 TOTAL DOLLTICAL EVDENDITHDES OF \$100 OD LESS			
, , , , , , , , , , , , , , , ,	4. TOTAL POLITICAL EXPENDITURES \$ 9,452.64			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 75,000.			
18 AFFIDAVIT		1		
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. Notary ID # 128581747 My Commission Expires April 13, 2019 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscribed before me, by the said Shella durid Bence, this the day of Tebruary, 20 6, to certify which, witness my hand and seal of office.				
Signature of officer administering oath Notary Public, State of Texas Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

		veri oneen to o		
19	9 FILER NAME 20 Filer ID (Ethics Con			
	Sheila Garcia Bence			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 100.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$		
4.	SCHEDULE E(J): LOANS (JUDICIAL)	\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,974.23		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ns \$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$478.41		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	F C/OH \$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$		
		•		

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

Т	he Instruction Guide explains how to complete this fo	1 Total pages Schedule A(J)1:			
2 FILER NAME Sheila Gar	cia Bence		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor cut-of-state PAC ID#:) Sidney V. Broyles Office Contributor address; City; State; Zip Code 1362 Maple Ct. Harlingen, TX 78550		7 Amount of contribution (\$)		
Notiv	orincipal occupation	9 Contributor's job title			
10 Contributor's e	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 out-of-state PAC if		Amount of contribution (\$)		
Contributor's p	principal occupation	Contributor's job title			
Contributor's e	employer/law firm	Law firm of contributor	s spouse (if any)		
If contributor is	If contributor is a child, law firm of parent(s) (if any)				
Date	Full name of contributor				
Contributor's p	rincipal 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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORIE	ES COD BOX A	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	Event Expense	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense g Expense sawWages/Contract I abor	
1 Total pages Schedule Fi	The instruction Guide explains how t	to complete this form,	
		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payge name	(CC	
101/3010		0up	
6 Amount (\$)	7 Payee address; City; State; Zip Code	ulp	
\$5.000.00	<u>.</u>	ownsville, TX 78520	
8	(a) Category (See Categories listed at the top of this schedule)		
PURPOSE	the top of this schedule)	(b) Description	
OF EXPENDITURE	Cons. III a To	Check if travel outside of Texas. Complete Schedule T.	
	Consulting Expense	Check If Austin, TX, officeholder living expense	
9 Complete ONLY If direct		Campaign manager	
expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
1101/2016			
10110016	KGN Media Grow		
Amount (\$)	Pove a solution	4	
\$2,000.00			
40,000 °	P.O. Box 6156, Brown	Wille TV 7050 A	
	Category (See Category)	20111C1 1/1 1808C	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	California	Check II travel outside of Texas, Complete Schedule T,	
EN ENDITORE	Solicitation Expense	L_I Check if Austin, TX, officeholder living expense	
		Phane Banking	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	
AMPONOMOTE TO DATIBILIT CAOH		Office held	
Date	Payee name		
1/11/2016	RGN Media Group		
Amount (A)			
	Payee address; City; State; Zip Code		
\$ 96.54	and the second s		
		suille, TX 78520	
	Category (See Categories listed at the top of this schedule)		
PURPOSE		Description Check if travel outside a CT	
EXPENDITURE	Advertising Expense	Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		{	
omplete ONLY if direct	Candidate / O.W.	Campaign buttons	
xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
		Onled lield	
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE ACALEDTO	
ns provided by Texas Ethics C	ommission www.ethics.state.tv.us	LICOULE NO INFEDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

dvertising Expense Event Expense Loan Repayment/Reimbursems

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/Wagea/Contract Labor

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

Candidate/Officeholder/Poli Credit Card Payment	tical Committee Legal Services Se	inting Expense Travel Out of District Plantes/Wagea/Contract Labor Other fenter a category and list
	The instruction Guide explains he	
1 Total pages Schedule F	1: 2 FILER NAME Sheila Garcia Be	2 50 - 10 /51
4 Date	5 Payee name	·
17 12016		V Magazine
6 Amount (\$)	7 Payee address; City; State; Zlp Co	ebode
\$1,650.00	110 Negency Ct. 1Har	rlingen. TX 78550
8	(a) Category (See Categories listed at the top of this schedu	
PURPOSE		(b) Description Magazine ad Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check If Austin, TX, officeholder fiving expense
Omplete ONLY If direct	Candidate / Officeholder name	
expenditure to benefit C/O	Н	Office sought Office held
Date	Payon name	
	Payee name	
1/08/3019	1 Office Deport	
Amount (\$)	Payee address; City; State; Zip Coo	de
472.52		
· Id. Ja	605 S. Expresswa	y 83, Harlingen, TX 78550
	Category (See Categories listed at the top of this schedule	
PURPOSE		Description Toner for block walking Check If travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Printing Expense.	Check If Austin, TX, officeholder living expense
	of Aperise	State of the state
Complete CALLY II		
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11112016	DC-11 WA I'VE	
	RGV Media Group	P
Amount (\$)	Payee address; City; State; Zip Code	
11,200.00		
11/200	P.O. Box 6156, Br	ownsville, TX 78520
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		
OF EXPENDITURE	Printing Expense.	Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense
}	y on one	a 6
<u> </u>		mailer
omplete <u>ONLY</u> If direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
	ATTAOLIA DOME	
	ATTACH ADDITIONAL COPIES OF THIS	S 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 i Candidate/Officeholder, Oredil Card Payment	Event Expense Fees Food/Beverage Expense Glit/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Palaries/Wages/Contract Labor Salaries/Wages/Contract Labor Robert Selection			
1 Total pages Schedui	e F1: 2 FILER NAME				
4 Date	Sheila Garcia P	Sence 3 Filer ID (Ethics Commission Filers)			
6 Amount (\$)	7 Payee address; Oity; State; ZII	up			
8911.74	= 19, 000, 21	rownsville, TX 78520			
8	(a) Category (See Categories listed at the top of this so				
PURPOSE OF EXPENDITURE	Printing Expense	Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense			
9 Complete ONLY If direct	t Candidate / Officeholder name	Push Cards			
expenditure to benefit C	D/OH	Office sought Office held			
- Date	Payee name				
1/12/2016		im of Brownsville			
Amount (\$)	Payee address; City; State; Zip (Code Cooke Office			
\$200.00		Brownsuille, TX 78520			
DUDDE	Category (See Categories listed at the top of this sched	dule) Description			
PURPOSE OF EXPENDITURE	Event Expense	Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense			
Complete ONLY if direct		Girls Night Out Bings			
expenditure to benefit C/C	Candidate / Officeholder name H	Office sought Office held			
Date	Payee name				
1/18/2016	Dollar Tree Store	s.Inc.			
Amount (\$)	Payee address; City; State; Zip Co				
\$2.17		e A., San Benito, TX 78586			
PURPOSE	Category (See Categories listed at the top of this schedul	e) Description			
OF EXPENDITURE	Event Expense	Oheck II travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense MLK Event Washington			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Park Brownsville			
	ATTACH ADDITIONAL CODICS OF	110,004			
orms provided by Tayaa Ethi.	ATTACH ADDITIONAL COPIES OF TH	115 SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Consulting Expense Fees Food/Beverage Expense Glift/Awards/Memoriais Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee

Credit Card Payment

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel in District 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) Sheile Giarcia Bence 5 Payee name \$541.26 1405 S. Palm Court Drive, Harlingen, TX 78552 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas, Complete Schedule T, OF Advertising Expense EXPENDITURE Check If Austin, TX, officeholder living expense 9 Complete ONLY If direct Candidate / Officeholder name expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zlp Code 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 Complete ONLY If direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. OF EXPENDITURE Chack if Austin, TX, officeholder living expense Complete ONLY If direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Poli- Gredt Card Payment	e By lical Committee	Event Expense Fees Food/Beverage Expense Glit/Awards/Memorials Expense Legal Services The Instruction Guide expense	Offici Pollir Printi Salar	Repayment/Relmbureement Overhead/Rental Expense g Expense ng Expense es/Wagea/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NA			to complete this follow	
3	Shei	la Garcia B	sence	· ····································	3 Filer ID (Ethics Commission Filers)
1/02/2016		ice Depot			
6 Amount (\$)	7 Payee add	ress; Clty; State;	Zip Code		
\$17979 Reimbursement from political contributions intended	605	S. Express	yowa	83, Harlinge	n, TX 78550
8 BURDOSE	(a) Category (8	See Categories listed at the top of this	s schedule)	(b) Description 21 ~ V	Cwalking map supplies
PURPOSE OF EXPENDITURE	Advert			Chack if travel outside	of Texas. Compilete Schedule T. officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candida DH	te / Officeholder name		Office sought	Office held
Date 1 15 2016	Payee name	ice Depot		N.	
Amount (\$) \$95.24	Payee addr	ess; City; State;	Zip Code		
Relmbursement from polltical contributions intended	605	S. Expressi	way	83, Harlingo	n, TX 78550
	Category (Sa	e Categories listed at the top of this	schedule)	Description fold	
PURPOSE OF EXPENDITURE	Adver	tising typens	SC	Check // travel outside o	US FOV DOCK WALKING. of Texas. Complete Schedule T. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate H	e / Officeholder name		Office sought	Office held
Date	Payee name				
1/16/2016	Jack	in the Boy	Z.		
Amount (\$) 4 32 . 67	Payee addre	,,,	•		
Reimbursement from political contributions intended	The state of the s	S. Expression	ay 8.	3, Harlinge	n, TX 7855a
PURPOSE	Category (See	Categories listed at the top of this s	chedule)	Description /	I Con I link i salker
OF EXPENDITURE	Event	Expense	-	Uneck if travel outside of	L FOY Block WAIKES Texas, Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct Candidate / Officeholder name Office sought Office heid expenditure to benefit C/OH				
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
Contributions/Donations Made By
Oandidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other Conference and Related Expense

Credit Card Payment	Legal Services Sal The Instruction Guide explains ho	aries/Wages/Contract Labor w to complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule G	Sheila Garcia Benc	<u>e</u>	3 Filer ID (Ethics Commission Filers)	
4 Date 12016	5 Payee name Dollar Tree Stores,	Inc.		
6 Amount (\$) \$16.24	7 Payee address; City; State; Zip Coo	ie		
Aelmbursement from political contributions intended	2109 W. Lincoln Av	e, Harlingon	, 1X 78552 3919	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (s Night out Bingo	
OF EXPENDITURE	Event Expense.	Chack if travel outside	e of Texas. Complete Schedule T. Table (, officeholder living expense	
9 Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/	ОН	,		
Date	Payee name	٠.	/ A	
1222016	Hobby Lobby			
Amount (\$)	Payee address; City: State; Zip Cod	9		
143.61				
Aelmbursement from political contributions intended	2209 W. Lincoln Ave,	Harlingen,	(X 78552-	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Girls	s Night out Bingo	
OF	Event Expense	1 11	of Texas. Complete Schedule T. Table	
EXPENDITURE	CVO ET C XPERSE	Check if Austin, TX	, officeholder living expense Decor	
Complete <u>ONLY</u> If direct Candidate / Office hame Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
1/20/2016	Party City			
Amount (\$)	Payee address; City; State; Zip Code	9		
110.00	3000 Pablo Kisel Bl	I'VI PON INGI	III. TX TREDI	
Reimbursement from political contributions intended	SOOD TUDIO RISEC OI			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Girls	s Night Out Bingo	
OF EXPENDITURE	Event expense		of Texas, Domplete Schedule T. Table officeholder living expense Decov	
Complete <u>ONLY</u> If direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				