# Mrs. Sheila Garcia Bence

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM JC/OH COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The JC/OH Instruction	Guide explains how to complete this form	1.	
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST  Mrs. Sheila  NICKNAME LAST  Bence	Garcia	OFFICE USE ONLY  Date RECAWETON COUNTY DEPARTMENT OF ELECTIONS &  VOTER REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #;  1018 East Tyler, H	city; state; zip code arlingen, Texas 78550 By;	FEB 22 2016 4:33P
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 956 ) 440 -8900	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST  Mr. Travis  NICKNAME LAST  Bence	MI L 	Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (no po box please); Apri 1018 East Tyler, Harling		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 956 ) 440-8900	EXTENSION	
9 REPORT TYPE	January 15 30th day befo	<u></u>	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	01/ 23/ 2016	Month Day  IROUGH 02 / 22 /	Year 2016
11 ELECTION	ELECTION DATE Month Day Year X Prima  03 01 2016 Gene	Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)  Judicial Candidate for Co	unty Court at Law Number Four
	GO T	O PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME		1	5 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages			·		
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N ED \$		
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$700.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL POLITICAL EXPENDITURES \$34340.04				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D	\$ 1,650.00		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	\$ 34,340.04 \$ 1,650.00 HE \$ 100,000.00		
18 AFFIDAVIT					
			rjury, that the accompanying report is radiion required to be reported by me		
	MELISSA ROCHA Notary ID # 126317984				
	oires November 28, 2019	Signature of Candi	idate or Officeholder		
	l <i>[</i>	y the said Shaila Garcia Bence	, this the February		
day of O	, 20 <u></u> , t	o 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		

## SUBTOTALS - JC/OH

## FORM JC/OH COVER SHEET PG 3

19	Sheila Garia Blace  20 Filer ID (Ethics Commission Filers)					
21		DULE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT		
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 700.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$		
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$ 25,000.00		
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$ 25,000.00 \$ 34,102.51		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL OF	CONTRIBUTIONS	\$		
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	}	\$ <b>a</b> 37.53		
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$		
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	\$		

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

4 Data	ila Garcia Bence		3 Filer ID (Ethics Commission Filers)
4 Date			
2/4/2016	Full name of contributor	7 Amount of contribution (\$) \$250.00	
8 Contributor's pri	incipal occupation		
10 Contributor's en Cameron		11 Law firm of contributor's	s spouse (if any)
2 if contributor is a	a child, law firm of parent(s) (if any)		
Date	Full name of contributor	#:)	Amount of contribution (\$)
2/7/2016  Contributor address; City; State; Zip Code  410 Retama Harlingen, Texas 78550			\$100.00
Contributor's pri	ncipal occupation	Contributor's job title	
Contributor's em	ployer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is a	a child, law firm of parent(s) (if any)		
Date	Full name of contributor	#	Amount of contribution (\$)
Fred Traylor  2/22/2016  Contributor address; City; State: Zip Code  P.O. Box 2585, Harlingen, Texas 78550			\$100.00
Contributor's pri	ncipal occupation	Contributor's job title	
Contributor's em	ployer/law firm	Law firm of contributor's	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

7	he Instruction Guide explains how to complete this fo	1 Total pages Schedule A(J)1:		
2 FILER NAME	Sheila Garcia Bence		3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributorout-of-state PAC_ID#:			7 Amount of contribution (\$) \$250.00	
2/2///0	Contributor address; City; State; 2220 Haine Drive, Ste 35, Harlingen, Tex	φ230.00		
8 Contributor's p	orincipal occupation Business Owner	t, Secretary, Director, Treasurer		
10 Contributor's e	·	11 Law firm of contributor	s spouse (if any)	
	Help America Corporation			
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor	Amount of contribution (\$)		
2/15/2016	Contributor address; City; State; 1534 East 6th Street, Brownsville, Texas 7	\$100.00		
Contributor's p Attorney	orincipal occupation	Contributor's job title Attorney		
	employer/law firm old, Attorney at Law	Law firm of contributor's spouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor	D#:)	Amount of contribution (\$)	
	Contributor address; City; State:	Zip Code		
Contributor's p	orincipal occupation	Contributor's job title		
Contributor's e	employer/law firm	Law firm of contributor	s spouse (if any)	
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.

LOANS (	SCHEDULE E(J)			
The In	struction Guide explains how to complete this f	orm.	1 Total pages Schedule E(J):	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
She	eila Garcia Bence			
4 TOTAL OF UNI	TEMIZED LOANS	\$		
5 Date of loan	7 Name of lender out-of-state_PAC (	!D#: )	9 Loan Amount (\$)	
10/15/2015	First Community Bank		15,000.00	
6 Is lender a financial Institution?	8 Lender address; City; S	State; Zip Code	10 Interest rate 5.9%	
Ø N	405 N. Stuart Place Rd, Harlin	gen, 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 spou	ise (if any)	
16 If lender is a child,	law firm of parent(s) (if any)			
17 Description of Colle Lot 25, Bl	k 47 Padre Subdivision	18 Check if personal funds w account (See Instructions		
19 GUARANTOR	20 Name of guarantor		22 Amount Guaranteed (\$)	
INFORMATION	Travis L. Bence & Sheila Garcia	a Bence		
	21 Guarantor address; City; S	State; Zip Code		
not applicable	1018 East Tyler, Harlingen, Tex	as 78550		
23 Guarantor's Princip	al Occupation	24 Guarantor's Job Title		
	attorney	attorney		
25 Guarantor's Employ		26 Law Firm of guarantor's s		
Bence & Asso	ild, law firm of parent(s) (if any)	Snella Garcia Bend	ce, Attorney at Law	
- n guarantor is a cir	nu, law firm of parenit(s) (ii any)			
			11.00 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDIN E AS NE	EDED	
If le	nder is out-of-state PAC, please see instruct			

LOANS (	JUDICIAL)		SCHEDULE <b>E(J)</b>	
The Ir	struction Guide explains how to complete this	1 Total pages Schedule E(J):		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
She	eila Garcia Bence			
4 TOTAL OF UNI	TEMIZED LOANS		\$	
5 Date of loan	7 Name of lender  ut-of-state PAC	(ID#:)	9 Loan Amount (\$)	
10/15/2015	First Community Bank		10,000.00	
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 5.9%	
Ø N	405 N. Stuart Place Rd, Harli	ngen, 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 spo	ouse (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  none  18 Check if personal funds account (See Instruction X)				
19 GUARANTOR INFORMATION	20 Name of guarantor Travis L. Bence & Sheila Garc	ia Bence	22 Amount Guaranteed (\$)	
	21 Guarantor address; City;	State; Zip Code		
not applicable	1018 East Tyler, Harlingen, Te	xas 78550		
23 Guarantor's Princip	al Occupation	24 Guarantor's Job Title		
	attorney	attorney		
25 Guarantor's Employ		26 Law Firm of guarantor's		
Bence & Asso 27 If guarantor is a ch	ild, law firm of parent(s) (if any)	Snelia Garcia Ben	ce, Attorney at Law	
	·			
If le	ATTACH ADDITIONAL COPIES nder is out-of-state PAC, please see instruc			

#### SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Onations 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/Wades/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Pill	nting Expense aries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
orosit outdit trymone	The instruction Guide explains how	w to complete this form.	. 20
1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence		3 Filer ID (Ethics Commission Filers)
4 Date 1/25/2016	5 Payee name Office. Deport		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$85.67	605 S. Expression 8	13. Harlingen	, TX 78550
8	(a) Category (See Categories listed at the top of this schedule	e) (b) Description	st cards
PURPOSE OF			ide of Texas. Complete Schedule T.
EXPENDITURE	Printing Expense	LJ Check if Austin,	TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1/25/2016	United States Poli	al Service	,
Amount (\$)	Payee address; City; State; Zip Coo		
\$102.00	221 E Van Buren Ave	#3, Harlinger	n, TX 78550
	Category (See Categories listed at the top of this schedule	Description POS	st card stamps
PURPOSE OF	M 11	Check if travel outsid	ie of Texas. Complete Schedule T. *
EXPENDITURE	Other	Check if Austin, T	X, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
Date	Payee name		
2/01/2016	RGV Media Gro	υρ	
Amount (\$)	Payee address; City; State; Zip Cod	Ө	
2,000.00	P.O. Box 6/56, Bro	wnsuille, T>	78520
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	^	, ,	e of Texas, Complete Schedule T.
EXPENDITURE	Consulting Expense	Check if Austin, TX	K, officeholder living expense
	<i>J</i>	Campaign	manager
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF TH	IIC COLIEDIN E AG NESS	-5

#### 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 Gitt/Awards/Memorials Expense Legal Services

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salariss/Wages/Contract Labor

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

Travel Out Of District Legal Services Salaries/Wages/Contract Labor 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 Garcia Bence 4 Date 2/01/2016 7 Payee address; City; State; Zip Code 6 Amount (\$) P.O. BOX 6156, Brownsville, Texas 78520 \$ 1.000.00 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. consulting expense \_\_\_ Check if Austin, TX, officeholder living expense EXPENDITURE Canuassing coordinator Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 9108/1016 RGV Media Group

Pavee address; City; State; Zip Code Amount (\$) \$8,850.00 P.O. Box 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. Printing Expense Check if Austin, TX, officeholder living expense Feb mailer ISK Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Manuel Zuniga 2/0/2016 Amount (\$) \$750·00 2800 FM 802 Apt 1033, Brownsville, Texas 78526 Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Advertising Expense Check if Austin, TX, officeholder living expense EXPENDITURE El Valle Noticias Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Relmbursement Accounting/Banking Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Polling Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor 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 Garcia Bence 4 Date 5 Payee name Ginny Chester vee address: City: State 2/12/2016 6 Amount (\$) \$280·00 20832 Amistad, Harlingen, Texas 78550 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 Salaries Wages Contract \_\_\_ Check if Austin, TX, officeholder fiving expense EXPENDITURE Phones 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 212/2016 Robert Ramos Amount (\$) City; State; Zip Code \$ 30.00 401 E Lincoln Ave, Harlingen, TX 78550 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Salaries | Wages | contract Check if Austin, TX, officeholder living expense Blockwalkina Candidate / Officeholder name Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Sandra Delaunay 3/13/30/10 1206 South 2nd, Harlingen, TX 78550 \$100.00 Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. Salaries wages contract Light Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

		EXPENDITURE CAT	EGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	By ical Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ov Polling Ex Printing E		Transportation Travel in Distric Travel Out Of E	
		The instruction Guide expla	ins how to	complete this form.		
1 Total pages Schedule F		<sup>AME</sup> I Garcia Bence		***************************************	3 Filer ID (E	Ethics Commission Filers)
4 Date 2/13/2016	5 Payee na	me	ouD		L	
6 Amount (\$)	7 Payee ac					
\$1,000.00	P.O.	Box 6156, B	nowne	ville, Texa	s 7853	20
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this			itside of Texas. Comp o, TX, officeholder II	
9 Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
Date	Payee nai	ne				
2/14/2016	REV	Medra Gr	oup			
Amount (\$)	Payee add	dress; City; State; 2	Zip Code			
44,390.00	P.O.	Box 6156, Br	twins	ville, TX 7	<b>8520</b>	
PURPOSE	Category	(See Categories listed at the top of this	schedule)	Description  Check if travel outs	side of Texas. Comple	te Schedule T.
OF EXPENDITURE	Advertising Expense			TX, officeholder liv	ads (T.V.)	
Complete ONLY if direct expenditure to benefit C/Oh		e / Officeholder name		Office sought		Office held
Date	Payee nar	ne			· · · · · · · · · · · · · · · · · · ·	
2/14/2016	RGV	Media Giro	ИP			
Amount (\$)	Payee add		ip Code			
\$1,794.96	P.O. B	10x 6156, Brow	asui	lle, Texas	7852	
PURPOSE OF EXPENDITURE	Adve	See Categories listed at the top of this s	chedule)		de of Texas, Complete FX, officeholder livin	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
	ATTA	CH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEED	DED	
anna a mara dala dala 🛨 💮 🕶 🙃					******	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense 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 Credit Card Payment Legal Services 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 Garcia Bence 4 Date 5 Payee name 219/2016 7 Payee address; City 6 Amount (\$) 2901 Haine Dr. Apt 105, Harlingen, Texas 78550 34x.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Salaries | wages | contract OF EXPENDITURE Check if Austin, TX, officeholder living expense Phones, Polls, blackwalking Labor Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Ginny Chester 2/19/2016 Amount (\$) \$280.00 20832 Amistad, Harlingen, Texas 78550 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Check if Austin, TX, officeholder living expense Phones Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Charro Days Inc 2/20/2016 Amount (\$) City; State; Zip Code \$50.00 455 E Elizabeth St., Brownsville, TX 78520 Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Event Expense ∴ Check if Austin, TX, officeholder living expense EXPENDITURE Noche Mexicana Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	eyment/Reimbursement erhead/Rental Expense xpense xpense Wages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense		
	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1	dule F1: 2 FILER NAME Sheila Garcia Bence  3 Filer ID (Ethics Commission Filers)						
4 Date 2 19 2016	5 Payee na		NC		<u> </u>	***************************************	
6 Amount (\$)	7 Payee ad		; Zip Code				
\$275.00	455	E Elizabe	th St. i	Brownsuil	le, TX 78	520	
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of	fthis schedule)	I — 1	utside of Texas. Complete S n, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name		Office sought		Office held	
Date	Рауее лаг	пе				- Control of the Cont	
2/20/16	126	V Media	Group				
Amount (\$)	Payee add	lress; City; State	Zip Code	·····			
\$1,408.75	P. o.	BOX 6156,	Brown	wille, Tex	KUS 785	20	
PURPOSE OF EXPENDITURE		See Categories listed at the top of	this schedule)	<del> </del>	side of Texas. Complete So TX, officeholder living of CAL/ (Maw	хрепѕе	
Complete ONLY if direct expenditure to benefit C/Ol-		e / Officeholder name		Office sought		Office held	
Date	Payee nar	ne					
2/20/2016	RGY	1 100 1	STroup	ı			
Amount (\$)	Payee add	ress; City; State;	Zip Code				
\$8,850.00	P.O.	Box USG, B	rownsu	ille, TX 7	8520	į	
PURPOSE OF EXPENDITURE		see Categories listed at the top of t	his schedule)	<u> </u>	ide of Texas, Complete Sch TX, officeholder living e	xpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held	
	ATTA	CH ADDITIONAL COPI	ES OF THIS S	CHEDULE AS NEED	DED		

#### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense

Loan Repayment/Relmbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made Candidate/Officeholder/Politi		Gift/Awards/Memorials Expense Legal Services	Printing Expe Printing Expe Salaries/Was		Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment		The Instruction Guide explai		=	Office (defice) a category not listed above)
1 Total pages Schedule F1	I	<sup>AME</sup> a Garcia Bence	**************************************		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee na	ime			
<u> </u>	1861	<u> </u>	oup		
6 Amount (\$)	7 Payee ac				
\$1,355.61	P.O.	Box 6/56, Br	301/20	ville, Tel	xus 78520
8	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description	· · · · · · · · · · · · · · · · · · ·
PURPOSE OF		general,		[]	outside of Texas. Complete Schedule T.
EXPENDITURE	Adv	ertising Expense	<b>ا</b>	Check If Austi	in, TX, officeholder living expense
				Additional	l mailers
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought	Office held
Date	Payee na	me			
2/20/2016	RG	V Media E	aroup		
Amount (\$)	Payee ad	dress; City; State; Z	ip Code		
\$1,000.00	P.O	. Box 6/56	, Bro	wnsuille,	Texas 78520
	Category	(See Categories listed at the top of this s		Description	
PURPOSE OF	_ 1 . 1	P		Check if travel ou	utside of Texas. Complete Schedule T.
EXPENDITURE	Solici	tation Expens	3C		i, TX, officeholder living expense
		•		Phone E	Banking
Complete ONLY if direct		te / Officeholder name	1	Office sought	Office held
expenditure to benefit C/OF					
Date	Payee na	me			
2/20/2016	RGU	Media G	roup		
Amount (\$)	Payee add	dress; City; State; Zi	ip Code	N	
\$72.52	P.O.	Box 6/56, 7	5 mwn	suille, Fe	Xas 78520
	Category	(See Categories listed at the top of this s	chedule)	Description	
PURPOSE OF	<u>(</u>	,		<u> 1</u>	tside of Texas, Complete Schedule T.
EXPENDITURE	trin	ting Expense		L Check if Austin,	TX, officeholder living expense
		J - 11		Ink Lto	ner
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought	Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS SC	HEDIJI E AS NEE	DED
	• •			·	: har har tage

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Food/Beverage Expense Food/Beverage Expense Polling Expense Printing Expense Printing Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	2 FILER NAME Sheila Garcia Bence		3 Filer ID (Ethics Commission Filers)		
4 Date 135 2016	5 Payee name Hobby Lobby				
6 Amount (\$) \$ \( \sigma \sigma \). (\$\) Reimbursement from political contributions intended	7 Payee address; City; State; Zip 2209 W. Lincoln	Harlingen, TX	78552		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche	edule) (b) Description (irls	S Night Out Bingo of Texas. Complete Schedule T. Table officeholder Ilving expense Devor		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	Office held		
Date 1 35 1 6	Payee name Hobby Lobby				
Amount (\$) \$ 25.32  Relimbursement from political contributions intended	Payee address; City; State; Zip C	Code Harlingen, T	rx 78552		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Check if travel outside o	S Night Out Birgo of Texas. Complete Schedule T. Table officeholder living expense Decar		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held		
Date 1 29 2016 Amount (\$) \$ 11.36	Payee name  Office Depof  Payee address; City; State; Zip C				
Reimbursement from political contributions intended	605 S. Expressival	183 Harlingen	, TX 78SSD		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	Check if travel outside of	w Paper for Sample Texas. Complete Schedule T. Ballofs Officeholder Hving expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEEDED	)		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Consulting Expense Solicitation/Fundralsing Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Contributions/Donations Made By Polling Expense Travel in District Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sheila Garcia Bence 4 Date 5 Payee name Mental World 6 Amount (\$) 7 Payee address: \$ 12 1014 W Tyler Ave Harlingen, TX 78580 Reimbursement from political contributions intended (b) Description Pental liners Girls Night Description Pental liners Girls Night 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF Event Expense EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name 2/04/2016 llental. World Amount (\$) Payee address; City; State; Zip Code \$44.43 1014 W. Tyler Ave Harlingen TX 78550 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description Parket Linus Check if travel outside of Texas. Complete Schedule T. PURPOSE Event Expense OF EXPENDITURE Check If Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) \$77.8a 3000 Pablo Kisel Blud. Brownsuille, TX 78526 X Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description Girls Night aut Bingu Check if travel outside of Texas. Complete Schedule T.: To Life PURPOSE Event Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Decor Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

## ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### **OUTSTANDING LOANS** SCHEDULE L 1 Total pages Schedule L: The Instruction Guide explains how to complete this form. 2 FILER NAME Filer ID (Ethics Commission Filers) Sheila Garcia Bence 4 Name of lender LENDER INFORMATION First Community Bank 5 Lender address; City; Zip Code State; 405 N. Stuart Place, Harlingen, Texas 78552 **GUARANTOR** INFORMATION Travis & Sheila Garcia Bence 7 Guarantor address; City; State; not applicable Zip Code 1018 E Tyler Harlingen, Texas 78550 Name of lender LENDER INFORMATION City; Zip Code Lender address: **GUARANTOR** Name of guarantor INFORMATION City; State; Guarantor address; not applicable Zip Code Name of lender LENDER INFORMATION Lender address; City; Zip Code State; **GUARANTOR** Name of guarantor INFORMATION not applicable City; State; Guarantor address; Zip Code Name of lender LENDER INFORMATION City; State; Zip Code Lender address; Name of guarantor **GUARANTOR** INFORMATION not applicable Guarantor address: Zip Code City;

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED