

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:

35

4:31
pm

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Sheila	MI Garcia	OFFICE USE ONLY CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION MAY 16 2016 RECEIVED <i>[Signature]</i>			
	NICKNAME	LAST Bence	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1018 East Tyler, Harlingen, Texas 78550						
	Date Hand-delivered or Date Postmarked						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER 440-8900	EXTENSION				
	Receipt #						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Travis	MI L.	Amount \$			
	NICKNAME	LAST Bence	SUFFIX	Date Processed			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1018 East Tyler, Harlingen, Texas 78550						
	Date Imaged						
8 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER 440-8900	EXTENSION				
	Date Hand-delivered or Date Postmarked						
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
	Date Hand-delivered or Date Postmarked						
10 PERIOD COVERED	Month 02	Day 22	Year 2016	THROUGH	Month 05	Day 14	Year 2016
	Date Hand-delivered or Date Postmarked						
11 ELECTION	ELECTION DATE Month Day Year 05 / 24 / 2016			ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
	Date Hand-delivered or Date Postmarked						
12 OFFICE	OFFICE HELD (if 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

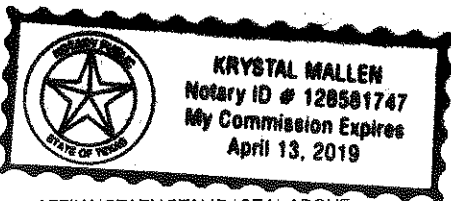
14 JC/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

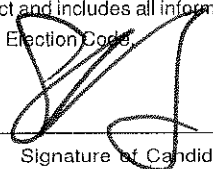
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,525.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 58,330.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 71,190.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 674.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 100,000.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Sheila Garcia Bence, this the 16 day of May, 2016, to certify which, witness my hand and seal of office.

Krystal Malten
Signature of officer administering oath

Krystal Malten
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 59,855.00
2. <input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$ 0
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)		\$ 0
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 70,225.04
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 965.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <p style="text-align: center;">Sheila Garcia Bence</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align: center;">2/29/2016</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <p style="text-align: center;">Randell W Friebele</p> <hr/> 6 Contributor address; City; State; Zip Code <p style="text-align: center;">PO BOX 2125 Harlingen, Texas 78551-2125</p>	7 Amount of contribution (\$) <p style="text-align: center;">\$100.00</p>
8 Contributor's principal occupation <p style="text-align: center;">Attorney</p>		9 Contributor's job title <p style="text-align: center;">Attorney</p>
10 Contributor's employer/law firm <p style="text-align: center;">Randell W Friebele Attorney at Law</p>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <p style="text-align: center;">4/29/2016</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <p style="text-align: center;">Robert R Farris</p> <hr/> Contributor address; City; State; Zip Code <p style="text-align: center;">PO Box 1870 Harlingen, Texas 78551-1870</p>	Amount of contribution (\$) <p style="text-align: center;">\$200.00</p>
Contributor's principal occupation <p style="text-align: center;">Retired</p>		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <p style="text-align: center;">3/01/2016</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <p style="text-align: center;">Cristian or Sylvia D (Bonnie) Villarreal</p> <hr/> Contributor address; City; State; Zip Code <p style="text-align: center;">3109 Treasure Hills Blvd, Harlingen, TX 78550</p>	Amount of contribution (\$) <p style="text-align: center;">\$500.00</p>
Contributor's principal occupation <p style="text-align: center;">Dentist</p>		Contributor's job title <p style="text-align: center;">Certified public accountant</p>
Contributor's employer/law firm <p style="text-align: center;">Rio Vista Dentistry</p>		Law firm of contributor's spouse (if any) <p style="text-align: center;">Cristian Villarreal CPA</p>
If contributor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

Sheila Garcia Bence

3 Filer ID (Ethics Commission Filers)

4 Date

3/11/2016

5 Full name of contributor

Vicki Roy

out-of-state PAC ID#: _____

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

606 W Lela Harlingen, Texas

8 Contributor's principal occupation

Home health

9 Contributor's job title

Owner

10 Contributor's employer/law firm

Vicki Roy Home Health

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

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

Date

3/11/2016

Full name of contributor

Jerry Roy

out-of-state PAC ID#: _____

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

22299 Hand Rd, Harlingen, TX 78552

Contributor's principal occupation

Retired

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

3/11/2016

Full name of contributor

Adam Coronado

out-of-state PAC ID#: _____

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

22193 Wilcox, Harlingen, TX 78552

Contributor's principal occupation

manager

Contributor's job title

rental manager

Contributor's employer/law firm

Vicki Roy Home Health

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Sheila Garcia Bence		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Ed Rivera 6 Contributor address; City; State; Zip Code 14 Ebony Ave, Brownsville, Texas 78520	7 Amount of contribution (\$) \$300.00
8 Contributor's principal occupation Salesman		9 Contributor's job title Director of Sales
10 Contributor's employer/law firm NyPro, a Jabil Company		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 3/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Sulema Catano Contributor address; City; State; Zip Code 606 W Lela, Harlingen, TX 78550	Amount of contribution (\$) \$100.00
Contributor's principal occupation receptionist		Contributor's job title receptionist
Contributor's employer/law firm Vicki Roy Home Health		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 3/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jill Coronado Contributor address; City; State; Zip Code 22193 Wilcox, Harlingen, TX 78552	Amount of contribution (\$) \$100.00
Contributor's principal occupation supervisor		Contributor's job title accounts receivable supervisor
Contributor's employer/law firm Vicki Roy Home Health		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

Sheila Garcia Bence

3 Filer ID (Ethics Commission Filers)

4 Date

3/31/2016

5 Full name of contributor
Michael E Benton

out-of-state PAC ID#: _____

7 Amount of contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code
847 E Harrison Ave, Brownsville, TX 78520

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

The Law Office of Micheal E Benton

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

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

Date

3/31/2016

Full name of contributor
Cowen & Garza LLP

out-of-state PAC ID#: _____

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code
506 E. Dove Ave, McAllen, TX 78504

Contributor's principal occupation

attorneys

Contributor's job title

attorneys

Contributor's employer/law firm

Cowen & Garza LLP

Law firm of contributor's spouse (if any)

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

Date

3/31/2016

Full name of contributor
Hodge & James, LLP

out-of-state PAC ID#: _____

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code
PO Box 534329, Harlingen, Texas 78553

Contributor's principal occupation

attorneys

Contributor's job title

attorneys

Contributor's employer/law firm

Hodge & James, LLP

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Sheila Garcia Bence		3 Filer ID (Ethics Commission Filers)
4 Date 4/25/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Javier Villarreal	7 Amount of contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code 2401 Wildflower Dr - Suite A, Brownsville, Texas 78526		
8 Contributor's principal occupation attorney		9 Contributor's job title Owner
10 Contributor's employer/law firm Law Offices of Javier Villarreal, PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 4/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Sidney V. Broyles	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1302 Maple Ct., Harlingen, Texas 78550		
Contributor's principal occupation retired		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 4/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Mary Cecilia Moody	Amount of contribution (\$) \$60.00
Contributor address; City; State; Zip Code 948 Sorrento Dr, Brownsville, TX 78520		
Contributor's principal occupation retired		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.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

Sheila Garcia Bence

3 Filer ID (Ethics Commission Filers)

4 Date

4/25/2016

5 Full name of contributor
Rebekah H Batot

out-of-state PAC ID#: _____

7 Amount of contribution (\$)

\$60.00

6 Contributor address; City; State; Zip Code

902 E Tyler Ave, Ste A, Harlingen, Texas 78550

8 Contributor's principal occupation

attorney

9 Contributor's job title

attorney

10 Contributor's employer/law firm

Law Offices of Rebekah H. Batot

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

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

Date

4/25/2016

Full name of contributor
Swayze Enterprises

out-of-state PAC ID#: _____

Amount of contribution (\$)

\$60.00

Contributor address; City; State; Zip Code

5702 Spicewood, Harlingen, Texas 78552

Contributor's principal occupation

retired

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

4/25/2016

Full name of contributor
Javier or Adriana Pena

out-of-state PAC ID#: _____

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

23849 Richmond Court, Harlingen, TX 78552

Contributor's principal occupation

Businessman

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.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Sheila Garcia Bence		3 Filer ID (Ethics Commission Filers)
4 Date 4/25/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Richardo Alonzo Barrera	7 Amount of contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code PO Box 2817, Harlingen, Texas 78551		
8 Contributor's principal occupation attorney		9 Contributor's job title attorney
10 Contributor's employer/law firm The Barrera Law Firm, PC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 4/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ BBQ Fundraiser	Amount of contribution (\$) \$1,525.00
Contributor address; City; State; Zip Code		
Contributor's principal occupation fundraising event		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 5/6/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Rebekah H Batot	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 902 E Tyler Ave, Ste A Harlingen, TX 78550		
Contributor's principal occupation attorney		Contributor's job title attorney
Contributor's employer/law firm Law Office of Rebekah H. Batot		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Sheila Garcia Bence		3 Filer ID (Ethics Commission Filers)
4 Date 5/6/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Ben Guerra	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 902 E Tyler Ave, Harlingen, Texas		
8 Contributor's principal occupation attorney		9 Contributor's job title attorney
10 Contributor's employer/law firm Ben Guerra Law Office PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 5/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Cindy Bilbie	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2817 Cypress Dr, Harlingen, TX 78550		
Contributor's principal occupation Realtor		Contributor's job title Realtor
Contributor's employer/law firm Centary 21 Johnston Co		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 5/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Alejandro Dominguez	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 855 E Harrison, Brownsville, TX 78520		
Contributor's principal occupation attorney		Contributor's job title attorney
Contributor's employer/law firm Alejandro Dominguez Attorney at Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Sheila Garcia Bence		3 Filer ID (Ethics Commission Filers)
4 Date 5/13/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Gloria M. Rincones	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code PO Box 4480, Brownsville, TX 78523		
8 Contributor's principal occupation attorney		9 Contributor's job title attorney
10 Contributor's employer/law firm Rincones Law		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 5/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Erin H. Garcia PLLC	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 103 E Price Rd, Suite B, Brownsville, TX 78521		
Contributor's principal occupation attorney		Contributor's job title attorney
Contributor's employer/law firm The Law Office of Erin H Garcia PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 5/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Erick L Lucio	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 805 Old Port Isabel Rd, Brownsville, TX 78521		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Sheila Garcia Bence		3 Filer ID (Ethics Commission Filers)
4 Date 5/13/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Albert Lee Rodriguez III 6 Contributor address; City; State; Zip Code 946 E Van Buren, Brownsville, TX 78520	7 Amount of contribution (\$) \$250.00
8 Contributor's principal occupation attorney		9 Contributor's job title attorney
10 Contributor's employer/law firm Rodriguez Lucio Law Group, PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 5/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Royston, Rayzor, Vickery & Williams, LLP Contributor address; City; State; Zip Code 55 Cove Circle, Brownsville, TX 78521	Amount of contribution (\$) \$500.00
Contributor's principal occupation attorneys		Contributor's job title attorneys
Contributor's employer/law firm Royston, Rayzor, Vickery & Williams, LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 5/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Valerie M. Garcia Contributor address; City; State; Zip Code 8418 Summer View Ct., Harlingen, TX 78552	Amount of contribution (\$) \$150.00
Contributor's principal occupation attorney		Contributor's job title attorney
Contributor's employer/law firm Law Office of Valerie M. Garcia Attorney at Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <p style="text-align: center;">Sheila Garcia Bence</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align: center;">5/13/2016</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <p style="text-align: center;">Roerig, Oliveira & Fisher, LLP</p> <hr/> 6 Contributor address; City; State; Zip Code <p style="text-align: center;">855 West Price Road, Suite 9, Brownsville, TX 78520</p>	7 Amount of contribution (\$) <p style="text-align: center;">\$1,000.00</p>
8 Contributor's principal occupation <p style="text-align: center;">attorneys</p>		9 Contributor's job title <p style="text-align: center;">attorneys</p>
10 Contributor's employer/law firm <p style="text-align: center;">Roerig, Oliveira & Fisher, LLP</p>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

Sheila Garcia Bence

3 Filer ID (Ethics Commission Filers)

4 Date

4/15/16

5 Full name of contributor out-of-state PAC ID#: _____

Travis L. Bence

7 Amount of contribution (\$)

\$15,000.00

6 Contributor address; City; State; Zip Code

1018 E. Tyler, Harlingen, TX 78550

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

Bence + Associates, L.L.C.

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

Sheila Garcia Bence, Attorney at Law

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

Date

4/4/16

Full name of contributor out-of-state PAC ID#: _____

Travis L. Bence

Amount of contribution (\$)

\$3000.00

Contributor address; City; State; Zip Code

1018 E. Tyler Harlingen, Tx 78550

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Bence + Associates, L.L.C.

Law firm of contributor's spouse (if any)

Sheila Garcia Bence, Attorney at Law

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

Date

3/30/16

Full name of contributor out-of-state PAC ID#: _____

Travis L. Bence

Amount of contribution (\$)

\$400.00

Contributor address; City; State; Zip Code

1018 E. Tyler, Harlingen, TX 78550

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Bence + Associates, L.L.C.

Law firm of contributor's spouse (if any)

Sheila Garcia Bence, Attorney at Law

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Sheila Garcia Bence</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/24/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Travis L. Bence</i>	7 Amount of contribution (\$) <i>\$4000.00</i>
6 Contributor address; City; State; Zip Code <i>1018 E. Tyler, Harlingen, TX 78550</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm <i>Bence + Associates, L.L.C.</i>		11 Law firm of contributor's spouse (if any) <i>Sheila Garcia Bence, Attorney at Law</i>
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>3/10/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Travis L. Bence</i>	Amount of contribution (\$) <i>\$8000.00</i>
Contributor address; City; State; Zip Code <i>1018 E. Tyler Harlingen, TX 78550</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Bence + Associates, L.L.C.</i>		Law firm of contributor's spouse (if any) <i>Sheila Garcia Bence, Attorney at Law</i>
If contributor is a child, law firm of parent(s) (if any)		
Date <i>3/8/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Travis L. Bence</i>	Amount of contribution (\$) <i>\$5000.00</i>
Contributor address; City; State; Zip Code <i>1018 E. Tyler, Harlingen, TX 78550</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Bence + Associates, L.L.C.</i>		Law firm of contributor's spouse (if any) <i>Sheila Garcia Bence, Attorney at Law</i>
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Sheila Garcia Bence		3 Filer ID (Ethics Commission Filers)
4 Date 5/11/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Travis L. Benke	7 Amount of contribution (\$) \$ 10,000.00
6 Contributor address; City; State; Zip Code 1018 E. Tyler, Harlingen, TX 78550		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Bence + Associates, L.L.C.		11 Law firm of contributor's spouse (if any) Sheila Garcia Bence, Attorney at Law
12 If contributor is a child, law firm of parent(s) (if any)		
Date 5/9/16	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Travis L. Benke	Amount of contribution (\$) \$ 4000.00
Contributor address; City; State; Zip Code 1018 E. Tyler Harlingen, Tx 78550		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Bence + Associates, L.L.C.		Law firm of contributor's spouse (if any) Sheila Garcia Bence, Attorney at Law
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
4 Date 2/27/16	5 Payee name La Michoacana Valley #003	
6 Amount (\$) \$2.85	7 Payee address; City; State; Zip Code 902 West Harrison, Harlingen, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverages	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ice for Chamu Days float
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 2/29/16	Candidate / Officeholder name Office sought Office held	
Payee name Rental World, LLC	Office sought Office held	
Amount (\$) \$568.32	City; State; Zip Code 1014 West Tyler, Harlingen, TX 78550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Watch Party Tent & tables
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 2/29/16	Candidate / Officeholder name Office sought Office held	
Payee name Sam's Club	Office sought Office held	
Amount (\$) \$267.74	City; State; Zip Code 621 N Expressway 77, Harlingen, TX 78550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Watch Party supplies
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
4 Date 3/01/16	5 Payee name Melissa Rocha	
6 Amount (\$) \$ 163.72	7 Payee address; City; State; Zip Code 1014 E Tyler, Apt B, Harlingen, TX 78550	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Beverages	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Watch Party food
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 3/01/2016	Payee name RGV Media Group	
Amount (\$) \$162.38	Payee address; City; State; Zip Code P.O. Box 6156, Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense float banners
	Candidate / Officeholder name Office sought Office held	
Date 3/01/2016	Payee name Gloria Ibarra	
Amount (\$) \$ 82.45	Payee address; City; State; Zip Code 4705 Wagon Trail, Harlingen, TX 78552	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Santa Rosa Event
	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
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4 Date 3/01/2016	5 Payee name Andres Torres
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6 Amount (\$) \$248.91	7 Payee address; City; State; Zip Code 322 Los Fresnos, Santa Rosa, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parade materials
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/01/2016	Payee name Walmart
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Amount (\$) \$59.52	Payee address; City; State; Zip Code 1801 W Lincoln Ave, Harlingen, TX 78552
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Watch party drinks
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/01/2016	Payee name HERB
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Amount (\$) \$ 2.04	Payee address; City; State; Zip Code 1213 S. Commerce, Harlingen, TX 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
4 Date 3/01/2016	5 Payee name Walgreens	
6 Amount (\$) \$28.12	7 Payee address; City; State; Zip Code 1406 E Harrison Ave, Harlingen, TX 78550	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Beverage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense soft drinks for watch party
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3/01/2016	Payee name HEB	
Amount (\$) \$47.34	Payee address; City; State; Zip Code 1213 S. Commerce, Harlingen, TX 78550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food trays watch party
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3/04/16	Payee name RGV Media Group	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code P.O. Box 6156, Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign manager
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
4 Date 3/04/2016	5 Payee name RGV Mediza Group	
6 Amount (\$) \$875.40	7 Payee address; City; State; Zip Code P.O. Box 6156, Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense E. Cruz
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 3/04/16	Payee name Lucy Arredola	
Amount (\$) \$700.00	Payee address; City; State; Zip Code 2901 Haine Dr. Apt 105, Harlingen, TX 78550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 3/07/16	Payee name Jose Ramon Garcia	
Amount (\$) \$900.00	Payee address; City; State; Zip Code P.O. Box 1559, La Feria, TX 78550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
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4 Date 3/07/2016	5 Payee name Sandra Leija
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6 Amount (\$) \$900.00	7 Payee address; City; State; Zip Code 10529 W. Clark Rd, La Feria, TX 78559
---------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/07/16	Payee name Mike Zavala
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Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 100 W Eighth St. La Feria, TX 78559
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/08/16	Payee name Leticia Conde
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Amount (\$) \$600.00	Payee address; City; State; Zip Code P.O. Box 552, La Feria, TX 78559
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Distribution of literature
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
4 Date 3/08/2016	5 Payee name Noelia Jimenez	
6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code P.O. Box 1546, La Feria, TX 78559	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense distribution of literature
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 3/10/16	Payee name Juan Montoya	
Amount (\$) \$800.00	Payee address; City; State; Zip Code 1501 Old Port Isabel Rd, Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Ad El Run Run Blog
	Candidate / Officeholder name Office sought Office held	
Date 3/10/2016	Payee name RGI Media Group	
Amount (\$) \$1,794.96	Payee address; City; State; Zip Code P.O. Box 6156, Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Brownsville Herald / vms
	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
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4 Date 3/10/16	5 Payee name St. Luke Catholic School
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6 Amount (\$) \$240.00	7 Payee address; City; State; Zip Code 2850 Price Rd, Brownsville, TX 78521
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Golf team sponsor
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/14/16	Payee name MS Designs
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Amount (\$) \$608.91	Payee address; City; State; Zip Code 1405 S. Palm Court Drive, Harlingen, TX 78552
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense runoff stickers
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/14/16	Payee name RGV Media Group
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Amount (\$) \$5,238.10	Payee address; City; State; Zip Code P.O. Box 6156, Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Easter Mailer
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
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4 Date 3/18/16	5 Payee name RGV Media Group
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6 Amount (\$) \$192.09	7 Payee address; City; State; Zip Code P.O. Box 6156, Brownsville, TX 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Buttlong
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/18/16	Payee name RGV Media Group
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Amount (\$) \$1,680.00	Payee address; City; State; Zip Code P.O. Box 6156, Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense canvassing coordinator
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/21/2016	Payee name El Valle Noticias
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Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 2800 FM 802 Apt 103, Brownsville, TX 78526
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Ad + Print
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
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4 Date 3/04/2016	5 Payee name Memorable Moments Photography
---------------------	---

6 Amount (\$) \$135.00	7 Payee address; City; State; Zip Code 1414 E Grimes St., Harlingen, TX 78550
---------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photographer for event
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/21/2016	Payee name MS Designs
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Amount (\$) \$190.57	Payee address; City; State; Zip Code 1405 S. Palm Court Drive, Harlingen, TX 78552
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Logo Embroidered shirts
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/29/16	Payee name San Pedro Catholic Church
-----------------	---

Amount (\$) \$200.00	Payee address; City; State; Zip Code 7602 Old Military Rd, Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Casino Night sponsor
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
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4 Date 3/29/16	5 Payee name Jose Ramon Garcia
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6 Amount (\$) \$ 900.00	7 Payee address; City; State; Zip Code P.O. Box 1559, La Feria, TX 78550
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/29/16	Payee name Sandra Leija
-----------------	----------------------------

Amount (\$) \$ 900.00	Payee address; City; State; Zip Code 10529 W Clark Rd, La Feria, TX 78559
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date 3/31/2016	Payee name Office Depot
-------------------	----------------------------

Amount (\$) \$ 60.38	Payee address; City; State; Zip Code 605 S. Expressway 77, Harlingen, TX 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labels - Rundoff
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
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4 Date 4/01/2016	5 Payee name RGV Media Group
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6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code P.O. Box 6156, Brownsville, TX 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consultant	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign manager
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/01/2016	Payee name Cano Produce Co., Inc.
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Amount (\$) \$45.65	Payee address; City; State; Zip Code 2021 N. 77 Sunshine Strip, Harlingen, TX 78550
------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fruit for SK booth
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/04/2016	Payee name Noelia Jimenez
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Amount (\$) \$600.00	Payee address; City; State; Zip Code P.O. Box 1546, La Feria, TX 78559
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Distribution of literature
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
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4 Date 9/04/2016	5 Payee name Leticia Conde
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6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code P.O. Box 552, La Feria, TX 78559
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Distribution of literature
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/12/16	Payee name Family Crisis Center
-----------------	------------------------------------

Amount (\$) \$100.00	Payee address; City; State; Zip Code 616 W. Taylor, Harlingen, TX 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Golf Sponsor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/7/16	Payee name Office Depot
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Amount (\$) \$60.18	Payee address; City; State; Zip Code 515 East Morrison Rd, Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense labels -run/b
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Sheila Garcia Bence		3 Filer ID (Ethics Commission Filers)	
4 Date 4/13/16		5 Payee name Voter's Voice RGV Magazine			
6 Amount (\$) \$1,600.00		7 Payee address; City; State; Zip Code 110 Regency Ct., Harlingen, TX 78550			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense magazine Ad	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/15/16		Payee name RGV Media Group			
Amount (\$) \$1,680.00		Payee address; City; State; Zip Code P.O. Box 6156, Brownsville, TX 78520			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consultant		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E. Rubio/Canvassing Coordinator	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/15/2016		Payee name RGV Media Group			
Amount (\$) \$169.89		Payee address; City; State; Zip Code P.O. Box 6156, Brownsville, TX 78520			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BBQ tickets fundraiser	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
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4 Date 4/15/2016	5 Payee name RGV Media Group
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6 Amount (\$) \$8,850.00	7 Payee address; City; State; Zip Code P.O. Box 6156, Brownsville, TX 78550
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 1st Randolph meiler
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/18/16	Payee name Lower Valley Hispanic Chamber of Commerce
-----------------	---

Amount (\$) \$140.00	Payee address; City; State; Zip Code 115 E Van Buren #300, Harlingen, TX 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Julian Castro Luncheon
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/22/16	Payee name MS Designs
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Amount (\$) \$ 51.96	Payee address; City; State; Zip Code 1405 S. Palm Court Drive, Harlingen, TX 78552
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising sign
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
4 Date 4/24/16	5 Payee name HERB	
6 Amount (\$) \$49.55	7 Payee address; City; State; Zip Code 1213 S. Commerce, Harlingen, TX 78550	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Soft drinks BBQ
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 4/24/16	Payee name Stripes #9135	
Amount (\$) \$6.47	Payee address; City; State; Zip Code 2423 E. Tyler, Harlingen, TX 78550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ice for BBQ
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 4/29/16	Payee name Jose Ramon Garcia	
Amount (\$) \$900.00	Payee address; City; State; Zip Code P.O. Box 1559, La Feria, TX 78550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
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4 Date 4/29/16	5 Payee name Sandra Leiga
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6 Amount (\$) \$900.00	7 Payee address; City; State; Zip Code 10529 W Clark Rd, La Feria, TX 78559
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/30/16	Payee name Cameron County Bar Association
-----------------	--

Amount (\$) \$30.00	Payee address; City; State; Zip Code P.O. Box 3866, Brownsville, TX 78523
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/24/16	Payee name RGV Media Group
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Amount (\$) \$2,000.00	Payee address; City; State; Zip Code P.O. Box 6156, Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Expense	Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
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4 Date 4/29/16	5 Payee name RGV Media Group
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6 Amount (\$) \$267.71	7 Payee address; City; State; Zip Code P.O. Box 6156, Brownsville, TX 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push cards
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/30/16	Payee name RGV Media Group
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Amount (\$) \$2,000.00	Payee address; City; State; Zip Code P.O. Box 6156, Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consultant	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign manager
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/26/16	Payee name Friendship of Women, Inc.
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Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 3112, Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense table luncheon
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
4 Date 4/25/2016	5 Payee name Jose Zuniga	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 117 W Chelo Dr., La Feria, TX, 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bottle Shop M+G
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 5/5/2016	Payee name RGV Media Group	
Amount (\$) \$1,795.10	Payee address; City; State; Zip Code P.O. Box 6156, Brownsville, TX 78550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mother's Day Ad/Herald+VMS
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 5/5/16	Payee name Leticia Conde	
Amount (\$) \$600.00	Payee address; City; State; Zip Code P.O. Box 552, LaFeria, TX 78559	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Distribution of literature
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **Sheila Garcia Bence** 3 Filer ID (Ethics Commission Filers)

4 Date **5/6/16** 5 Payee name **Noelia Jimenez**

6 Amount (\$) **\$600.00** 7 Payee address; City; State; Zip Code **P.O. Box 1546, La Feria, TX 78559**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Contract labor** (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **distribution of literature**

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **5/9/16** Payee name **RGV Media Group**

Amount (\$) **\$4,200.00** Payee address; City; State; Zip Code **P.O. Box 6156, Brownsville, TX 78520**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Advertising Expense** Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **Commercial + production**

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **5/10/16** Payee name **RGV Media Group**

Amount (\$) **\$8,850.00** Payee address; City; State; Zip Code **P.O. Box 6156, Brownsville, TX 78520**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Printing Expense** Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **Early Voting matter**

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
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4 Date 5/10/16	5 Payee name Ram Rivera
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6 Amount (\$) \$900.00	7 Payee address; City; State; Zip Code P.O. Box 271, Santa Maria, TX 78592
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense distribution of materials
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/11/16	Payee name RGV Media Group
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 6156, Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Banking
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/11/2016	Payee name Gilbert Avila
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 6365 Montebello Circle, Brownsville 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Table + Ad
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
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4 Date 5/11/2016	5 Payee name MS Designs
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6 Amount (\$) \$293.63	7 Payee address; City; State; Zip Code 1405 S. Palm Court Drive, Harlingen, TX 78552
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-Shirts
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/11/16	Payee name Johnny's True Value
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Amount (\$) \$16.00	Payee address; City; State; Zip Code 914 W Tyler, Harlingen, TX 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tape for signs
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/13/16	Payee name RGV Media Group
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Amount (\$) \$1,795.10	Payee address; City; State; Zip Code P.O. Box 6156, Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Early Voting Ads BH + VMS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
4 Date 5/13/2016	5 Payee name RGV Media Group	
6 Amount (\$) \$840.00	7 Payee address; City; State; Zip Code P.O. Box 6156, Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consultant	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E. Rubio / Canvassing coordinator
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 5/13/16	Payee name RGV Media Group
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 6156, Brownsville, TX 78520
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Banking
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 3/23/2016	Payee name United States Postal Service
Amount (\$) \$35.00	Payee address; City; State; Zip Code 221 E Van Buren, Harlingen, TX 78550
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
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4 Date 4/15/16	5 Payee name Mike Zavala
6 Amount (\$) 1,500.00	7 Payee address; City; State; Zip Code 100 W Eighth St., La Feria, TX 78559

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fundraiser
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
4 Date 2/25/16	5 Payee name Dulcerias Pinkis	
6 Amount (\$) \$376.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2265 Central Blvd, Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Charro Days Hoop <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/29/16	Payee name Rental World LLC	
Amount (\$) \$8.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1014 W Tyler, Harlingen, TX 78552	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description tool rental for signs <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/2/16	Payee name Walgreens	
Amount (\$) \$67.12 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1406 E Harrison Ave, Harlingen, TX 78550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Easter hunt Brownsville candy <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
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4 Date 2/26/16	5 Payee name J+B's Cafe
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6 Amount (\$) \$127.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 204 E Jackson, Harlingen, TX 78550
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description Office lunch <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/23/16	Payee name Loaves and Fishes of Rio Grande Valley, Inc.
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Amount (\$) \$120.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 248, Harlingen, TX 78551
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Style Show <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date 4/04/16	Payee name STISD Education Foundation
-----------------	--

Amount (\$) \$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 1352, Mercedes, TX 78570
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Sheila Garcia Benke</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>5/1/16</i>	5 Payee name <i>CASA</i>
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6 Amount (\$) <i>\$40.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>1740 Boca Chica #300, Brownsville, TX 78520</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event expense</i>	(b) Description <i>Loteria Fundraiser</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/1/16</i>	Payee name <i>Cameron County Democratic Women</i>
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Amount (\$) <i>\$40.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1767 Boca Chica Blvd, Brownsville, TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event expense</i>	Description <i>Loteria Fundraiser</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date <i>5/6/16</i>	Payee name <i>Sylvia Garza Perez</i>
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Amount (\$) <i>\$95.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>42 meadow 6kn Drive, Brownsville, TX 78521</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event expense</i>	Description <i>mother's Day Dances</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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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, TX 78552

GUARANTOR INFORMATION

6 Name of guarantor

Travis + Sheila Garcia Bence

not applicable

7 Guarantor address; City; State; Zip Code

1018 E. 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

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