JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM JC/OH **COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)			2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Mrs. Sheila NICKNAME LAST Bence	Garcia Suffix	OFFICE USE ONLY CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 1018 East Tyler, Harlingen,	BY	MAY 1 6 2016
5 CANDIDATE/ OFFICEHOLDER PHONE	(956) 440-8900	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mr. Travis NICKNAME LAST Bence	MI L. SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 1018 East Tyler, Harlingen,		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 440-8900	EXTENSION	
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THRC	DUGH 05 / 14 /	Year 2016
11 ELECTION	ELECTION DATE Primary 05 24 2016 General	Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Judicial Candidate for County Cox	
GO TO PAGE 2			

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME			15 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL		A A A A A A A A A A A A A A A A A A A	
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS	, , , , , , , , , , , , , , , , , , ,	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	* 1,525.00	
	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1,525.00 \$ 57,330.00			
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR L UNLESS ITEMIZED			\$	
	4. TOTAL POLITICAL EXPENDITURES \$71,190.04			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 474. 42 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 100,000.00			
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				
			perjury, that the accompanying report is genation required to be reported by me	
		under Title 15, Election Code		
NOTE THE REAL PROPERTY.	(Rystal Mallen By ID # 128581747			
My	Commission Expires April 13, 2019		didate or Officeholder	
AFFIX NOTARY STAMP/SEALABOVE				
		Chaila Garaia Roma		
Sworn to and subscribed before me, by the said Sheila Havia Bence, this the 16 day of May, 20 10, to certify which, witness my hand and seal of office.				
Kustal Miller Kristal Malten Notam Public				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

9	FILER NAME 20 Filer ID (Eth	ics Commission Filers)
1	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
١.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 52,855.
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s b
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ \$
	SCHEDULE E(J): LOANS (JUDICIAL)	\$ \$\delta \text{\$\delta}\$
	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 70,aa5.0
i.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ &
	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ \$
	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ \$\psi\$
	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 965.00
ο.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	с/он \$ %
1.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ \$
2,	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ \$Q
	19. The Court of while profiles the wife with a site of the site o	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Sheila Garcia Bence 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC ID#:_ Randell W Friebele 2/29/2016 6 Contributor address; City; \$100.00 City; State; Zip Code PO BOX 2125 Harlingen, Texas 78551-2125 8 Contributor's principal occupation 9 Contributor's job title Attorney Attorney 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Randell W Friebele Attorney at Law 12 If contributor is a child, law firm of parent(s) (if any) Date Amount of contribution (\$) Full name of contributor ut-of-state PAC ID#:_ Robert R Farris \$200.00 4/29/2016 City; State; Zip Code PO Box 1870 Harlingen, Texas 78551-1870 Contributor's principal occupation Contributor's job title Retired 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 Amount of contribution (\$) Full name of contributor __ out-of-state PAC ID#:_ Cristian or Sylvia D (Bonnie) Villarreal 3/01/2016 \$500.00 City; State: Zip Code Contributor address; 3109 Treasure Hills Blvd, Harlingen, TX 78550 Contributor's job title Contributor's principal occupation Certified public accountant Dentist Law firm of contributor's spouse (if any) Contributor's employer/law firm Rio Vista Dentistry Cristian Villarreal CPA If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Full name of contributor out-of-state PAC ID#. Vicki Roy 6 Contributor address; City; State; Zip Code 606 W Lela Harlingen, Texas		7 Amount of contribution (\$) \$100.00		
8 Contributor's p	nincipal occupation health	9 Contributor's job title Owner		
10 Contributor's e	mployer/law firm ' Home Health	11 Law firm of contributor	s spouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if any)			
3/11/2016	Jerry Roy		Amount of contribution (\$) \$100.00	
Contributor's principal occupation Retired Contributor's job title				
Contributor's employer/law firm Law firm of contri		Law firm of contributor	s spouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)			
Date 3/11/2016	Full name of contributor		Amount of contribution (\$) \$100.00	
Contributor's principal occupation Contributor's job title				
		rental manag		
Contributor's employer/law firm Law firm of contributor's Point 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

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 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 p	orincipal occupation	9 Contributor's job title	
Sai	lesman	Director of S	sales
10 Contributor's e		11 Law firm of contributor	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date Full name of contributorout-of-state PAC_ID#:		Amount of contribution (\$)	
3/11/2016 Contributor address; City; State; Zip Code 606 W Lela, Harlingen, TX 78550			
	principal occupation	Contributor's job title	
reception	onist	receptionist	
Contributor's employer/law firm Law firm of contributor's spouse (if any) Vicki Roy Home Health		s spouse (if any)	
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Jill Coronado		
3/11/2016		7.0.1	\$100.00
	Contributor address; City; State:	*	
	22193 Wilcox, Harlingen, TX 7855		
_ `	rincipal occupation	Contributor's job title	
supervisor accounts receive		·	
Contributor's employer/law firm Law firm of contributor's spouse (if any) Vicki Roy Home Health			's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Full name of contributor	D#:)	7 Amount of contribution (\$)
3/31/2016	3/31/2016 Contributor address; City; State; Zlp Code \$500.00 847 E Harrison Ave, Brownsville, TX 78520		
8 Contributor's p	principal occupation Y	9 Contributor's job title Attorney	
10 Contributor's e The Law (employer/law firm Office of Micheal E Benton	11 Law firm of contributor	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor 🔲 out-of-state PAC II Cowen & Garza LLP	D#:)	Amount of contribution (\$)
3/31/2016			
Contributor's principal occupation Contributor's job title attorneys attorneys		Contributor's job title attorneys	
Contributor's employer/law firm Cowen & Garza LLP		s spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributorout-of-state PAC ID#:		Amount of contribution (\$)	
3/31/2016			\$250.00
Contributor's principal occupation Contributor's job title attorneys attorneys		Contributor's job title attorneys	
-		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

SCHEDULE A(J)1

The Instruction Guide explains how to complete this t	orm. 1 Total pages Schedule A(J)1:
2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor	
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)	
Pull name of contributor Out-of-state PAC Sidney V. Broyles 4/25/2016 Contributor address; City; State: 1302 Maple Ct., Harlingen, Texas	' '
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 Full name of contributor out-of-state PAC ID#:) Amount of contribution (\$) Mary Cecilia Moody 4/25/2016 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)	

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SCHEDULE A(J)1

	1 Total pages Schedule A(J)1:		
The Instruction Guide explains how to complete this form.	, ,		
2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC ID#:) Rebekah H Batot	7 Amount of contribution (\$)		
4/25/2016 6 Contributor address; City; State; Zip Code 902 E Tyler Ave, Ste A, Harlingen, Texas 78550	\$60.00		
8 Contributor's principal occupation attorney 9 Contributor's job title attorney			
10 Contributor's employer/law firm Law Offices of Rebekah H. Batot	s spouse (if any)		
12 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor	Amount of contribution (\$)		
4/25/2016 Contributor address; City; State; Zip Code 5702 Spicewood, Harlingen, Texas 78552	\$60.00		
Contributor's principal occupation Contributor's job title retired			
Contributor's employer/law firm Law firm of contributor'	's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)		
4/25/2016 Contributor address; City; State: Zip Code 23849 Richmond Court, Harlingen, TX 78552	\$100.00		
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

SCHEDULE A(J)1

T	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	Sheila Garcia Bence		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	D#:)	7 Amount of contribution (\$)
4/25/2016 G Contributor address; City; State; Zlp Code PO Box 2817, Harlingen, Texas 78551			\$150.00
8 Contributor's pattorne	orincipal occupation Y	9 Contributor's job title attorney	
10 Contributor's e The Barre	employer/law firm era Law Firm, PC	11 Law firm of contributor	's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor		Amount of contribution (\$)
4/25/2016			\$1,525.00
	orincipal occupation sing event	Contributor's job title	
Contributor's employer/law firm Law firm of contributor's spouse (if any)		's spouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)		
Date Full name of contributorout-of-state PAC ID#:) Amount of contribution (\$) Rebekah H Batot		Amount of contribution (\$)	
5/6/2016	5/6/2016 \$100.00 \$100.00 Contributor address; City; State: Zip Code 902 E Tyler Ave, Ste A Harlingen, TX 78550		\$100.00
Contributor's principal occupation Contributor's job title attorney attorney			
	employer/law firm fice of Rebekah H. Batot	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	I	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

Т	he Instruction Guide explains how to complete this fo	1 Total pages Schedule A(J)1:	
2 FILER NAME	Sheila Garcia Bence		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	D#:)	7 Amount of contribution (\$)
5/6/2016	6 Contributor address; City; State; 902 E Tyler Ave, Harlingen, Texas		\$200.00
8 Contributor's pattorne	principal occupation	9 Contributor's job title attorney	
10 Contributor's e Ben Gueri	employer/law firm ra Law Office PLLC	11 Law firm of contributor	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC ID#: Amou		Amount of contribution (\$)	
5/13/2016 \$100.00 Contributor address; City; State; Zip Code 2817 Cypress Dr, Harlingen, TX 78550		\$100.00	
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		s spouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:	Amount of contribution (\$)
5/13/2016			\$100.00
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.

SCHEDULE A(J)1

Т	he instruction Guide explains how to complete this fo	1 Total pages Schedule A(J)1:	
2 FILER NAME Sheila Garcia Bence		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	D#:)	7 Amount of contribution (\$)
5/13/2016	5/13/2016 Contributor address; City; State; Zip Code PO Box 4480, Brownsville, TX 78523 \$100.00		
8 Contributor's pattorney	orincipal occupation	9 Contributor's job title attorney	
10 Contributor's e Rincones		11 Law firm of contributor's	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor		Amount of contribution (\$)
5/13/2016 \$100.00 Contributor address; City; State; Zip Code 103 E Price Rd, Suite B, Brownsville, TX 78521			
0	<u>L</u>		
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	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributorout-of-state PAC_ID#:		Amount of contribution (\$)
5/13/2016			
Contributor's principal occupation Contributor's job title			
Contributor's employer/law firm		Law firm of contributor's	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)			

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

SCHEDULE A(J)1

The Instruction Guide explains how to complete this fo	orm. 1 Total pages Schedule A(J)1:
2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor ☐ out-of-state PAC II Albert Lee Rodriguez III	7 Amount of contribution (\$)
5/13/2016 6 Contributor address; City; State; 946 E Van Buren, Brownsville, TX	
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 Full name of contributor ☐ out-ot-state PAC II Royston, Rayzor, Vickery & Williar	D#:
5/13/2016 \$500.00 Contributor address; City; State; Zip Code 55 Cove Circle, Brownsville, TX 78521	
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 Full name of contributor out-of-state PAC II Valerie M. Garcia	D#:) Amount of contribution (\$)
5/14/2016 \$150.00 Contributor address; City; State: Zip Code 8418 Summer View Ct., Harlingen, TX 78552	
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.

SCHEDULE A(J)1

	Т	he Instruction Guide explains how to complete this fo	1 Total pages Schedule A(J)1:				
2	FILER NAME	Sheila Garcia Bence		3 Filer ID (Ethics Commission Filers)			
4	Date 5/13/2016	5 Full name of contributor	7 Amount of contribution (\$) \$1,000.00				
8	Contributor's pattorney	principal occupation ys	9 Contributor's job title attorneys				
10		employer/law firm liveira & Fisher, LLP	11 Law firm of contributor	's spouse (if any)			
12	12 If contributor is a child, law firm of parent(s) (if any)						
	Date	Full name of contributor	D#:) Zip Code	Amount of contribution (\$)			
	Contributor's p	orincipal occupation	Contributor's job title				
	Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)			
	If contributor is	s a child, law firm of parent(s) (if any)					
Date Full name of contributor out-of-state PAC is Contributor address; City; State:				Amount of contribution (\$)			
	Contributor's p	Derincipal occupation	Contributor's job title				
	Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)			
	If contributor is	s a child, law firm of parent(s) (if any)					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
2 FILERNAME Sheila Garda Bence	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC ID#: Travis L. Bence 6 Contributor address; City; State; Zip Code 1018 E. Tyler, Harlings TX 78550	7 Amount of contribution (\$) 4 15,000.00
8 Contributor's principal occupation AHOME AHOME AHOME	
10 Contributor's employer/law firm (11 Law firm of contributor 12 If contributor is a child, law firm of parent(s) (if any)	r's spouse (it any) a Renae, Afforney at Iquo
Date	A section of the sect
Thavis L. Bence Contributor address; City; State; Zip Code 1018 E. Tyler Havingen, ix 78550	Amount of contribution (\$)
Contributor's principal occupation Contributor's job title Contributor's job title Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation	
Contributor's employer/law firm Bence + Associats, L.L.C. If contributor is a child, law firm of parent(s) (if any)	or's spouse (if any) Rence, Athornyathan
Date Full name of contributor out-of-state PAC 10#: 3/39/16 Contributor address; City; State: Zip Code 1018 5 Tyler Harlinsen TX 78950	Amount of contribution (\$)
Contributor's principal occupation AHORY Contributor's job title AHORY Contributor's applicant the firm	
Contributor's employer/law firm BENCE + ASSOCICHES, L.L.C. SALILIA GOVICE If contributor is a child, law firm of parent(s) (if any)	a Bence, Atonogation

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

The Instruction Guide explains how to complete this	form. 1 Total pages Schedule A(J)1:
2 FILER NAME Sheila Garda Ben	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC Travis L. Bence 6 Contributor address; City; State DIRE. Tyler, Harlings	
8 Contributor's principal occupation AHORNEL	9 Contributor's job title Attorner
10 Contributor's employer/law firm (Bence & Associates , L.L.C.	11 Law firm of contributor's spouse (it any) Shah Garcia Rena, Altoney at Iquo
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor	iD#: Amount of contribution (\$)
Travis L. Bence Contributor address; City; State 1018 E. Tuley Harlings	*8000.00 N. 78550
Contributor's principal occupation AHOVNEY	Contributor's job title AHONRY
Contributor's employer/law firm Bence L Associates, L. L. C. If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's spouse (if any) Shula Gord & Rence, Attornyation
Date Full name of contributor out-of-state PAC	ID#:
3/8/16 Travis L. Bence Contributor address; City: State: 1018 5 There Harling	zip Code 75000.00
Contributor's principal occupation AHDORU	Contributor's job title AHOTACU
Bence + Associates, L.L.C.	Law firm of contributor's spouse (if any) Shula Garaa Bence, Honeyataw
If contributor is a child, law firm of parent(s) (if any)	€

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

Т	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	Sheila Garga Beno	e	3 Filer ID (Ethics Commission Filers)
4 Date 5/1/16	5 Full name of contributor Gout-of-state PAC Travis L. Bence 6 Contributor address; City; State 1018 E. Tykr, Haringer	Fig. 4 Amount of contribution (\$)	
8 Contributor's p	orincipal occupation	9 Contributor's job title	
	amployer/law firm (Associates, L.L.C. s a child, law firm of parent(s) (if any)	11 Law firm of contributor Shala Garas	
5/9/16	Full name of contributor out-of-state PAC Travis L. Bence Contributor address; City; State;		Amount of contribution (\$)
AH	orincipal occupation DYNEY	Contributor's job title AHOVNEY	
Bence +	ASSOCIOLS, L. L. C.	Shella Gorda	's spouse (if any) Bence, Attornyation
Date	Full name of contributor	iD#:	Amount of contribution (\$)
	Contributor address; City: State:	Zip Code	
Contributor's p	principal occupation	Contributor's job title	
<u> </u>	employer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Chark Contract of Section 1

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 3 Filer ID (Ethics Commission Filers) Sheila Garcia Bence 5 Payee name La Michacana Valley #003
Payee address; City; State; Zip Code 2/27/16 6 Amount (\$) 902 West Harrison, Harlingen, TX \$2.85 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 ___ Check if travel outside of Texas, Complete Schedule T. PURPOSE __ Check if Austin, TX, officeholder living expense OF EXPENDITURE Food Beverages ICE for Cham Days float Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Date Rental World, LLC ala9116 Amount (\$) City; State; Zip Code 1014 West Tyler, Harlingen, TX 78550 \$568.32 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense Event Expense **EXPENDITURE** Watch Party Tent + tables
Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Sam's Club 2/29/16 Amount (\$) Payee address; City; State; Zip Code 621 N Expressiony 77, Harlingen, TX 78550 9267.74 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Event Expense Check if Austin, TX, officeholder living expense EXPENDITURE watch party supplies Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Sheila Garcia Bence 3101116 ielissa Raha 6 Amount (\$) 7 Payee address; 1014 E Tyler, Apt B, Harlingen, TX 78550 \$ 163.72 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if Iravel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense Food | Beverages EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH RGV Media Group 3/01/2016 P.O. Box 6156, Brownsville, TX 78520 \$162.38 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Printing Expense Check if Austin, TX, officeholder living expense EXPENDITURE floot banners Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date 301/2016 Amount (\$) City; State; Zip Code Pavee address; \$82.45 4705 Wagon Trail, Harlingen, TX 78552 Category (See Categories listed at the top of this schedule) Description ___ Check if travel outside of Texas. Complete Schedule T. PURPOSE Food Beverage Check if Austin, TX, officeholder living expense **EXPENDITURE** for Sanla Rosa Event Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries A The Instruction Guide explains how to a	Wages/Contract Labor Other (enter a category not listed above) 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 Andres Torres							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$ 248.91	322 Los Fresnos, S	santa Rosa, TX						
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
PURPOSE OF		Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense						
EXPENDITURE	Event Expense	Parade matireals						
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name H	Office sought Office held						
Date	Payee name							
3/01/2016	Walmart							
· Amount (\$)	Payee address; City; State; Zip Code							
459.52	1801 W Lincoln Ave	. Harlingen. TX 78552						
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE OF	- 110	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
EXPENDITURE	Food/Beverage							
	Y .	Watch party drinks						
Complete <u>ONLY</u> if direct expenditure to benefit G/OH	Candidate / Officeholder name	Office sought Office held						
Date	Payee name							
3/01/2016	HEB							
Amount (\$)	Payee address; City; State; Zip Code	د						
4 2.04	1213 S. Commerce, Har	lingen. Tx 78550						
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE OF	Ellera (. F.	Check if travel outside of Texas, Complete Schedule T, Check if Austin, TX, officeholder living expense						
EXPENDITURE	Event Expense	The succession of the successi						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

SCHEDULE F1

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

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

Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Legal Services 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 3 Filer ID (Ethics Commission Filers) Sheila Garcia Bence 4 Date 5 Payee name 3/01/2016 Walgreens 6 Amount (\$) City: State: Zip Code 1406 E Harrison Ave, Harlingen, TX 78550 428.12 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Food Beverage Check if Austin, TX. officeholder living expense OF EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH 3/01/2016 Arnount (\$) Payee address; City; State; Zip Code 1213 S. Commerce Harlingen, TX 78550 \$47.84 Category (See Categories listed at the top of this schedule) Check If travel outside of Texas, Complete Schedule T. PURPOSE Food Baverage OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date RGV Media Group 3/04/16 City: State: Zip Code Amount (\$) Pavee address: P.O. Box 6156, Brownsville, TX 78520 \$2,000.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Consulting Expense Check if Austin, TX, officeholder living expense EXPENDITURE Campaign Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee 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 3 Filer ID (Ethics Commission Filers) Sheila Garcia Bence 4 Date RGV Media Group 310412016 6 Amount (\$) 7 Payee address; P.O. Bux 6156, Brownsville, TX 78520 \$875.40 (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Contract Labor Gheck if Austin, TX. officeholder living expense OF EXPENDITURE E. Cruz Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 3/4/16 Lucy Arredla City; State; Zip Code Amount (\$) 2901 Haine Dr. Apt 105, Harlingen, TX 78550 \$700.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Contract Labor Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 3/01/16 Jose Ramon Garcia Payee address: City; State; Zip Code Amount (\$) P.O. Bux 1559, La Febru, TX 78550 \$ 400.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Contract Labor ☐ Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Solicitation/Fundralsing Expense Loan Repayment/Relmbursement Accounting/Banking Office Overhead/Rental Expense Fees Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 3 Filer ID (Ethics Commission Filers) Sheila Garcia Bence 5 Payeg name 310712016 6 Amount (\$) 10529 W. Clark Rd, La Feria, TX 78559 \$900.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 ___ Check If travel outside of Texas. Complete Schedule T, PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expanse Contract Labor 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Pavee name Mike Zavala 3/1/6 100 W Eighth St. La Foria, TX 78559 \$ 1,500.00 Category (See Categories listed at the top of this schedule) Dheck if travel outside of Texas, Complete Schedule T. **PURPOSE** Contract Labor OF Gheck if Austin, TX, officeholder living expense EXPENDITURE Fundra; stra Candidate / Officeholder name Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date Leticia Conde 3/08/16 Amount (\$) City; State; Zip Code Payee address; P.O. Box 552, La Feria, TX 78559 4600.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Distribution of literature Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: Sheila Garcia Bence 4 Date 5 Pavee name 3/08/2016 Noclia Zip Code 6 Amount (\$) BOX 1546, La Feria, TX 78559 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 __ Check if travel outside of Texas. Complete Schedule T. PURPOSE __ Check it Austin, TX. officeholder living expense OF Contract Labor EXPENDITURE distribution of literature Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 3/10/16 Port Isabel Rd. Brownsville, TX 78521 4800.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF ck if Austin, TX, officeholder living expense Advertising EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 3/10/2016 Payee address; Amount (\$) 6156, Brownsuille, TX 78520 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T, PURPOSE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Advertising Expense

Candidate / Officeholder name

Check if Austin, TX, officeholder living expense

Office sought

OF

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Fees Food/Beverage Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Pollina 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Sheila Garcia Bence 3/10/16 uke Catholic School 6 Amount (\$) Price Rd, Brownsville, TX 78521 \$ 240.00 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertising Expense OF Check if Austin, TX. officeholder living expense EXPENDITURE Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 3/4/16 Amount (\$) S. Palm Court Drive, Harlingen, TX 78552 \$ 608 . 91 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Check if Austin, TX, afficehalder living expense Printing Expense EXPENDITURE Rundh stickers Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name 3/14/16 Amount (\$) Pavee address: Box 6156, Brownsville, TX 78520 45,288.10 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T, PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder hame Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Consulting Expense Food/Beverage Expense Transportation Equipment & Related Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Travel in District Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Credit Card Payment Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sheila Garcia Bence 5 Payee name 3/18/16 Media Group City: State: Zip Code 6 Amount (\$) \$192.09 Box 6156, Brownsville, TX 78520 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. OF Printing Expense Check if Austin, TX. officeholder living expense EXPENDITURE Butlons 9 Complete ONLY If direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held 3/18/16 RGN Media Group Amount (\$) City; State; Zip Code \$1,680.00 P.O. Box 6156, Brownsville, TX 78520 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Consulting Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Coordinator Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date El Valle Noticias 3/21/2016 Amount (\$) \$1,500.00 2800 FM 802 Apt 103, Brownsville, TX 78526 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. Advertising Expense EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

		EXPENDITURE	CATEGORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations M Candidate/Officeholder/F Credit Card Payment	ade By olilical Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	Loan Re Office C Polling I ense Printing Salaries	ppayment/Reimburseme werhead/Rental Expens Expense Expense /Wages/Contract Labor	se Transportation Travel In Dista Travel Out Of Other (enter a	
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1 Total pages Schedule	F1: 2 FILER N	^{AME} Sheila Garcia	a Bence	,	3 Filer ID (Ethics Commission Filers)
4 Date 3 04 201x 6 Amount (\$)		<u>emorable</u>	_ 8 , 14 8 . 8	ents P	hotogra	. Phy
\$135.00	7 Payee ac	E Grim	es St.		igen. TX	
PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top	o of this schedule)	Check if A	aveloutside of Texas. Comp Austin, TX. officeholder	living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C	Candida /OH	ite / Officeholder name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Office sough	they so	Office held
Date	Payee nar	ne				
3/21/2016	MS	Design:	5			
Amount (\$)	Payee add	lress; City; Stat	e; Zip Code			
\$ 190.57	1405	S. Palm (Court [drive, Har	lingen, T	X 78552
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top o	of this schedule)	Description Check if trave	el culside of Texas. Comple	te Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidat DH	e / Officeholder name		Office sought	MOLOIAG	Office held
3/29/16	Payee nam	1000		Church	^	
Amount (\$)			Arwno ———	- CITATU	1	
₹ 200.00	Payee addr	old Militar	• • • • • •	Brownsk	ville, TX	78520
PURPOSE OF EXPENDITURE	Adve	ee Categories listed at the top of Hising Expens	this schedule)		oulside of Texas, Complete tin, TX, officeholder fivin	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate	/ Officeholder name		Office sought		Office held
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ns provided by Texas Eth				· · · · · · · · · · · · · · · · · · ·		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Fees Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Transportation Equipment & Related Expense Contributions/Donations Made By Polling Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Shella Garcia Bence 3 Filer ID (Ethics Commission Filers) 5 Payee name 5/29/16 Jose Kamon 6 Amount (\$) 7 Payee address; City; State; Zip Code \$ 900.00 P.O. Box 1859, La Fena, TX 78550 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Contract Labor Check if Austin, TX. officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Payee name 3/29/16 Sandra Amount (\$) City; State; Zip Code \$ 900.00 Clark Rd, La Feriu, TX 78559 Category (See Categories listed at the top of this schedule) PURPOSE ___ Check il travel outside of Texas. Complete Schedule T. Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name 3/31/2016 fice Depot Amount (\$) Payee address; City: State; Zip Code 605 S. Expressivay 77, Harlingen, Tx 78550 38.00 P Category (See Categories listed at the top of this schedule) Description PURPOSE ___ Check if travel outside of Texas, Complete Schedule T. OF EXPENDITURE Printing Expense Check If Austin, TX, officeholder living expense - Rundb Labels Complete ONLY if direct Candidate / Officeholder hame Office sought expenditure to benefit C/OH Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

		EXPEND	ITURE CATE	GORIES	FOR BOX 8(a)		-
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		The Instructio	n Guide explai	ns how to a	complete this form.		
1 Total pages Schedule F	1 2 FILER N	Sheila (Garcia Bei	nce		3 Filer ID (E	hics Commission Filers)
4 Date 4 01/2016	5 Payeens	£ 🛊	dia	Can	wo		
6 Amount (\$)	7 Payee ac	ddress: C	ity; State; Z	Grou	4		
\$2,000.00				MVSV	ille, TX	18520	
8	(a) Category	(See Categories lister	at the lop of this s	chedule)	(b) Description		
PURPOSE				,	i — ·	itside of Texas, Comple	la Ĉeĥe li de T
OF EXPENDITURE	Cons	ultanf		ĺ		, TX. officeholder livi	
		-			compaig	<u>nana</u>	0.00
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candida)H 	ate / Officeholder	name		Office sought	11/100190	Office held
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4/01/2016	1 =	o Produ	ce C	s., l	nc.		
Arnount (\$)	Payee add		y; State; Zip			· · · · · · · · · · · · · · · · · · ·	
445.65	1		Sunshi	ne S	trip. Harl	ingen,	TX 78550
PURPOSE	Category	(See Categories listed	at the top of this sci	redule)	Description		
OF EXPENDITURE	Land	4 Beve	e lee e		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
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					truit to	sk.	booth
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidat I	e / Officeholder n	ame		Office sought		Office held
Date	Payee nam	10					
410412016	Noeli		enez_				
Amount (\$)	Payee addr	· · · · · · · · · · · · · · · · · · ·	State; Zip	Code			
\$600.00	P.O. 1				ia, TX -	18559	
		ee Categories listed at					
PURPOSE			The top of this port	(0.0)	Description Check it traval autote	e of Texas, Complete Sc	
OF EXPENDITURE	Carrin	uch labor				e of fexas, Complete So <pre></pre> <pre>fexas, Complete So</pre> <pre>c</pre>	
				1	Distribution		
Complete ONLY if direct expenditure to benefit C/OH	Candidate	/ Officeholder ha	ime		Office sought		Office held
	ATTA	CH ADDITIONAL	COPIES OF	THISSC	HEDULE AS NEEDE	ED .	
rms provided by Texas Ethic	s Commission		www.ethics.st				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule F1: 2 FILER NAME Event Expense Fees Fees Fees Food/Beverage Expense Gift/Awards/Memorials Expense Cift/Awards/Memorials Expense Credit Card Payment Total pages Schedule F1: 2 FILER NAME Event Expense Fees Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Polling Expense Polling Expense Salaries/Wages/Contract Labor Travel In District Travel Out Of District Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers)

	Sheila Garcia Bence	,	3 Filer ID (Ethics Commission Filers)				
4 Date 04/2014	OIL Leticia Conde						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$600.00	P.O. Box 552, La Fé	ina. TX 78:	559				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF		, m	tside of Texas, Complete Schedule T.				
EXPENDITURE	Contract Labor		, TX. officeholder living expense				
	· Corner	Distribution	n of literature				
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held				
Date	Payee name	***************************************					
4/12/16	Family Crisis Cen	fer					
Amount (\$)	Payee address; City; State; Zip Code						
4100.00	\$100.00 616 W. Taylor, Harlingen, TX 78550						
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF		Check if travel outsi	de of Texas. Complete Schadule 7.				
EXPENDITURE	Advertising	Check if Austin, 7	TX, officeholder living expense				
	U	Golf Sp	INSOV				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held				

Date	Payee name						
4/7/16	Obice Depot						
Amount (\$)	Payee address; City: State; Zip Code						
\$60.18	515 East Morrison Rd.	Brownsuill	e, TX 78520				
D() D =	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF		Check If travel outside	e of Texas. Complete Schedule T.				
EXPENDITURE	Printing Expense	Check II Austin, TX	, officeholder living expense				
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder hame	Office sought	Office held				
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		EXPEND	ITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	a By Iloal Committee	Event Expense Fees Food/Beverage E Gift/Awards/Mem Legal Services	XDense	Loan Rep Office Ov Polling Ex Printing E	ayment/Reimbursement erhead/Rental Expense xpense	Transportation Travel in Distr Travel Out Of	endraising Expense Equipment & Related Expense lot District category not listed above)
		The Instruction	n Gulde explain	s how to	complete this form.		outogoty hat hated above;
1 Total pages Schedule F	1: 2 FILER N	^{AME} Sheila	Garcia Ber	nce		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/16	5 Payee na		ico DG	N (I	agazine		
6 Amount (\$)	7 Payee ac	ldress; (City; State; Zi	p Code	<u>agaciro</u>		
\$1,600.00	no r	legency	Gr., Ho	arlin	gen.TX 78	55D	
8	(a) Category	(See Categories liste			(b) Description		
PURPOSE OF EXPENDITURE	Adve	u-tising	Exper	150	Check if travel ou	lside of Texas, Comp , TX. officeholder	
		·			magazin	c Ad	
9 Complete ONLY if direct expenditure to benefit C/O	Candida H	ite / Officeholder	name	,	Office sought		Office held
Date	Payee nar	ne					
4/15/16	26	V Med	lou Gr	quo			
Amount (\$)	Payee add	lress; Ci	ty; State; Zip	Code		· · · · · · · · · · · · · · · · · · ·	
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PURPOSE	Category	See Categories listed	at the top of this sch	edule)	Description	d tr	
OF EXPENDITURE	Cons	iuHant	,		Check if Austin, T	de of Texas, Comple X, officeholder livi	ng expense
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	Category (S	ee Categories listed a			Description		
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EXPENDITURE	Printi	M EXF	ensc		Check if Austin, TX	, officeholder livin	g expense
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		EXPENDITURE C	ATEGORIES	S FOR BOX 8(a)	
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4 Date 4/15/2016	5 Payeen	5°V Media	Grou	O	
6 Amount (\$)	7 Payee a	ddress; City; State			
\$8,850.00	P.O.	BOX 6156,	Bnowna	wille, TX	78550
8	(a) Category	(See Categories listed at the top of	if this schedule)	(b) Description	
PURPOSE OF				Check if travel ou	itside of Texas, Complete Schedule T.
EXPENDITURE	Prin	ting EXDUNS	L		, TX. officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candid: DH	ate / Officeholder name		Office sought	Office held
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	Category	(See Categories listed at the top of	this schedule)	Description	
PURPOSE OF				· ·	de of Texas. Complete Schedule T.
EXPENDITURE	Ever	of Expense			TX, officeholder living expense
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expenditure to benefit C/O	-1	The state of the s		Office sought	Office held
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Amount (\$)	Payee addi	any, claid,	Zip Code		
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		See Categories listed at the top of th		Description	
PURPOSE OF				,	e of Texas. Complete Schedule T.
EXPENDITURE	Prin	tirus Expens	(K, officeholder living expense
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Credit Card Payment	lical Committee Legal Services	Salarles/	Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
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8	(a) Category (See Categories listed at the	top althiu are duly	1,45	
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EXPENDITURE	Cond Quinous		Check if Austin, T	X, officeholder living expense
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4 100.00	P.O. BOX 15	37. Lat	eria, TX	18 220
ļ	Category (See Categories listed at the to	o of this schedule)	Dan-sub-st	
PURPOSE		2311000(0)	Description	
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EXPENDITURE	Contract Lab	سي هم و		, officeholder living expense
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EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Ma Candidate/Officeholder/P Credit Card Payment	Event Expense Loan R Fees Office C Food/Beverage Expense Poiling Clift/Awards/Memorials Expense Printing	epayment/Reimbursement Dverhead/Rental Expense Expense Expense Expense SWages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
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1 Total pages Schedule	F1: 2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name	(Solumbion 1 Hels)			
4 29 16 6 Amount (\$)	Sandra Leija				
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\$ 900.00	10529 W Clark Rd. 1	a Feria, TX 78559			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Contract Labor	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX. officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held			
		- The field			
Date	Payee name				
4/20/14	Cameron County Bar	Association			
Amount (\$)	Payee address; City; State; Zip Code				
\$30.00	PO.BOX 3866. Brownshi	16, TX 78 523			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF		Check if travel outside of Texas, Complete Schedule T,			
EXPENDITURE	Other	Check if Austin, TX, officeholder living expense			
		Bar Directory			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held			
Date	Payee name				
4/24/16	RGV Media Group				
Amount (\$)	Payee address; City: State; Zip Code				
\$2,000.00	P.O. Box 6156, Brownshi	14, TX 78520			
DUDDOG	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	Solicitation	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Solicitation Expense	Check if Austin, TX, officeholder living expense			
Complete OARA III		Phone Banking			
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A-2	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
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Contributions/Donations Mad		lling Expense	Transportation Equipment & Related Evec
Candidate/Officeholder/Pol	ition Committee Principles Committee Principles Princip	nting Expense	Travel In District Travel Out Of District
Credit Card Payment	ilical Committee Legal Services Sa	laries/Wages/Contract Labor	Other (enter a category not listed above)
	The instruction Guide explains ho	w to complete this form	Sinot (cinot a category not listed above)
1 Total pages Schedule F	1: 2 FILER NAME	*****	
	Sheila Garcia Bence		3 Filer ID (Ethics Commission Filer
4 Date	5 Payee name		
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6 Amount (\$)	7 Payee address; City; State; Zip Co		
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8	(a) Category (See Categories listed at the top of this schedul		
PURPOSE	and a supply of the sound of th		
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9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	
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Date			
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11 00 - 111	RGV Media Gra	人 P	
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\$ 2,000.00	Do and Isi an		
1 200.00	P.O. BOX 6156, Bro	whomes 1	V 1863V
			10320
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		, L	
OF	A 4 A	Check if travel outsi	de of Texas. Complete Schedule T.
EXPENDITURE	Consultant	Check if Austin, 1	TX, officeholder living expense
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Complete ONLY if direct	Candidate / Officeholder name		
expenditure to benefit C/OH	The second secon	Office sought	Office held
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Date	Payee name		
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	3idio, zip 90de		W
4280.00	P.O. BOX 3112, BOW	tët wander a	70000
	P.O. BOX 3112, Brow	nsville, TX	78520
DUDDOC-	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Chack If traval cutate	of Toyon County of
OF EXPENDITURE	۸ و جسم		of Texas. Complete Schedule T.
-VERION ONE	Event expense	L Check if Austin, TX	, officeholder living expense
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omplete ONLY if direct	Candidate / Officeholder hame	194 (0)	<u> </u>
xpenditure to benefit C/OH	- manual manua	Office sought	Office held
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		EXPE	NDITURE CATE	GORIES	FOR BOX 8(a)		
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4 Date 4 25 2014	5 Payee nam	se z	uniga				
6 Amount (\$)	7 Payee addr		City; State; Z	ip Code			
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8	(a) Category (S	See Categories	listed at the lop of this s	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Ever	of Ev	pemse		Check if travel out	lside of Texas, Comp . TX, officeholder f	
P. Complete ONLY # F					Bottle Sho	P M 40	, 7
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Gandidate H	/ Officehol	der name		Office sought		Office held
Date	Payee name						
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\$1.795.10	P.O. 1	dox 6	156, Br	Dwns	suille, TX.	78550	
i			ited at the top of this sci	hedule)	Description		
PURPOSE OF	Adv	rentisi	NA		Check if travel outsid	de of Texas, Complet	e Schedule T,
EXPENDITURE		Evo	inda.		Check if Austin, T	X, olficeholder livi	ng expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate /	Officeholde	er name		Office sought		Office held
Date	Payee name						
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Amount (\$)	Payee addres	s; C	City; State; Zip	Code			
\$600.00	P.O. R	XX 5	52, La	.Feri	1, TX 7852	59	
	Category (See	Categories liste	ed at the top of this sche	dule)	Description		
PURPOSE OF	l mal-	. / 1	i .		Check if travel outside	of Texas, Complete	Schedule T.
EXPENDITURE	Contra	uct r	Abor		Check if Austin, TX		
Complete ONLY if direct	Candidata /	Offic = 6 - 1 :			Distribution	& litt	trature
expenditure to benefit C/OH	Candidate / (onicenolde.	r name		Office sought		Office held
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	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mar Candidate/Officeholder/Po	Event Expense Lo Fees Oif	an Repayment/Reimbursement fice Overhead/Rental Expense illing Expense inting Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District
Credit Card Payment	Sa	laries/Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule	The Instruction Guide explains ho	ow to complete this form.	
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4 Date	5 Payee name		
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6 Amount (\$)	7 Payee address; City; State Zip Co		
\$600.00	P.O. Box 1546, La		8559
8	(a) Category (See Categories listed at the top of this schedul		
PURPOSE		 	
OF EXPENDITURE	Contract labor		tside of Texas, Complete Schedule T.
	Jan Jacor	Oreck if Austin	, TX. officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	· · · · · · · · · · · · · · · · · · ·
experience to penelit CVC	JH	omeo dodgiit	Office held
Date	Payee name		
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	RGV Media Grov	\P	
Amount (\$)	Payee address; City; State; Zip Cod	la .	
\$4,200.00	P.O. Box 6156, Brow	unsuille, TX	78520
	Category (See Categories listed at the top of this schedule)	Do	
PURPOSE	· ·		de et Tour
OF EXPENDITURE	Advertising Expense		je of Texas. Complete Schedule T. X, officeholder living expense
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Date	Payee name		
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2110110	RGU media Group)	
Amount (\$)	Payee address; City: State; Zip Code		
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\$8,850.00	P.O. Box 6/86, Brow	insuille, Tx	78520
PURROSE	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		· -	of Texas, Complete Schedule T.
EXPENDITURE	Printing Expense		officeholder living expense
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Complete ONLY if direct	Candidate / Officeholder name	Frank nogu	g Meiler
expenditure to benefit C/OH	- Allicatiology name	Office sought	Office held
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Advertising Expense	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
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Credit Card Payment	Connection Committee Legal Services Sal The Instruction Guide explains ho	aries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
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4 Date	Sheila Garcia Bence		3 Filler ID (Ethics Commission Filer
4 Date 5 10 16	5 Rayon name Ram Rivera		
6 Amount (\$)	7 Payee address; City; State; Zip Co		
\$900.00	P.O. BAX 271, Santa M	ana, tx 78	992
8	(a) Category (See Categories listed at the top of this scheduli	e) (b) Description	
PURPOSE OF			itside of Texas, Complete Schedule T.
EXPENDITURE	Contract Labor	Check if Austin	, TX. officeholder living expense
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Date	Payee name		
5/11/16	RGV Media Group		
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\$1,000.00	P.O. BOX 6156, Brow		520
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		Check if travel outsi	de of Texas. Complete Schedule T.
EXPENDITURE	Solicitation Expense		TX, officeholder living expense
		Phone Ban	Kina.
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name		
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Amount (\$)	Payee address; City; State; Zip Code		
100.00	6365 Montebello Ci	rcle, Browns	ville 78521
DUBBOOK	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	this	Check if travel outside	of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense		, officeholder living expense
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6 Amount (\$)	7 Payee add			Code		
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8	(a) Category (8	See Categories listed a	the top of this sche) Description	
PURPOSE OF				, ,		tside of Texas. Complete Schedule T.
EXPENDITURE	Prin	ting E	Xoensa			TX. officeholder living expense
9 Complete ONLY if direct	1				t-Shir	
expenditure to benefit C/C	Gandidate DH	/ Officeholder na	me		Office sought	Office held
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PURPOSE			***************************************		Description Check it travel outside	de of Texas. Complete Schedule T.
OF EXPENDITURE	Dalli	na pymo	NO			X, officeholder living expense
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expenditure to benefit C/Oh	Jandidate /	Officeholder nam	10	(Office sought	Office held
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PURPOSE OF	A 1				——————————————————————————————————————	of Texas. Complete Schedule T.
EXPENDITURE	Advertis	ing EXF	unse		Check if Austin, TX,	officeholder living expense
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expenditure to benefit C/OH		,		Ü	ffice sought	Office held
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Advertising Expense		EGORIES FOR BOX 8(a)
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4 Date 5 12 201	5 Payee name	
6 Amount (\$)	7 Payee address; City; State;	OUP Zip Code
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PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description
OF EXPENDITURE	Consultant	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX. officeholder living expense
Complete ONLY if direct		E. Rubio Convassing coordinator
expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
5/13/16	RGV Media Gr	oup
Amount (\$)	Payee address; City; State; Zi	p Code
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PURPOSE	Category (See Categories listed at the top of this so	
OF EXPENDITURE	Solicitation	Check if ravel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
-		Phone Banking
Complete <u>ONLY</u> it direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
3/23/2016	United States Pos	tal Service
Amount (\$)	Payee address; City; State; Zip	Code
35.00	221 E Van Buren, Ha	rlingen, TX 78550
PURPOSE	Category (See Categories listed at the top of this scho	edule) Description
OF EXPENDITURE	Other	Check If I ravel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense
	- 1	Postage
omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder hame	Office sought Office held
	ATTACH ADDITIONAL COPIES OF	THIS COULDING
s provided by Texas Ethic	es Commission	THIS SOMEDULE AS NEEDED

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Ma Gandidate/Officeholder/Po Credit Card Payment	Event Expense Fees Focd/Beverage Expense de By Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expen Travel In District Other (enter a category set listed etc.)
1 Total pages Schedule	The Instruction Guide explains	how to complete this form.
4 Date	Shella Garcia Bend	Ce 3 Filer ID (Ethics Commission Filers)
4/15/16 6 Amount (\$)	5 Payee name Mike Zavala	
	7 Payee address; City; State; Zip	
1,500.00	100 W Eighth St.	, La Feria, TX 78559
3	(a) Category (See Categories listed at the top of this sche	odule) (b) Description
PURPOSE OF EXPENDITURE	Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense
		fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip C	ode
	Category (See Categories listed at the top of this sched	ule) Description
PURPOSE OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONIV II II		
Complete <u>ONLY</u> if direct xpenditure to benefit C/OF	Candidate / Officeholder name I	Office sought Office held
ate	Payee name	
mount (\$)	Payee address; City; State; Zip Co	de
mount (\$)	Say Glato, Zip Ob	
PURPOSE	Payee address; City; State; Zip Coo	Description
PURPOSE OF	Say Glato, Zip Ob	
PURPOSE	Say Glato, Zip Ob	Description Check if travel outside of Texas, Complete Schedule T.
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how t	complete this form.
Total pages Schedule G:	² FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
2/26/16	5 Payee name Dulcerias Pinkis	
Amount (\$) 316.34 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2265 Central Blvd, B	rownsville, TX 78520
PURPOSE OF EXPENDITURE	(a) Category (See Calegories listed at the top of this schedule) EVEN EXPENSE	(b) Description Charo Days Hoaf Check if Iravel outside of Taxas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date 2/29/16	Payee name Rental World LLC	
Amount (\$) 8.64	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended	1014 W Tyler, Harlin	gen,7x 78552
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLITY EXPENSE	Description + Col Mental for 5(9n8) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought Office held
5/2/16	Payee name Wal greens	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description Eas-Ker hun-t Brownsull Check if travel outside of Texas. Complete Schedule T. Candy Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
Additional property of the second sec	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services Salaries A The Instruction Guide explains how to	Vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Sheila Garcia Bence		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/16	5 Payee name THB'S Cate		
Amount (\$) \$127.90 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 204 E Jackson, Harli	ngen, tx	78550
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Beverage		Of Texas. Complete Schedule T. C, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name DH	Office sought	Office held
3/23/16	Lowes and Fishes of F	210 Grande V	lalley, Inc.
Amount (\$) #120.00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. BOX 248, Harlin	gen, Tx 7	8551
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVEN EXPENSE		of Texas. Complete Schedule T. f, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date 4 Hollo	StISD Education Fo	undation	
Amount (\$) \$ 100.00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. By 1352, Merceden	185° XT,	70
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVEN+ EXPENSE	\neg	of Texas. Complete Schedule T. ., officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Gard Payment	The Instruction Guide explains how t	to complete this form.	
1 Total pages Schedule G:	2 FILER NAME Shèla Gorga Ben	Ke .	3 Filer ID (Ethics Commission Filers)
4 Date 5 1/6	5 Payee name CASA		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1740 Boca Chica #30	o, Bownsu	lk,7x 78520
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	Check if travel outsi	de of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/0		Office sought	Office held
Pate 51/16	Cameron County Den	ocratic C	Domen
Amount (\$) L/O.&D Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1767 Boca Chica BI		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		the of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
Date 5/9/6	Payee name 541ûa 6arza Perez		
Amount (\$) # \$5 - 50 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 42 Meadow 6 Km Dri	ve, Browns	ülk, Tx78521
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Check if travel outside	the of Texas. Complete Schedule T. "X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

OUTSTANDING LOANS

SCHEDULE L

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule L:
2 FILER NAME	shiple 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. Stuartplace, Harlin	ian. TX 78552
GUARANTOR INFORMATION	6 Name of guarantor Travis + Sheila Garcia Ber	
not applicable	7 Guarantor address; City; State; Zip Code 1018 E. Tyler Harlingen, T	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Code	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED