

SHEILA

GARCIA

BENCE

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: right; font-size: 1.5em;">19</div>																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">MS / MRS / MR</td> <td style="width:40%;">FIRST</td> <td style="width:40%;">MI</td> </tr> <tr> <td>Mrs.</td> <td>Sheila</td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>Garcia Bence</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mrs.	Sheila		NICKNAME	LAST	SUFFIX		Garcia Bence		<p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 0.8em; margin: 0;">Date Received</p> <p style="text-align: center; font-size: 0.8em; margin: 0;">CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION</p> <p style="font-size: 1.2em; margin: 5px 0 0 0;">3:29pm JUL 15 2019</p> <p style="font-size: 0.8em; margin: 0;">By: <i>Quinn</i> RECEIVED</p> <p style="font-size: 0.8em; margin: 0;">Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged	
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Date Processed																					
Date Imaged																					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">ADDRESS / PO BOX;</td> <td style="width:25%;">APT / SUITE #;</td> <td style="width:25%;">CITY;</td> <td style="width:25%;">STATE;</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; padding: 5px;">974 E Harrison, Brownsville, Texas 78520</td> </tr> </table> <input type="checkbox"/> Change of Address			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	974 E Harrison, Brownsville, Texas 78520												
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Date Processed																					
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7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:25%;">APT / SUITE #;</td> <td style="width:25%;">CITY;</td> <td style="width:25%;">STATE;</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; padding: 5px;">1018 E Tyler, Harlingen, Texas 78550</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1018 E Tyler, Harlingen, Texas 78550												
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)										
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> <td style="width:20%; text-align: center;">THROUGH</td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> </tr> <tr> <td>01</td> <td>/ 01</td> <td>/ 2019</td> <td></td> <td>06</td> <td>/ 30</td> <td>/ 2019</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	01	/ 01	/ 2019		06	/ 30	/ 2019				
Month	Day	Year	THROUGH	Month	Day	Year															
01	/ 01	/ 2019		06	/ 30	/ 2019															
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">ELECTION DATE</td> <td style="width:60%;">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> <tr> <td>11 / 08 / 2016</td> <td></td> </tr> </table>			ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	11 / 08 / 2016													
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11 / 08 / 2016																					
12 OFFICE	OFFICE HELD (if any) County Court At Law No. 4 - Judge	13 OFFICE SOUGHT (if known)																			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Sheila Garcia Bence 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED 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 <input type="checkbox"/> Additional Pages	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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>14,700.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,322.52</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>10,684.96</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>150,000.00</u>

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sheila Garcia Bence, this the 12th day of July, 20 19, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Melissa Rocha
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Sheila Garcia Bence</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,700.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 150,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,350.99
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,322.52
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME
Sheila Garcia Bence

3 Filer ID (Ethics Commission Filers)

4 Date
5/20/2019

5 Full name of contributor out-of-state PAC (ID#: _____)
Royston, Rayzor, Vickery & Williams, LLP
6 Contributor address; City; State; Zip Code
55 Cove Circle, Brownsville, Texas 78521

7 Amount of contribution (\$)
\$500.00

8 Principal occupation / Job title (See Instructions)
Attorneys

9 Employer (See Instructions)
Royston, Rayzor, Vickery & Williams, LLP

Date
5/23/2019

Full name of contributor out-of-state PAC (ID#: _____)
The Law Office of Jim Young
Contributor address; City; State; Zip Code
1018 E Tyler Ave, Harlingen, Texas 78550

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
The Law Office of Jim Young

Date
5/22/2019

Full name of contributor out-of-state PAC (ID#: _____)
Tom Curtis
Contributor address; City; State; Zip Code
515 East Harrison, Suite A, Harlingen, Texas 78550

Amount of contribution (\$)
\$500.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Curtis & Boswell, LLP

Date
5/23/2019

Full name of contributor out-of-state PAC (ID#: _____)
Cris Villarreal
Contributor address; City; State; Zip Code
3109 Treasure Hills Blvd, Harlingen, Texas 78550

Amount of contribution (\$)
\$1,000.00

Principal occupation / Job title (See Instructions)
CPA

Employer (See Instructions)
Cris Villarreal CPA PLLC

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

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME
Sheila Garcia Bence

3 Filer ID (Ethics Commission Filers)

4 Date
5/23/2019

5 Full name of contributor out-of-state PAC (ID#: _____)
Norma Roy
6 Contributor address; City; State; Zip Code
1209 E Carrol St, Harlingen, Texas 78550

7 Amount of contribution (\$)
\$500.00

8 Principal occupation / Job title (See Instructions)
Registered Nurse

9 Employer (See Instructions)
Texas Oncology

Date
5/23/2019

Full name of contributor out-of-state PAC (ID#: _____)
Maria Linda Gonzalez, Attorney at Law
Contributor address; City; State; Zip Code
777 E Harrison St, Ste B, Brownsville, TX 78520

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Maria Linda Gonzalez, Attorney at Law

Date
5/23/2019

Full name of contributor out-of-state PAC (ID#: _____)
Brian G. Janis
Contributor address; City; State; Zip Code
3455 Heritage Circle, Brownsville, Texas 78520

Amount of contribution (\$)
\$50.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Brian G. Janis PC Attorney at Law

Date
5/23/2019

Full name of contributor out-of-state PAC (ID#: _____)
Judith P. Lucio
Contributor address; City; State; Zip Code
3 Cortez Ave, Rancho Viejo, TX 78575

Amount of contribution (\$)
\$1,000.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Hamilton & Lucio, PC

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: **6**

2 FILER NAME
Sheila Garcia Bence

3 Filer ID (Ethics Commission Filers)

4 Date
5/23/2019

5 Full name of contributor out-of-state PAC (ID#: _____)
Gustavo C Ruiz

6 Contributor address; City; State; Zip Code
21434 Retama Rd, Harlingen, Texas 78550-1673

7 Amount of contribution (\$)
\$1,000.00

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
Gustavo C. Ruiz Attorney and Counselor at Law

Date
5/23/2019

Full name of contributor out-of-state PAC (ID#: _____)
Rogelio Valdez and Adelita M. Valdez

Contributor address; City; State; Zip Code
28329 S. Palm Court Dr. Harlingen, Texas 78552

Amount of contribution (\$)
\$250.00

Principal occupation / Job title (See Instructions)
Retired Judge

Employer (See Instructions)

Date
5/21/2019

Full name of contributor out-of-state PAC (ID#: _____)
Alberto L. Guerrero

Contributor address; City; State; Zip Code
4904 N. 3rd St, McAllen, Texas 78504

Amount of contribution (\$)
\$1,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/23/2019

Full name of contributor out-of-state PAC (ID#: _____)
Happy Thomas

Contributor address; City; State; Zip Code
4380 Boca Chica Blvd., A-3, Brownsville, Texas 78521

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME
Sheila Garcia Bence

3 Filer ID (Ethics Commission Filers)

4 Date
5/23/2019

5 Full name of contributor out-of-state PAC (ID#: _____)
Paul Hemphill, Attorney at Law

6 Contributor address; City; State; Zip Code
815 Ridgewood St, Brownsville, TX 78520

7 Amount of contribution (\$)
\$500.00

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
Paul Hemphill, Attorney at Law

Date
5/23/2019

Full name of contributor out-of-state PAC (ID#: _____)
Law Office of Javier Villarreal PLLC

Contributor address; City; State; Zip Code
2401 Wild Flower Dr, Suite A, Brownsville, Texas 78526

Amount of contribution (\$)
\$1000.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Law Office of Javier Villarreal PLLC

Date
5/22/2019

Full name of contributor out-of-state PAC (ID#: _____)
Law Office of Bobby Garcia, P.C.

Contributor address; City; State; Zip Code
5301 S. McColl Rd, Edinburg, TX 78539

Amount of contribution (\$)
\$500.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Law Office of Bobby Garcia, P.C.

Date
5/23/2019

Full name of contributor out-of-state PAC (ID#: _____)
Law Office of John Williamson

Contributor address; City; State; Zip Code
815 Ridgewood St, Brownsville, TX 78520

Amount of contribution (\$)
\$2,500.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Law Office of John Williamson

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>6</u>
2 FILER NAME Sheila Garcia Bence		3 Filer ID (Ethics Commission Filers)
4 Date 5/23/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Kithcart, Attorney at Law 6 Contributor address; City; State; Zip Code 1209 E Harrison Suite B, Harlingen, Texas 78550	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) David Kithcart, Attorney at Law
Date 5/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moises R. Hernandez Contributor address; City; State; Zip Code 3401 Treasure Hills Blvd., Harlingen, TX 78550	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)
Date 5/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torniquete LLC DBA The Pizzeria Contributor address; City; State; Zip Code 1610 E Tyler Ave, Ste C	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Owner of The Pizzeria		Employer (See Instructions) The Pizzeria
Date 5/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rentfro, Irwin, & Irwin, PLLC Contributor address; City; State; Zip Code 1650 Paredes Line Rd, Suite 102, Brownsville, TX 78521	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorneys		Employer (See Instructions) Rentfro, Irwin, & Irwin, PLLC
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

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>6</u>
2 FILER NAME Sheila Garcia Bence		3 Filer ID (Ethics Commission Filers)
4 Date 5/30/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erin Elizabeth Gamez 6 Contributor address; City; State; Zip Code 127 Shoreline, Brownsville, TX 78521	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Law Offices of Ernesto Gamez, Jr., PC
Date 5/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marion R Lawler Contributor address; City; State; Zip Code 805 Media Luna 620, Brownsville, Texas 78520	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Lawler & Associates
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Sheila Garica Bence		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 10/16/2018	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) FIRST COMMUNITY BANK	9 Loan Amount (\$) \$150,000.00
6 Is lender a financial institution? <input checked="" type="radio"/> Y <input type="radio"/> N	8 Lender address; City; State; Zip Code 405 N. Stuart Place., Harlingen, Texas 78552	10 Interest rate 7.000%
		11 Maturity date 4/16/2020
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none Lot 25, Blk 47 Padre Subdivision		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor Travis L. Bence & Sheila Garcia Bence 18 Guarantor address; City; State; Zip Code 2018 E. TYLER AVE, HARLINGEN, TEXAS 78550	19 Amount Guaranteed (\$) \$150,000.00
20 Principal Occupation (See Instructions) Attorney (Travis) & Judge (Sheila)		21 Employer (See Instructions) Bence & Associates, LLC (Travis) & Cameron County (Sheila)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <p style="text-align:center; font-size: 2em;">5</p>	2 FILER NAME <p style="text-align:center;">Sheila Garcia Bence</p>	3 Filer ID (Ethics Commission Filers)			
4 Date 6/01/2019	5 Payee name Harland Clarke				
6 Amount (\$) \$59.53	7 Payee address; City; State; Zip Code 15955 La Cantera Parkway, San Antonio, Texas 78256				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) accounting/banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reorder check and deposit slips			
	<table border="0" style="width:100%;"> <tr> <td style="width:25%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 6/11/2019	Payee name RGV Media Group				
Amount (\$) \$440.00	Payee address; City; State; Zip Code 2108 Central Blvd, Brownsville, TX 78520				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) salaries/wages/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 campaign kick off coordination/ social media graphics			
	<table border="0" style="width:100%;"> <tr> <td style="width:25%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 6/11/2019	Payee name Luciano S. Garza, III				
Amount (\$) \$250.00	Payee address; City; State; Zip Code 3515 Pecan Grove Drive, Weslaco, Texas 78599				
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 Advertising in the Miss SPI 2019 Pageant			
	<table border="0" style="width:100%;"> <tr> <td style="width:25%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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: 5	2 FILER NAME <p style="text-align: center;">Sheila Garcia Bence</p>	3 Filer ID (Ethics Commission Filers)
4 Date 5/23/2019	5 Payee name Mario Aleman	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 1409 E. McIntyre St. Edinburg, Texas 78541-3774	
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 music for campaign kick-off
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 5/23/2019	Payee name Ivan Estrada	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1918 E. Van Buren Ave., 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 photographer for campaign kick-off
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 5/31/2019	Payee name Sheila Garcia Bence	
Amount (\$) \$2,163.66	Payee address; City; State; Zip Code 1018 East Tyler, Harlingen, Texas 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 venue for campagin kick-off
	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: 5	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
4 Date 5/31/2019	5 Payee name Sheila Garcia Bence	
6 Amount (\$) \$358.03	7 Payee address; City; State; Zip Code 1018 East Tyler, Harlingen, Texas 78550	
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 Shirts for team
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 5/31/2019	Payee name Sheila Garcia Bence	
Amount (\$) \$172.78	Payee address; City; State; Zip Code 1018 East Tyler, Harlingen, Texas 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 table covers & easel for kick-off
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 5/31/2019	Payee name Sheila Garcia Bence	
Amount (\$) \$48.00	Payee address; City; State; Zip Code 1018 East Tyler, Harlingen, Texas 78550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cookies for campaign kick-off
	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: <p style="text-align:center">5</p>	2 FILER NAME <p style="text-align:center">Sheila Garcia Bence</p>	3 Filer ID (Ethics Commission Filers)			
4 Date 5/31/2019	5 Payee name Sheila Garcia Bence				
6 Amount (\$) \$8.65	7 Payee address; City; State; Zip Code 1018 East Tyler, Harlingen, Texas 78550				
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 campaign logo prints			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 5/31/2019	Payee name Sheila Garcia Bence				
Amount (\$) \$23.08	Payee address; City; State; Zip Code 1018 East Tyler, Harlingen, Texas 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 table decorations			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 5/31/2019	Payee name Sheila Garcia Bence				
Amount (\$) \$344.57	Payee address; City; State; Zip Code 1018 East Tyler, Harlingen, Texas 78550				
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 backdrop and stand			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 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: <div style="text-align: center; font-size: 24pt;">5</div>	2 FILER NAME <div style="text-align: center;">Sheila Garcia Bence</div>	3 Filer ID (Ethics Commission Filers)
4 Date 5/31/2019	5 Payee name Sheila Garcia Bence	
6 Amount (\$) \$70.36	7 Payee address; City; State; Zip Code 1018 East Tyler, Harlingen, Texas 78550	
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 re-election signs for campaign kick-off
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 5/31/2019	Payee name Sheila Garcia Bence	
Amount (\$) \$12.33	Payee address; City; State; Zip Code 1018 East Tyler, Harlingen, Texas 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 decorations for campaign kick-off
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
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
	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: 4	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
4 Date 5/9/2019	5 Payee name Fiesta Graphics	
6 Amount (\$) \$358.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 205 Paredes Ln. Rd, Brownsville, Texas 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing expenses	(b) Description campaign shirts for team <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 5/9/2019	Payee name Print Place
Amount (\$) \$344.57 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1130 Ave H East, Arlington, Texas 76011
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense
	(b) Description backdrop and stand <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 5/22/2019	Payee name Target
Amount (\$) \$12.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1002 Dixieland Rd, Harlingen, Texas 78552
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense
	(b) Description decorations for campaign kick-off <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
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
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4 Date 5/22/2019	5 Payee name Walgreens
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6 Amount (\$) \$8.65 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1406 E Harrison Ave, Harlingen, Texas 78550
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing expenses	(b) Description campaign logo prints <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 5/21/2019	Payee name Hobby Lobby
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Amount (\$) \$16.62 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2209 W Lincoln, Harlingen, Texas 78552
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	(b) Description decoration for campaign kick-off <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 5/22/2019	Payee name Hobby Lobby
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Amount (\$) \$6.46 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2209 W Lincoln, Harlingen, Texas 78552
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	(b) Description decorations for campaign kick-off <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: 4	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
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4 Date 5/23/2019	5 Payee name Rental World, LLC
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6 Amount (\$) \$172.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1014 West Tyler, Harlingen, Texas 78550
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) event expenses	(b) Description table covers & easel <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 5/23/2019	Payee name A Piece of Cake by Ybarra
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Amount (\$) \$48.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 202 E Harrison, Harlingen, Texas 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food expense	(b) Description cookies for campaign kick off <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 5/23/2019	Payee name Sam's Club
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Amount (\$) \$121.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 621 N Expressway 77, Harlingen, Texas 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	(b) Description cake and flowers for campaign kick-off <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	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: 4	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
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4 Date 5/23/2019	5 Payee name Sign Solutions
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6 Amount (\$) \$70.36 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 554 Paredes Ave, Suite A, 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 Re-election signs for campaign kick-off <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 5/21/2019	Payee name Harlingen Convention Center
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Amount (\$) \$2,163.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 701 Harlingen Heights Drive, Harlingen, Texas 78552
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	(b) Description Venue for campaign kick-off <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
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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