

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>2</u>		<b>OFFICE USE ONLY</b>	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI <u>Mrs. Sheila Garcia</u> NICKNAME LAST SUFFIX <u>Bence</u>			
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Received CAMELUN COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION 12:00 noon FEB 04 2016 Date Hand-delivered or Data Submitted By: <u>[Signature]</u> Receipt # _____ Amount \$ _____	
5 ORIGINAL PERIOD COVERED		Month Day Year      Month Day Year <u>01 / 01 / 2016</u> THROUGH <u>01 / 22 / 2016</u>		Date Processed Date Imaged	

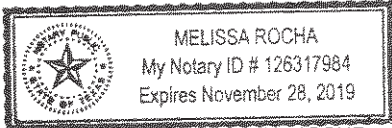
6 EXPLANATION OF CORRECTION  
 I included an outstanding loan amount in the cover sheet, but also needed to include schedule L.

7 AFFIDAVIT  
 I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

**Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Sheila Garcia Bence, this the 3 day of February

20 16 to certify which, witness my hand and seal of office.

[Signature]      Melissa Rocha      Notary Public  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
 Needed To Report And Explain Corrections**

**OUTSTANDING LOANS**

**SCHEDULE L**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule L:

1

**2** FILER NAME

Sheila Garcia Bence

**3** Filer ID (Ethics Commission Filers)

LENDER INFORMATION

**4** Name of lender

First Community Bank

**5** Lender address; City; State; Zip Code

405 N. Stuart Place, Harlingen, TX 78552

GUARANTOR INFORMATION

**6** Name of guarantor

Travis & Sheila Garcia Bence

not applicable

**7** Guarantor address; City; State; Zip Code

1018 East Tyler, Harlingen, TX 78550

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**