

**MRS. SHEILA
GARCIA
BENCE**

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: <div style="text-align: center; font-size: 2em;">13</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Sheila Garcia <hr/> NICKNAME LAST SUFFIX Bence	<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> Date Received: JUL 15 2016 DEWITT COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION RECEIVED BY: <i>[Signature]</i> @ 10:15A Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1018 East Tyler, Harlingen, Texas 78550 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 440-8900		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Travis L. <hr/> NICKNAME LAST SUFFIX Bence		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1018 East Tyler, Harlingen, Texas 78550		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 440-8900		
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 05 / 15 / 2016 07 / 15 / 2016		
11 ELECTION	ELECTION DATE Month Day Year 05 / 24 / 2016	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Judge Elect for County Court at Law Number Four	13 OFFICE SOUGHT (if known) Judicial Candidate for County Court at Law Number Four	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 JC/OH NAME

15 Filer ID (Ethics Commission Filers)

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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

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)

\$

11,500.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

7,837.75

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

4,932.45

OUTSTANDING
LOAN TOTALS

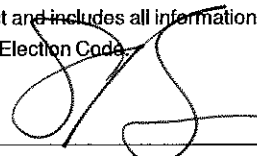
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

105,000.00

18 AFFIDAVIT

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



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shila Garcia Bence, this the July
day of 14, 20 16, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Melissa Rocha

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - JC/OH

**FORM JC/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 11,500.00
2. <input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$ 0
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)		\$ 0
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 6,828.87
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 1008.88
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Sheila Garcia Bence		3 Filer ID (Ethics Commission Filers)
4 Date 7/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Atlas, Hall & Rodriguez, LLP	7 Amount of contribution (\$) \$1,500.00
6 Contributor address; City; State; Zip Code 50 West Morrison Rd, Ste A, Brownsville, TX 78520		
8 Contributor's principal occupation attorneys		9 Contributor's job title attorneys
10 Contributor's employer/law firm Atlas, Hall & Rodriguez, LLP		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 5/23/16	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Travis L. Bence	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 1018 E. Tyler, Harlingen, TX 78550		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Bence + Associates, L.L.C.		Law firm of contributor's spouse (if any) Sheila Garcia Bence, Attorney at Law
If contributor is a child, law firm of parent(s) (if any)		
Date 5/23/16	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Travis L. Bence	Amount of contribution (\$) \$ 4000.00
Contributor address; City; State; Zip Code 1018 E. Tyler, Harlingen, TX 78550		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Bence + Associates, L.L.C.		Law firm of contributor's spouse (if any) Sheila Garcia Bence, Attorney at Law
If contributor is a child, law firm of parent(s) (if any)		

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Sheila Garcia Bence</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/26/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Travis L. Bence</i>	7 Amount of contribution (\$) <i>\$5000.00</i>
6 Contributor address; City; State; Zip Code <i>1018 E. Tyler, Harlingen, TX 78550</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm <i>Bence + Associates, L.L.C.</i>		11 Law firm of contributor's spouse (if any) <i>Sheila Garcia Bence, Attorney at Law</i>
12 If contributor is a child, law firm of parent(s) (if any)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J):
2 FILER NAME <p style="text-align: center;">Sheila Garcia Bence</p>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <p style="font-size: 1.2em;">0.5/16/16</p>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">First Community Bank</p>	9 Loan Amount (\$) <p style="font-size: 1.2em;">\$5000.00</p>
6 Is lender a financial institution? <input checked="" type="radio"/> Y <input type="radio"/> N	8 Lender address; City; State; Zip Code <p style="font-size: 1.2em;">405 N. Stuart Place Rd., Harlingen, Texas 78552</p>	10 Interest rate <p style="text-align: center; font-size: 1.2em;">5.9%</p>
		11 Maturity date <p style="text-align: center; font-size: 1.2em;">April 2017</p>
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is a child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> none <p style="font-size: 1.2em;">Lot 25, Blk 47 Padre Subdivision</p>		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor <p style="font-size: 1.2em;">Travis L. Bence & Sheila Garcia Bence</p>	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code <p style="font-size: 1.2em;">1018 East Tyler, Harlingen, Texas 78550</p>	
23 Guarantor's Principal Occupation <p style="text-align: center; font-size: 1.2em;">Attorney</p>		24 Guarantor's Job Title <p style="text-align: center; font-size: 1.2em;">Attorney</p>
25 Guarantor's Employer/Law Firm <p style="font-size: 1.2em;">Bence & Associates, L.L.C.</p>		26 Law Firm of guarantor's spouse (if any) <p style="font-size: 1.2em;">Sheila Garcia Bence, Attorney at Law</p>
27 If guarantor is a child, law firm of parent(s) (if any)		
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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
4 Date 5/17/2016	5 Payee name Mike Zavala	
6 Amount (\$) 1,500.00	7 Payee address; City; State; Zip Code 100 W Eighth St, La Feria, TX 78559	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 5/17/16	Candidate / Officeholder name MS Designs	
Amount (\$) 43.03	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Logo Embroidered shirts
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 5/22/16	Candidate / Officeholder name RGV Media Group	
Amount (\$) 130.00	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense commercial
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Sheila Garcia Bence		3 Filer ID (Ethics Commission Filers)	
4 Date 5/22/16		5 Payee name RGV Media Group			
6 Amount (\$) 1,000.00		7 Payee address; City; State; Zip Code P.O. Box 6156, Brownsville, TX 78520			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Newspaper Ads		
	Candidate / Officeholder name		Office sought		Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 5/22/16		Payee name RGV Media Group			
Amount (\$) 1,000.00		Payee address; City; State; Zip Code P.O. Box 6156, Brownsville, TX 78520			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Banking - Early Voting		
	Candidate / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 5/22/16		Payee name RGV Media Group			
Amount (\$) 500.00		Payee address; City; State; Zip Code P.O. Box 6156, Brownsville, TX 78520			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Banking - Election WK (2)		
	Candidate / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
4 Date 5/23/16	5 Payee name Cuco Rickford	
6 Amount (\$) 650.00	7 Payee address; City; State; Zip Code 506 Main St, Santa Rosa, TX 78593	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 5/24/16	Payee name RGV Media Group	
Amount (\$) 1,795.10	Payee address; City; State; Zip Code P.O. Box 6156, Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	
Date 6/01/2016	Payee name Mike Zavala	
Amount (\$) 70.74	Payee address; City; State; Zip Code 100 W Eighth St., La Feria, TX 78559	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
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4 Date 6/03/16	5 Payee name Ram Rivera
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6 Amount (\$) 140.00	7 Payee address; City; State; Zip Code P.O. Box 271, Santa Maria, TX 78592
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Beverage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense watch Party food
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY 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 (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
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4 Date 5/24/2016	5 Payee name Rental World, LLC
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6 Amount (\$) 568.32 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1014 West Tyler, Harlingen, TX 78550
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Watch Party <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 5/24/16	Payee name J+B Cafe
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Amount (\$) 92.76 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 204 E Jackson Ave, Harlingen, TX 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverages	Description Lunch for pollers <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 5/24/16	Payee name Sam's Club
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Amount (\$) 184.56 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 621 N Expressway 77, Harlingen, TX 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Watch Party supplies <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Sheila Garcia Bence	3 Filer ID (Ethics Commission Filers)
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4 Date 7/12/16	5 Payee name Tiny Prints
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6 Amount (\$) 163.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2800 Bridge Parkway, Redwood City, CA 94065
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Thank you cards <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	Payee name
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Amount (\$) <input checked="" 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)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input checked="" 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)	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.		1 Total pages Schedule L:
2 FILER NAME Sheila Garcia Bence		3 Filer ID (Ethics Commission Filers)
LENDER INFORMATION	4 Name of lender First Community Bank	
	5 Lender address; City; State; Zip Code 405 N. Stuart Place, Harlingen, TX 78552	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	6 Name of guarantor Travis Bence & Sheila Garcia Bence	
	7 Guarantor address; City; State; Zip Code 1018 E Tyler, Harlingen, TX 78550	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED