

**SHEILA
GARCIA
BENCE**

July 15, 2022

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 Filter ID (Ethics Commission Filers)	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mrs. Sheila Garcia Bence			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	974 E. HARRISON ST., BROWNSVILLE, TX 78520		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(956) 574-8116		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mr. Travis Bence			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	1018 E Tyler, Harlinen, Texas 78550		
(Residence or Business)			
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	01	01	2022
THROUGH		Month	Day
		06	30
		2022	
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11 / 08 /		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	County Court at Law No. 4 - Judge		COUNTY COURT AT LAW No.4
14 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"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

CAMERON COUNTY
DEPARTMENT OF ELECTIONS & VOTER REGISTRATION

Date Received: JUL 15 2022

RECEIVED

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

11:03 am

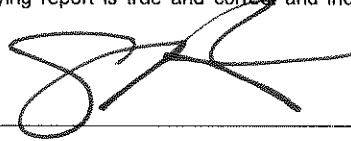
GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

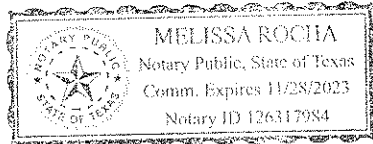
15 JC/OH NAME Sheila Garcia Bence		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,111.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 150,000.00

18 SIGNATURE 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/Officeholder

Please complete either option below:

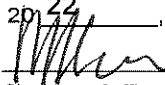


(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Sheila Garcia Bence this the 14th day of July,

2022, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____,
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

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

19 FILER NAME Sheila Garcia Bence		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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	\$

LOANS (JUDICIAL)

SCHEDULE E(J)

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): 1
2 FILER NAME Sheila Garcia 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="checkbox"/> N	8 Lender address; City; State; Zip Code 405 N. Stuart Plance, Harlingen, Texas 78552	10 Interest rate 7.000%
		11 Maturity date
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 Lot 25, Blk 47 Padre Subdivision		18 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor Travis L. Bence & Sheila Garcia Bence	22 Amount Guaranteed (\$) 150,000.00
	21 Guarantor address; City; State; Zip Code 1018 E Tyler, Harlingen, Texas 78550	
23 Guarantor's Principal Occupation Attorney(Travis) & Judge (Sheila)		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm Cameron County (Sheila)		26 Law Firm of guarantor's spouse (if any) Bence & Associates, LLC (Travis)
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.

OUTSTANDING LOANS

SCHEDULE L

If the requested information is not applicable, **DO NOT** include this page in the report.

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 Plance, Harlingen, Texas 78552	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	6 Name of guarantor Travis L. Bence & Sheila Garcia Bence	
	7 Guarantor address; City; State; Zip Code 1018 E Tyler, Harlingen, Texas 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	

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