SHELIA
GARCIA
BENCE

SEMI-ANNUAL REPORT JULY 15, 2023

Į.		ATE / OFFICE REPORT	CEHOLDER	FORM JC/OH COVER SHEET PG 1		
The JC/OH Instruction	ı Guide explains ho	w to complete this form,	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Mrs.	FIRST Sheila	MI	OFFICE USE ONLY		
NAME	NICKNAME	LAST Garcia Bend	SUFFIX	Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 974 E. Harris	k; APT / SUITE #; 6 son, Brownsville Texa	2:402mJUL 1 3 2023			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER 574-8116	EXTENSION	Date Hand-delivered of Date Postmarked		
6 CAMPAIGN TREASURER	MS/MRS/MR Mr.	FIRST Travis	MI I	Receipt # Amount \$		
NAME	NICKNAME	LAST	SUFFIX	Date Processed		
		Bence		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1018 E Tyler, Harlingen, Texas 78550					
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 440-8900					
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 1	Day Year / 01 / 2023	Month THROUGH 6	Day Year /30 / 2023		
11 ELECTION	ELECTION DA	Year Primary General	ELECTION TYPE Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)		. 13 OFFICE SOUGHT (if known	,		
		t at Law No. 4 - Ju				
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.					
	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
		GO TO	PAGE 2			

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19 FILER NAME	mmission Filers)	
Sheila Garcia Bence		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. SCHEDULE E: LOANS	^{\$} 150,000.00	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$ 200.00	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	INDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 2** 15 JC/OH NAME 16 Filer ID (Ethics Commission Filers) Garcia Bence Sheila 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** \$ (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTALS **TOTAL POLITICAL EXPENDITURES** 200.W CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 2,862,95 **BALANCE** OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS 150,000.00 LAST DAY OF THE REPORTING PERIOD **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: MELISSA ROCHA Notary Public, State of Texas (1) Affidavit Comm. Expires 11/28/2023 Notary ID 126317984 NOTARY STAMP/SEAL Sworn to and subscribed before me by Sheila Garcia Bence this the 13 day of July to certify which, witness my hand and seal of office. **Notary Public** Melissa Rocha Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration _____, and my date of birth is _____ My name is ____ My address is (street) (state) (zip code) (country) Executed in _____ County, State of _____ , on the ____ day of _ (month) Signature of Candidate/Officeholder (Declarant)

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):	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Sheila Garcia Be	ence			
4 TOTAL OF UNI	TEMIZED LOANS		\$	
5 Date of loan	7 Name of lender ut-of-state PAC	(ID#:)	9 Loan Amount (\$)	
10/16/2018	First Community Bank		150,000.00	
6 Is lender a financial Institution?	8 Lender address; City; State; Zip Code 405 N. Stuart Place, 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)	<u> </u>		
17 Description of Collateral ☐ none Lot 25, Blk 47 Padre Subdivision		18 Check if persor account (See I	nal funds were deposited into political nstructions)	
19 GUARANTOR	20 Name of guarantor		22 Amount Guaranteed (\$)	
INFORMATION	 Travis L. Bence & Sheila Garcia	Ranca	,,,	
	21 Guarantor address; City; 1018 E Tyler, Harlingen, Texas 785	State; Zip Code	\$150,000.00	
not applicable				
23 Guarantor's Princip		24 Guarantor's Job Title		
	& Judge (Sheila)	Type text here		
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any) Bence & Associates, LLC (Travis)		
Cameron County (Sheila) 27 If guarantor is a child, law firm of parent(s) (if any)		Delice & Associates,	LLC (Travis)	
	, and the operation (or any)			
	ATTACH ADDITIONAL CORES	OF THIS COMEDING AS WE	TDED	
lf le	ATTACH ADDITIONAL COPIES (nder is out-of-state PAC, please see instruc			

Forms provided by Texas Ethics Commission

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V	Vages/Contract Labor Other (enter a category	not listed above)
1 Total pages Schedule F1:	The Instruction Guide explains how to a	3 Filer ID (Ethics	Commission Filers)
1	Sheila Garcia Bence		,
4 Date	5 Payee name Harlingen High School Cardette Ba	ackers	
3 Amount (\$) 200.00	7 Payee address; 1201 Marshall Ave, Harlingen, Texas	City; State; 5 78550	Zip Code
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	advertising		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought C	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	
	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought C	ffice held
Date	Payee name		
Amount (\$)	Payee address;	City; State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

OUTSTANDING LOANS SCHEDULE L If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule L: The Instruction Guide explains how to complete this form, 2 FILER NAME Filer ID (Ethics Commission Filers) Sheila Garcia Bence LENDER 4 Name of lender INFORMATION First Community Bank 5 Lender address; City; State; Zip Code 405 N. Stuart Place, Harlingen, Texas 78552 **GUARANTOR** 6 Name of guarantor INFORMATION Travis L. Bence & Sheila Garcia Bence 7 Guarantor address; City; Zip Code not applicable State; 1018 E Tyler, Harlingen, Texas 78550 Name of lender **LENDER** INFORMATION Lender address: City; Zip Code **GUARANTOR** Name of guarantor INFORMATION Guarantor address; not applicable City; State; Zip Code **LENDER** Name of lender INFORMATION Lender address: **GUARANTOR** Name of guarantor **INFORMATION** Guarantor address; not applicable City; State; Zip Code LENDER Name of lender INFORMATION Lender address; City; Zip Code State; **GUARANTOR** Name of guarantor INFORMATION Guarantor address; City; State; Zip Code not applicable ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED