

# 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: 6

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs. Sheila Winn

## OFFICE USE ONLY

Date Received

FILED FOR RECORD

Time: 11:30 AM

JAN 13 2026

Jennifer Southard, ELECTIONS ADMINISTRATION  
LIMESTONE COUNTY, TEXAS

Date Hand-delivered or Date Postmarked

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

638 Ler 404 Groesbeck TX. 76642

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(254) 224-7732

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. David Winn Jr.

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

638 Ler 404 Groesbeck TX. 76642

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(254) 224-7741

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign  
treasurer appointment  
(Officeholder Only)



July 15



8th day before election



Exceeded Modified  
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

12 / 08 / 25

THROUGH

Month

Day

Year

12 / 31 / 25

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 03 / 2026

ELECTION TYPE



Primary



Runoff



Other  
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

Justice of Peace Pct 3

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



GENERAL

COMMITTEE ADDRESS



SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <i>Sheila Winn</i>		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)	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>—</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1730.23</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>—</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>—</u>

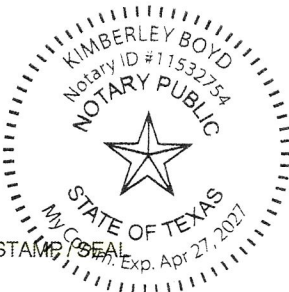
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Sheila Winn*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Sheila Winn this the 13 day of January, 2026, to certify which, witness my hand and seal of office.

*Kimberley Boyd* Kimberley Boyd 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 - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME <i>Sheila Winn</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>—</i>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>—</i>
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>—</i>
4.	SCHEDULE E: LOANS	\$ <i>—</i>
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>—</i>
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>1235.23</i>
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>445.00</i>
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>—</i>
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>—</i>



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### 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.

<b>1</b> Total pages Schedule G: <i>1041</i>	<b>2</b> FILER NAME <i>Sheila Winn</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>12/8/25</i>	<b>5</b> Payee name <i>Limestone County Republican Party</i> <span style="float:right"><i>personal check</i></span>	
<b>6</b> Amount (\$) <i>\$375.00</i> <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; City; State; Zip Code <i>310 S. Ross Mexia TX. 76667</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fees</i>	<b>(b)</b> Description <i>Filing Fees</i>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <i>Sheila Winn Justice of Peace Pct 3</i> <i>N/A</i>	
Date <i>12/18/25</i>	Payee name <i>St Lukes Home - Spl Acct.</i> <span style="float:right"><i>personal check</i></span>	
Amount (\$) <i>120.00</i> <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <i>405 S. Belknap Mexia, Tx. 76667</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Southern MLK Booklet Ad 1/2 page Color</i>
	Check if travel outside of Texas. Complete Schedule T. 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 <i>Sheila Winn Justice of Peace Pct 3</i> <i>N/A</i>	
Date	Payee name	
Amount (\$)  <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code  Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 10/2		2 FILER NAME Sheila Winn		3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 CREDIT CARD ISSUER BOA		Name of financial institution Bank of America PO Box 851001 Dallas TX 75285-1001			
6 PAYMENT 7.50		(a) Amount Charged \$ 7.50	(b) Date Expenditure Charged 12.26.25	(c) Date(s) Credit Card Issuer Paid BOA will ACK my king 12/26/25 12/23/26	
7 PAYEE CANVA		(a) Payee name CANVA		(b) Payee address; City, State, Zip Code 3212 E. Cesar Chavez St Bldg 1 Ste 1300 Austin TX 78702 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description to be able to get templates items for ad	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Sheila Winn		Office Sought Justice of Peace Pct 3 Office Held N/A	
PAYMENT 130.69		(a) Amount Charged \$ 130.69	(b) Date Expenditure Charged 12/29/25	(c) Date(s) Credit Card Issuer Paid BOA will ACK my 12/29/25 12/23/26	
PAYEE CANVA		(a) Payee name CANVA		(b) Payee address; City, State, Zip Code 3212 E. Cesar Chavez St Bldg 1 Ste 1300 Austin, TX 78702 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Flyers / Brochures	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Sheila Winn		Office Sought Justice of Peace Pct 3 Office Held N/A	
PAYMENT 109.44		(a) Amount Charged \$ 109.44	(b) Date Expenditure Charged 12/20/25	(c) Date(s) Credit Card Issuer Paid BOA will ACK my 12/20/25 12/23/26	
PAYEE CANVA		(a) Payee name CANVA		(b) Payee address; City, State, Zip Code CANVA Pty LTD 110 Kippax St Austin 78701 Australia <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Postcards	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Sheila Winn		Office Sought Justice of Peace Pct 3 Office Held N/A	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

## EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: <u>202</u>	2 FILER NAME <u>Sheila Winn</u>		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$
5 CREDIT CARD ISSUER <u>BOA</u>	Name of financial institution <u>Bank of America</u> <u>DOB 4 851001</u> <u>DALLAS TX 75205-1001</u>		
6 PAYMENT <u>61.63</u>	(a) Amount Charged \$ <u>61.63</u>	(b) Date Expenditure Charged <u>12/30/25</u>	(c) Date(s) Credit Card Issuer Paid <u>BOA will hold my</u> <u>cking 1/23/26</u>
7 PAYEE <u>CADKA</u>	(a) Payee name <u>CADKA</u>	(b) Payee address; City, State, Zip Code <u>CADKA LTD</u> <u>110 KERRAS ST, AUSTIN 2010 Australia</u>	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(b) Description <u>Business Cards</u>
(c) <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 <u>Sheila Winn Justice of Peace Pot 3</u>		
		Office Sought <u>N/A</u>	Office Held <u>N/A</u>
PAYMENT <u>925.97</u>	(a) Amount Charged \$ <u>925.97</u>	(b) Date Expenditure Charged <u>12/24/25</u>	(c) Date(s) Credit Card Issuer Paid <u>BOA will hold my</u> <u>cking 1/23/26</u>
PAYEE <u>Tx Tape &amp; Label</u>	(a) Payee name <u>Texas Tape &amp; Label</u>	(b) Payee address; City, State, Zip Code <u>5005 20th St. WACO TX 76706</u>	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(b) Description <u>Signs for Campaign</u>
(c) <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 <u>Sheila Winn Justice of Peace Pot 3</u>		
		Office Sought <u>N/A</u>	Office Held <u>N/A</u>
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
(c) <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 <u>Sheila Winn Justice of Peace Pot 3</u>		
		Office Sought	Office Held

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