

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

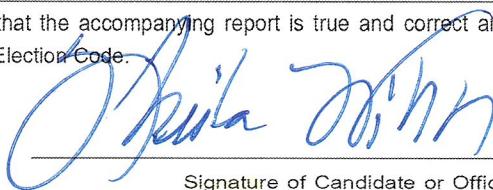
The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR Mrs. FIRST Sheila MI NICKNAME LAST Winn SUFFIX			OFFICE USE ONLY Date Received FILED FOR RECORD Time: 11:30 AM JAN 13 2026 Jennifer Southard, ELECTIONS ADMINISTRATION LIMESTONE COUNTY, TEXAS Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX: 638 LCR 404 APT / SUITE #: Groesbeck CITY: TX. STATE: 76642 Change of Address			Receipt # Amount \$ Date Processed Date Imaged	
5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE (254) PHONE NUMBER 224-7732 EXTENSION				
6 CAMPAIGN TREASURER NAME MS / MRS / MR Mr. FIRST DAVID MI NICKNAME LAST Winn Jr. SUFFIX				
7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE): 638 LCR 404 APT / SUITE #: Groesbeck CITY: TX. STATE: 76642 (Residence or Business)				
8 CAMPAIGN TREASURER PHONE AREA CODE (254) PHONE NUMBER 224-7741 EXTENSION				
9 REPORT TYPE <input checked="" 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 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 12 Day 08 Year 2025 THROUGH Month 12 Day 31 Year 2025				
11 ELECTION ELECTION DATE Month 03 Day 03 Year 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special _____			ELECTION TYPE	
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Sheila Winn	
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	\$ 1730.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ —
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —
OUTSTANDING LOAN TOTALS		

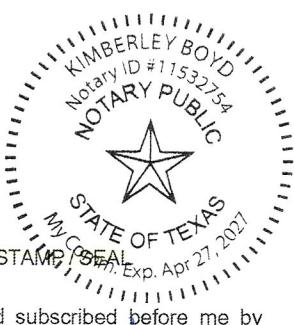
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Sheila Winn this the 13 day of January,

20 26, to certify which, witness my hand and seal of office.

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	20 Filer ID (Ethics Commission Filers)
Sheila Winn	
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	\$ —
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1735.23
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 445.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>1071</i>	2 FILER NAME <i>Sheila Winn</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/18/25</i>	5 Payee name <i>Limestone County Republican Party</i>	6 Personal check
6 Amount (\$) <i>\$325.00</i>	7 Payee address: <i>310 S. Ross Mexia TX 76667</i>	City: _____ State: _____ Zip Code: _____
Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Filing Fees</i>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sheila Winn Justice of Peace Pct 3</i>	
Office sought		Office held <i>N/A</i>
Date <i>12/18/25</i>	Payee name <i>St Lukes Umc -SPL Acct.</i>	Personal check
Amount (\$) <i>120.00</i>	Payee address: <i>405 S. Bolknap Mexia, Tx. 76667</i>	City: _____ State: _____ Zip Code: _____
Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Souvenir MLK Booklet An 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 <i>Sheila Winn Justice of Peace Pct 3</i>	
Office sought		Office held <i>N/A</i>
Date	Payee name	
Amount (\$)	Payee address;	City; _____ State; _____ Zip Code
Reimbursement from political contributions intended		
Check if individual's residence address.		
PURPOSE OF EXPENDITURE	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: 10P2	2 FILER NAME Sheila Winn	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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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 12/26/25 BOA will Ach my bank 0ct 1/23/26
7 PAYEE Canva	(a) Payee name Canva	(b) Payee address; 3212 E. Cesar Chavez St Bld 1 Ste 1300 <input type="checkbox"/> Check if individual's residence address.	City, State, Zip Code Austin TX 78702
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 for ad	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sheila Winn Justice of Peace Pct 3		Office Sought Office Held N/A
PAYMENT 130.69	(a) Amount Charged \$ 130.69	(b) Date Expenditure Charged 12/28/25	(c) Date(s) Credit Card Issuer Paid 12/28/25 Ach my bank 1/23/26
PAYEE Canva	(a) Payee name Canva	(b) Payee address; 3212 E. Cesar Chavez St Bld 1 Ste 1300 <input type="checkbox"/> Check if individual's residence address.	City, State, Zip Code Austin, TX 78702
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	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sheila Winn Justice of Peace Pct 3		Office Sought 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 12/20/25 Ach my bank 1/23/26
PAYEE Canva	(a) Payee name Canva	(b) Payee address; Canva Pty Ltd 110 Kippax St <input type="checkbox"/> Check if individual's residence address.	City, State, Zip Code NSW 2110 Australia
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	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sheila Winn Justice of Peace Pct 3		Office Sought 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: 202	2 FILER NAME Sheila Winn	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 CREDIT CARD ISSUER bop	Name of financial institution Bank of America		
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6 PAYMENT 61.63	(a) Amount Charged \$ 61.63	(b) Date Expenditure Charged 12/30/25	(c) Date(s) Credit Card Issuer Paid 12/30/25
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7 PAYEE Contra	(a) Payee name Contra	(b) Payee address: CONTRA DTY LTD 110 Kippax St, NSW 2010 Australia	City, State, Zip Code
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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 Business Cards
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sheila Winn Justice of Peace Pt 3		Office Sought Office Held N/A
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PAYMENT 925.97	(a) Amount Charged \$ 925.97	(b) Date Expenditure Charged 12/24/25	(c) Date(s) Credit Card Issuer Paid 12/26/25
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PAYEE TX Tape & Label	(a) Payee name Texas Tape & Label	(b) Payee address; 5005 30th St. Waco TX 76706	City, State, Zip Code
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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 Signs for Campaign
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sheila Winn Justice of Peace Pt 3		Office Sought Office Held N/A
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PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code
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PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
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Complete ONLY if direct expenditure to benefit C/OH	(c) <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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Candidate / Officeholder name	Office Sought	Office Held
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