

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 Winn LAST SUFFIX			OFFICE USE ONLY Date Received FILED FOR RECORD Time: 1:10 PM JAN 28 2026 Jennifer Southard, ELECTIONS ADMINISTRATION LIMESTONE COUNTY, TEXAS	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX: 638 LCR 404 APT / SUITE #: Broesbeck CITY: TX STATE: 76642			Date Hand-delivered or Date Postmarked 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 Winn Jr. LAST SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE): 638 LCR 404 APT / SUITE #: Broesbeck CITY: TX STATE: 76642 ZIP CODE				
8 CAMPAIGN TREASURER PHONE AREA CODE (254) PHONE NUMBER 224 7741 EXTENSION				
9 REPORT TYPE <input type="checkbox"/> January 15 <input checked="" 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 1 Day 1 Year 2026 THROUGH Month 1 Day 22 Year 2026				
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)	\$ <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>1126.27</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u> </u>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u> </u>
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.

Sheila Winn *Sheila Winn*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Sheila Winn this the 28th day of Jan.

20 2010, to certify which, witness my hand and seal of office.

Jennifer Southard
Signature of officer administering oath

Jennifer Southard
Printed name of officer administering oath

LCEA
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	
22 SUBTOTAL AMOUNT	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>—</i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>—</i>
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>—</i>
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>—</i>
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>—</i>
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD <i>7238 + 8750</i>	\$ <i>406.46</i>
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS <i>ckst cash</i>	\$ <i>719.61</i>
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>—</i>
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
12. <input type="checkbox"/> 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 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>1 of 2</i>	2 FILER NAME <i>Sheila Winn</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>11/9/26</i>	5 Payee name <i>Dollar General (cash)</i>		
6 Amount (\$) <i>#2.83</i>	7 Payee address; <i>614 E. Yzaguir</i>	City; State; Zip Code <i>Groesbeck TX. 76647</i>	
<input type="checkbox"/> Reimbursement from political contributions intended		(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Rubber Bands (to attach Brochure)</i>
		(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 <u>ONLY</u> if direct expenditure to benefit C/OH <i>Sheila Winn Justice of Peace Pt 3</i>		Candidate / Officeholder name Office sought Office held <i>N/A</i>	
Date <i>11/9/26</i>	Payee name <i>Diamonds & Dust</i>		
Amount (\$) <i>205.00</i>	Payee address; <i>501 E. Yzaguir CK# 5346</i>	City; State; Zip Code <i>Groesbeck TX. 76647</i>	
<input type="checkbox"/> Reimbursement from political contributions intended		(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Shirtdecals; CAPS & CAN MAGNETS (2)</i>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <i>Sheila Winn Justice of Peace Pt 3</i>		Candidate / Officeholder name Office sought Office held <i>N/A</i>	
Date <i>11/5/26</i>	Payee name <i>Diamonds & Dust</i>		
Amount (\$) <i>440.00</i>	Payee address; <i>501 E. Yzaguir CK# 5348</i>	City; State; Zip Code <i>Groesbeck TX. 76647</i>	
<input type="checkbox"/> Reimbursement from political contributions intended		(a) Category (See Categories listed at the top of this schedule) <i>advertising</i>	Description <i>CAPS</i>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <i>Sheila Winn Justice of Peace Pt 3</i>		Candidate / Officeholder name Office sought Office held <i>N/A</i>	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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>2 of 2</i>	2 FILER NAME <i>Sheila Winn</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/20/2016</i>	5 Payee name <i>USPS</i>	
6 Amount (\$) <i>71.98</i>	7 Payee address; <i>112 S JB Riggs Dr</i> <i>City: Groesbeck TX. 76642</i> <i>CK# 5350</i>	State: Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>		(b) Description <i>Postage stamps</i>
(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 <u>ONLY</u> if direct expenditure to benefit C/OH <i>Sheila Winn Justice of Peace Pt 3</i>		Candidate / Officeholder name Office sought Office held <i>N/A</i>
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended 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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended 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		
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:	2 FILER NAME	3 FILER ID (Ethics Commission Filers)	
1 of 2	Sheila Winn		
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$
5 CREDIT CARD ISSUER	Name of financial institution		
BOA	Bank of America PO Box 851001 Dallas TX 75285-1001		
6 PAYMENT	(a) Amount Charged 200.00	(b) Date Expenditure Charged 11/5/26	(c) Date(s) Credit Card Issuer Paid will ach. out of ckng 11/8/26
7 PAYEE	(a) Payee name USPS	(b) Payee address; 1125 JBRiggs Dr Crossville TN 38571	City, State, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Postage for ads mailed
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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		Office Sought
	Sheila Winn Justice of Peace Pct 3		N/A
PAYMENT	(a) Amount Charged 3.58	(b) Date Expenditure Charged 11/7/26	(c) Date(s) Credit Card Issuer Paid will ach out 11/7/26 of ckng
PAYEE	(a) Payee name Contra	(b) Payee address; 32128 Contra Vista Blvd 1st fl Austin TX 78702	City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description advertising
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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		Office Sought
	Sheila Winn Justice of Peace Pct 3		N/A
PAYMENT	(a) Amount Charged 54.13	(b) Date Expenditure Charged 11/9/26	(c) Date(s) Credit Card Issuer Paid 11/9/26 will nea out of ckng mon br
PAYEE	(a) Payee name TX Tape & Label	(b) Payee address; 500 S 24th St Waco TX 76706	City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description 11 braces for sons
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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		Office Sought
	Sheila Winn Justice of Peace Pct 3		N/A

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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: <i>2022</i>	2 FILER NAME <i>Sheila Winn</i>	3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$
5 CREDIT CARD ISSUER <i>BOA</i>	Name of financial institution <i>PO Box 851001 Dallas TX 75285-1001</i>		
6 PAYMENT <i>\$ 148.75</i>	(a) Amount Charged <i>\$ 148.75</i>	(b) Date Expenditure Charged <i>11/15/26</i>	(c) Date(s) Credit Card Issuer Paid <i>With check out of 11/15/26 Checking Acct</i>
7 PAYEE <i>CONVA</i>	(a) Payee name <i>CONVA</i>	(b) Payee address; <i>32126 Cesar Chavez St Bld 15th 1302 Austin TX 78702</i>	City, State, Zip Code
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) <i>Advertising</i>	(b) Description <i>Brochure Report</i>	
	(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 <i>Sheila Winn Justice of Peace Pct 3</i>		Office Sought <i>N/A</i>
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		Office Sought
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		Office Sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED