

# 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: 7

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs Sheila Winn

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

638 LCR 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.

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

638 LCR 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

Month

Day

Year

1 / 1 / 2026

THROUGH

1 / 22 / 2026

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 03 / 26

ELECTION TYPE

☒

Primary

☐

Runoff

☐

Other  
Description

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

Justice of Peace Prec 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>1126.27</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



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Sheila Winn* this the 28<sup>th</sup> day of Jan. 2026, 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

Sheila Winn

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 type="checkbox"/>	SCHEDULE E: LOANS	\$	—
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 checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 7238 + 8750	\$	406.46
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS ckstcagh	\$	719.81
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	\$	—

# 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  
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  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>1 of 2</b>		2 FILER NAME <b>Sheila Winn</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/1/26</b>		5 Payee name <b>Dollar General (cash)</b>			
6 Amount (\$) <b>\$2.83</b> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>614 E. Yagua Groesbeck TX. 76647</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>		(b) Description <b>Rubber bands (attach brochure card to door knob)</b>		
	(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					
Candidate / Officeholder name Office sought Office held <b>Sheila Winn Justice of Peace Pct 3 N/A</b>					
Date <b>11/1/26</b>		Payee name <b>Diamonds &amp; Dust</b>			
Amount (\$) <b>205.00</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>501 E. YAGUA Groesbeck TX. 76647</b> <b>CK# 5346</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description <b>shirt doo d's, caps &amp; can magnets (2)</b>		
	<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 <b>Sheila Winn Justice of Peace Pct 3 N/A</b>					
Date <b>11/15/26</b>		Payee name <b>Diamonds &amp; Dust</b>			
Amount (\$) <b>440.00</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>501 E. YAGUA Groesbeck TX. 76647</b> <b>CK# 5348</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>advertising</b>		Description <b>CAPS</b>		
	<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 <b>Sheila Winn Justice of Peace Pct 3</b>					

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  
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  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <div style="font-size: 1.5em;">2 of 2</div>	<b>2</b> FILER NAME <div style="font-size: 1.2em;">Sheila Winn</div>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <div style="font-size: 1.2em;">11/20/20</div>	<b>5</b> Payee name <div style="font-size: 1.2em;">USPS</div>	
<b>6</b> Amount (\$) <div style="font-size: 1.2em;">71.98</div> <div style="font-size: 0.8em;"> <input type="checkbox"/> Reimbursement from political contributions intended </div>	<b>7</b> Payee address; City; State; Zip Code <div style="font-size: 1.2em;">1125 JB Riggs Dr Groesbeck TX 76442</div> <div style="font-size: 1.2em;">CK# 5350</div>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising</div>	
	<b>(b) Description</b> <div style="font-size: 1.2em;">Postage stamps</div>	
<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Candidate / Officeholder name</div> <div style="width: 30%;">Office sought</div> <div style="width: 25%;">Office held</div> </div> <div style="font-size: 1.2em; margin-top: 5px;"> Sheila Winn Justice of Peace Act 3 </div> <div style="font-size: 1.2em; margin-top: 5px; text-align: right;">N/A</div>		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<div style="font-size: 0.8em;"> <input type="checkbox"/> Reimbursement from political contributions intended </div>	<div style="display: flex;"> <div style="flex: 1;">Category (See Categories listed at the top of this schedule)</div> <div style="flex: 1;">Description</div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. </div> <div style="width: 55%;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Candidate / Officeholder name</div> <div style="width: 30%;">Office sought</div> <div style="width: 25%;">Office held</div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Candidate / Officeholder name</div> <div style="width: 30%;">Office sought</div> <div style="width: 25%;">Office held</div> </div>		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<div style="font-size: 0.8em;"> <input type="checkbox"/> Reimbursement from political contributions intended </div>	<div style="display: flex;"> <div style="flex: 1;">Category (See Categories listed at the top of this schedule)</div> <div style="flex: 1;">Description</div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. </div> <div style="width: 55%;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Candidate / Officeholder name</div> <div style="width: 30%;">Office sought</div> <div style="width: 25%;">Office held</div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Candidate / Officeholder name</div> <div style="width: 30%;">Office sought</div> <div style="width: 25%;">Office held</div> </div>		

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: 1 of 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 2238 BOA		Name of financial institution PO Box 851001 Bank of America Dallas TX 75285-1001			
6 PAYMENT 200.00		(a) Amount Charged \$ 200.00	(b) Date Expenditure Charged 11/5/26	(c) Date(s) Credit Card Issuer Paid Willach out of cking 11/8/24	
7 PAYEE USPS		(a) Payee name USPS		(b) Payee address; City, State, Zip Code 1125 JBRiggs Dr Groesbeck TX 76042	
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 Postage for ads mailed	
		(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 Sheila Winn Justice of Peace Pct 3		Office Sought N/A	
PAYMENT 3.58		(a) Amount Charged \$ 3.58	(b) Date Expenditure Charged 11/7/26	(c) Date(s) Credit Card Issuer Paid Willach out of cking	
PAYEE Carra		(a) Payee name Carra		(b) Payee address; City, State, Zip Code 3212 E Cesar Chavez St Apt 1 Ste 1300 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 advertising	
		(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 Sheila Winn Justice of Peace Pct 3		Office Sought N/A	
PAYMENT 54.13		(a) Amount Charged \$ 54.13	(b) Date Expenditure Charged 11/9/26	(c) Date(s) Credit Card Issuer Paid Willach out of cking	
PAYEE TX Taped Label		(a) Payee name Texas Taped Label		(b) Payee address; City, State, Zip Code 5005 26th St Waco TX 76706	
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 H Braces for signs	
		(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 Sheila Winn Justice of Peace Pct 3		Office Sought 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
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

<b>1 TOTAL PAGES</b> SCHEDULE F4: 2 of 2		<b>2 FILER NAME</b> Sheila Winn		<b>3 FILER ID (Ethics Commission Filers)</b>	
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>				\$	
<b>5 CREDIT CARD ISSUER</b> BOA		Name of financial institution BOA PO Box 851001 Dallas TX 75285-1001			
<b>6 PAYMENT</b> \$ 148.75		(a) Amount Charged \$ 148.75		(b) Date Expenditure Charged 11/15/26	
				(c) Date(s) Credit Card Issuer Paid 11/15/26	
<b>7 PAYEE</b> CANVA		(a) Payee name CANVA		(b) Payee address; 3212E Cesar Chavez St Bld 156 Austin TX 78702	
<b>8 PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) advertising		(b) Description brochure request	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name Sheila Winn		Office Sought District Representative	
		Office Held N/A			
<b>PAYMENT</b>		(a) Amount Charged \$		(b) Date Expenditure Charged	
				(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name		(b) Payee address; City, State, Zip Code	
<b>PURPOSE OF EXPENDITURE</b> <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	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office Sought	
		Office Held			
<b>PAYMENT</b>		(a) Amount Charged \$		(b) Date Expenditure Charged	
				(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name		(b) Payee address; City, State, Zip Code	
<b>PURPOSE OF EXPENDITURE</b> <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	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office Sought	
		Office Held			

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