

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <i>6</i>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST JOSHUA	MI Z	OFFICE USE ONLY		
	NICKNAME	LAST WINTTERS	SUFFIX	Date Received FILE FOR RECORD		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE	
	P.O. BOX 853		CANTON TEXAS 75103			
<input type="checkbox"/> Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ([REDACTED])	PHONE NUMBER [REDACTED]	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR.	FIRST MICHAEL	MI W	Date Hand delivered or Date Postmarked		
	NICKNAME	LAST "MIKE"	SUFFIX	Receipt # <input type="text"/> Amount \$ <input type="text"/> Date Processed Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE)			APT / SUITE #	CITY, STATE, ZIP CODE	
	1445 S. BUFFALO			CANTON TEXAS 75103		
8 CAMPAIGN TREASURER PHONE	AREA CODE ([REDACTED])	PHONE NUMBER [REDACTED]	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 JC/OH - FR)			
10 PERIOD COVERED	Month 07	Day 01	Year 2025	THROUGH	Month 12 / Day 31 / Year 2025	
11 ELECTION	ELECTION DATE Month 03 / Day 03 / Year 26		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) JUDGE, VAN ZANDT COUNTY COURT AT LAW			13 OFFICE Sought (if known) JUDGE, VAN ZANDT COUNTY COURT AT LAW		
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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 400.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,000.00
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

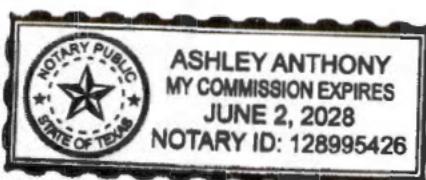
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Joshua Z. Winters this the 12th day of January,

20 20, 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 - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME <i>MR. JOSHUA Z WINTERS</i>	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
22	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>500.00</i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PI EGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>4,000.00</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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	\$

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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 A(J)1: 1																
2 FILER NAME MR. JOSHUA Z. WINTTERS		3 Filer ID (Ethics Commission Filers)																
4 Date 12/03/25	5 Full name of contributor JOEL ELLIOTT 6 Contributor address; [REDACTED]	7 Amount of contribution (\$) 500.00																
8 Contributor's principal occupation ATTORNEY		9 Contributor's job title ATTORNEY																
10 Contributor's employer/law firm JOEL ELLIOTT, P.C.		11 Law firm of contributor's spouse (if any)																
12 If contributor is a child, law firm of parent(s) (if any)																		
<table border="1"> <tr> <td>Date</td> <td>Full name of contributor Contributor address;</td> <td><input type="checkbox"/> out-of-state PAC ID#: City; State; Zip Code</td> <td>Amount of contribution (\$)</td> </tr> <tr> <td colspan="2">Contributor's principal occupation</td> <td colspan="2">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> <td></td> </tr> </table>			Date	Full name of contributor Contributor address;	<input type="checkbox"/> out-of-state PAC ID#: City; State; Zip Code	Amount of contribution (\$)	Contributor's principal occupation		Contributor's job title		Contributor's employer/law firm		Law firm of contributor's spouse (if any)		If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor Contributor address;	<input type="checkbox"/> out-of-state PAC ID#: City; State; Zip Code	Amount of contribution (\$)															
Contributor's principal occupation		Contributor's job title																
Contributor's employer/law firm		Law firm of contributor's spouse (if any)																
If contributor is a child, law firm of parent(s) (if any)																		
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Date	Full name of contributor Contributor address;	<input type="checkbox"/> out-of-state PAC ID#: City; State; Zip Code	Amount of contribution (\$)															
Contributor's principal occupation		Contributor's job title																
Contributor's employer/law firm		Law firm of contributor's spouse (if any)																
If contributor is a child, law firm of parent(s) (if any)																		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.																		

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
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 F1:	2 FILER NAME MR. JOSHUA Z. WINTTERS			3 Filer ID (Ethics Commission Filers)
4 Date 11/13/2025	5 Payee name REPUBLICAN PARTY OF VAN ZANDT COUNTY, TEXAS			
6 Amount (\$) \$1,500.00	7 Payee address; 1894 VAN ZANDT COUNTY ROAD 142	City; VAN	State; TEXAS	Zip Code 75790
<input type="checkbox"/> Check if individual's residence address.				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description FILING FEE FOR PLACE ON BALLOT		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <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
Date 12/09/25	Payee name MR. JOSHUA Z. WINTTERS			
Amount (\$) \$2,500.00	Payee address; P.O. BOX 853	City; CANTON	State; TEXAS	Zip Code 75103
<input type="checkbox"/> Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LOAN REPAYMENT/REIMBURSEMENT	Description REPAYMENT OF LOAN & REIMBURSE		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <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"/> Check if individual's residence address.				
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 F <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				

ASSETS PURCHASED WITH CONTRIBUTIONS

SCHEDULE M

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

The Instruction Guide explains when and how to complete this form.	1 Total pages Schedule M: 1
2 FILER NAME JOSHUA Z. WINTTERS	3 Filer ID (Ethics Commission Filers)
4 Description of Asset SIGNAGE FROM PRIOR ELECTION CYCLES, POSTERS, ROAD SIGNAGE, YARD SIGNS, MAGNETIC SIGNS	
Description of Asset	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	