

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: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MR. FIRST: JOSHUA MI: Z NICKNAME: LAST: WINTTERS SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O.BOX 853 CANTON TEXAS 75103	Date Received FILE FOR RECORD JUL 14 2025 SUSAN STRICKLAND COUNTY CLERK VAN ZANDT COUNTY BY _____ DEP	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: () PHONE NUMBER: EXTENSION:	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MR. FIRST: MICHAEL MI: W NICKNAME: LAST: MURDOCK SUFFIX:	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		Date Processed	
STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 1445 S. BUFFALO CANTON TEXAS 75103		Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE: () PHONE NUMBER: 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 checked="" 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 Day Year Month Day Year 01 / 01 / 2025 THROUGH 06 / 30 / 2025		
11 ELECTION	ELECTION DATE: Month Day Year ELECTION TYPE: 03 / 03 / 26 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <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) <input type="checkbox"/> Additional Pages	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

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME

M2 JOSHUA Z WINTERS

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)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,500.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 0.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 3,510.00

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 2,100.00

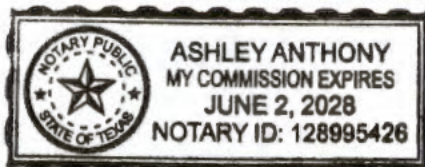
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Joshua Winters this the 14th day of July,
20 25, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Ashley Anthony

Printed name of officer administering oath

Notary Public

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		SUBTOTAL AMOUNT
1.	<input checked="" 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 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: 2
2 FILER NAME MR. JOSHUA Z. WINTTERS		3 Filer ID (Ethics Commission Filers)
4 Date 06/05/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: ZACHARY S. ELLIOTT 6 Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]	7 Amount of contribution (\$) \$1,000.00
8 Contributor's principal occupation ATTORNEY		9 Contributor's job title ATTORNEY
10 Contributor's employer/law firm SELF EMPLOYED		11 Law firm of contributor's spouse (if any) NONE
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/22/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: TINA BRUMBELOW Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]	Amount of contribution (\$) \$1,000.00
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY
Contributor's employer/law firm SELF EMPLOYED		Law firm of contributor's spouse (if any) NONE
If contributor is a child, law firm of parent(s) (if any)		
Date 06/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: KRISTI WHITAKER Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]	Amount of contribution (\$) \$500.00
Contributor's principal occupation PROCESS SERVER		Contributor's job title PROCESS SERVER
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any) NONE
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.		

**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: 2
2 FILER NAME MR. JOSHUA Z. WINTTERS		3 Filer ID (Ethics Commission Filers)
4 Date 06/30/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: DWAYNE DAVIDSON <hr/> 6 Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	7 Amount of contribution (\$) \$1,000.00
8 Contributor's principal occupation CONSTRUCTION		9 Contributor's job title OWNER, DAVIDSON STEEL BUILDINGS
10 Contributor's employer/law firm NONE		11 Law firm of contributor's spouse (if any) NONE
12 If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <hr/> Contributor address; 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 <input type="checkbox"/> out-of-state PAC ID#: <hr/> Contributor address; 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.		

OUTSTANDING LOANS

SCHEDULE L

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 L: 1	
2 FILER NAME MR. JOSHUA Z. WINTTERS		3 Filer ID (Ethics Commission Filers)	
LENDER INFORMATION	4 Name of lender JOSHUA Z. WINTTERS		
	5 Lender address; P.O. BOX 853	City; CANTON	State; TEXAS Zip Code 75103
GUARANTOR INFORMATION	6 Name of guarantor		
<input checked="" type="checkbox"/> not applicable	7 Guarantor address;	City;	State; Zip Code
LENDER INFORMATION	Name of lender		
	Lender address;	City;	State; Zip Code
GUARANTOR INFORMATION	Name of guarantor		
<input type="checkbox"/> not applicable	Guarantor address;	City;	State; Zip Code
LENDER INFORMATION	Name of lender		
	Lender address;	City;	State; Zip Code
GUARANTOR INFORMATION	Name of guarantor		
<input type="checkbox"/> not applicable	Guarantor address;	City;	State; Zip Code
LENDER INFORMATION	Name of lender		
	Lender address;	City;	State; Zip Code
GUARANTOR INFORMATION	Name of guarantor		
<input type="checkbox"/> not applicable	Guarantor address;	City;	State; Zip Code

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

MR. JOSHUA Z. WINTTERS

3 Filer ID (Ethics Commission Filers)

4 Description of Asset

SIGNAGE FROM PRIOR ELECTION CYCLES, POSTERS, ROAD/YARD DISNGS, MAGNETS

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

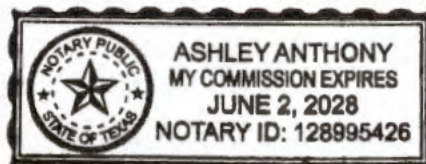
Filer name <u>Mr. Joshua Winters</u>	Filer ID #
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OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the 2024 report due on 7/15/25.
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

[Signature]
Signature of Filer

Sworn to and subscribed before me by Joshua Winters this the 14th day of July,
2025, to certify which, witness my hand and seal of office.
[Signature] Ashley Anthony
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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**