CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5	OFFICE USE ONLY

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MS
FIRST: JENNIFER
MI: E
NICKNAME:
LAST: SHEEDY
SUFFIX:

Date Received
Waller County Elections
FEB 0 2 2018
Received

4 ORIGINAL REPORT TYPE

- [X] January 15
- [ ] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded $500 limit
- [ ] 15th day after treasurer appointment (officeholder only)
- [ ] Final report
- [ ] Other (specify)

Date Hand-delivered or Date Postmarked

Receipt #	Amount $

5 ORIGINAL PERIOD COVERED

Month 12 / Day 11 / Year 17 THROUGH Month 12 / Day 31 / Year 17

Date Processed

Date Imaged

6 EXPLANATION OF CORRECTION

DID NOT INCLUDE FILING FEE PAID FROM PERSONAL FUNDS ON ORIGINAL REPORT.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- [ ] **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

- [X] **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

NATALIE FERNANDEZ
Notary Public, State of Texas
My Commission Expires
June 03, 2018

AFFIX NOTARY STAMP / SEAL ABOVE

_____
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said JENNIFER E. SHEEDY, this the 25th day of JANUARY, 20 18, to certify which, witness my hand and seal of office.

_____
Signature of officer administering oath

NATALIE FERNANDEZ
Printed name of officer administering oath

NOTARY PUBLIC, STATE OF TEXAS
Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:
4

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MS FIRST: JENNIFER MI: E	OFFICE USE ONLY
	NICKNAME LAST: SHEEDY SUFFIX	Date Received

| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ☐ Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 PO BOX 626 BROOKSHIRE,TX 77423 | |

| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE: (832)   PHONE NUMBER: 244 3030   EXTENSION | Date Hand-delivered or Date Postmarked |

6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MR FIRST: LUIS MI	Receipt #	Amount $
	NICKNAME LAST: RUIZ SUFFIX	Date Processed	
		Date Imaged	

| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 600 WARD RD BAYTONN,TX 77520 |

| 8 CAMPAIGN TREASURER PHONE | AREA CODE: (281)   PHONE NUMBER: 917 8898   EXTENSION |

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 $500 limit
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month 12 / Day 11 / Year 17 THROUGH Month 12 / Day 31 / Year 17

11 ELECTION

ELECTION DATE: Month 3 / Day 6 / Year 18

ELECTION TYPE:
- ☒ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

JUSTICE OF THE PEACE, WALLER COUNTY PCT.4

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

14 C/OH NAME	JENNIFER E SHEEDY	15 Filer ID (Ethics Commission Filers)

| 16 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	
	[ ] SPECIFIC	COMMITTEE ADDRESS
[ ] Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 375.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 0
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

18 AFFIDAVIT

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.

Sheedy
Signature of Candidate or Officeholder
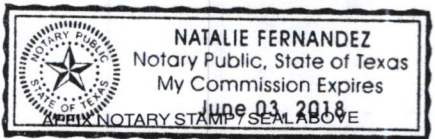
NATALIE FERNANDEZ
Notary Public, State of Texas
My Commission Expires
June 03, 2018
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JENNIFER E SHEEDY , this the 25th day of JANUARY , 20 18 , to certify which, witness my hand and seal of office.

Signature of officer administering oath	NATALIE FERNANDEZ Printed name of officer administering oath	NOTARY PUBLIC, STATE OF TEXAS Title of officer administering oath

SUBTOTALS - C/OH

19 FILER NAME

JENNIFER E SHEEDY

20 Filer ID (Ethics Commission Filers)

21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 0
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0
4.	☐ SCHEDULE E: LOANS	$ 0
5.	☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0
9.	☑ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 315.00
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0

POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS

SCHEDULE **G**

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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME JENNIFER E SHEEDY	3 Filer ID (Ethics Commission Filers)

4 Date 12/11/17	5 Payee name WALLER COUNTY DEMOCRATIC PARTY

6 Amount ($) 375.00 ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 732 8TH STREET, HEMPSTEAD, TX 77445

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FILING FEE	(b) Description ☐ 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	Office sought	Office held

Date	Payee name

Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description ☐ 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	Office sought	Office held

Date	Payee name

Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description ☐ 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	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED