

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>5</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <u>MS</u>			
		FIRST <u>JENNIFER</u>		MI <u>E</u>	
		NICKNAME		SUFFIX	
4 ORIGINAL REPORT TYPE		LAST <u>SHEEDY</u>		Date Hand-delivered or Date Postmarked	
<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> Runoff		<input type="checkbox"/> Other (specify) _____	
<input type="checkbox"/> July 15		<input type="checkbox"/> Exceeded \$500 limit		Receipt #	
<input type="checkbox"/> 30th day before election		<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Amount \$	
<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Final report		Date Processed	
5 ORIGINAL PERIOD COVERED		Month Day Year		Date Imaged	
		<u>12 / 11 / 17</u> THROUGH <u>12 / 31 / 17</u>			

6 EXPLANATION OF CORRECTION
AMENDED FOR INVOICE PAID 12/19/17.

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.

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.

Jenny Sheedy
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said JENNIFER E. SHEEDY, this the 1st day of FEBRUARY, 2018, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

NATALIE FERNANDEZ
Printed name of officer administering oath

Notary Public 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

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed: 4</p>						
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI MS JENNIFER E</p> <p>NICKNAME LAST SUFFIX SHEEDY</p>	<p style="text-align: center;">OFFICE USE ONLY</p> <p>Date Received Waller County Elections</p> <p style="color: red; font-size: 1.2em;">FEB 02 2018</p> <p style="color: blue; font-weight: bold; font-size: 1.2em;">Received</p> <hr/> <p>Date Hand-delivered or Date Postmarked</p> <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged	
Receipt #	Amount \$								
Date Processed									
Date Imaged									
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>PO BOX 626 BROOKSHIRE, TX 77423</p>								
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p>(832) 2443030</p>								
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI MR LUIS </p> <p>NICKNAME LAST SUFFIX RUIZ</p>								
<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>600 WARD RD BAYTOWN, TX 77520</p>								
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p>(281) 9178898</p>								
<p>9 REPORT TYPE</p>	<p> <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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) </p>								
<p>10 PERIOD COVERED</p>	<p>Month Day Year THROUGH Month Day Year</p> <p>12 / 11 / 17 THROUGH 12 / 31 / 17</p>								
<p>11 ELECTION</p>	<p>ELECTION DATE</p> <p>Month Day Year</p> <p>3 / 4 / 18</p>	<p>ELECTION TYPE</p> <p> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </p>							
<p>12 OFFICE</p>	<p>OFFICE HELD (if any)</p>	<p>13 OFFICE SOUGHT (if known)</p> <p>JUSTICE OF THE PEACE, WALLER COUNTY, PCT. 4</p>							

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FEB 02 2018

FORM C/OH
COVER SHEET PG 2

Received

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

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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

\$ 481.73

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Jshedy

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said JENNIFER E. SHEEDY, this the 1st day of FEBRUARY, 20 18, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

NATALIE FERNANDEZ

Printed name of officer administering oath

NOTARY PUBLIC OF TEXAS

Title of officer administering oath

FEB 02 2018

SUBTOTALS - C/OH

Received

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME JENNIFER E SHEEDY		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 481.73
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

FEB 02 2018

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

Received

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	JENNIFER E SHEEDY	
4 Date	5 Payee name	
12/11/17	WALLER COUNTY DEMOCRATIC PARTY	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
375.00	732 8TH STREET, HEMPSTEAD, TX 77445	
<input type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	FIILING FEE	<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

Date	Payee name	
12/19/17	UTI COURIERS	
Amount (\$)	Payee address; City; State; Zip Code	
106.73	PO BOX 130377, HOUSTON, TX 77219	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description
	OTHER COURIER SERVICE FOR CAMPAIGN DOCUMENTS	<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)	(b) 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