	ION/AMENDMENT DIDATE/OFFICEH(FORM COR-C/OH	
1 Filer ID (Ethics Comn	nission Filers)	2 Total pages filed:	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MS SHAR NICKNAME LAST (FR) SW01	Date Received Waller County Elections FEB 0 1 2018		
4 ORIGINAL REPORT TYPE	January 15 Rur July 15 Exc 30th day before election 15th ap		Received Date Hand-delivered or Date Postmarked Receipt # Amount \$	
5 ORIGINAL PERIOD COVERED	Month Day Year [2_/11_/2617 TH	Month Day Year IROUGH 12/31/2017	Date Processed	
6 EXPLANATION OF CORRECTION CHANGED ELECTION DATE ON COVER SHEET FROM 11/6/2018 GENERAL ELECTION TO 3/6/2018 PRIMARY ELECTION. I AM RUNNING WOPPOSED IN THE PRIMARY SO I DID NOT CHECK THE THE MARCH PRIMARY ELECTION BUT SINCE MY NAME IS ON, THE MARCH BALLOT, I SHOWLD HAVE MARKED THE ELECTION AS MARCH 6 PRIMARY				
 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 misrepre- 				
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. AFFIX NOTAR NOTAR				
	ed before me, by the said <u>Cand</u> which, witness my hand and seal of offic		t_day of February,	
Signature of officer ad		Sica Doziro d name of officer administering oath	Notory Public Title of officer administering oath	
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections				

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	TE / OFFICEHOLDER N FINANCE REPORT	· · · · · · · · · · · · · · · · · · ·	FORM C/OH COVER SHEET PG 1	
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MS SHARI NICKNAME LAST GRISWOLD	MI SUFFIX	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: 4/266 APD'IE GER HEMPSTEAD, TY			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (979) 826-3168	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MS. SHARI NICKNAME LAST GRISWOLD		Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / 41266 ADDIÈ GE		ZIP CODE D, TX 77445	
8 CAMPAIGN TREASURER PHONE	area code phone number (979) 826-3168	EXTENSION		
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 12_/11/2017	Month THROUGH 12 /	Day Year 31 2017	
11 ELECTION	ELECTION DATE Month Day Year Primary 3 / 6 / 2018 Genera	Description	E	
12 OFFICE	OFFICE HELD (if any)		COUNTY LERK	
GO TO PAGE 2				

Forms provided by Texas Ethics Commission

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