CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	**2** Total pages filed: **TOTAL 7 including this page**

OFFICE USE ONLY

RECEIVED
OCT 26 2026

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR	FIRST	MI
Mrs.	Sheila	S

NICKNAME | LAST | SUFFIX

Marks - Jolivette

4 ORIGINAL REPORT TYPE

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

5 ORIGINAL PERIOD COVERED

Month	Day	Year		Month	Day	Year
07	07	2026	THROUGH	09	29	2026

6 EXPLANATION OF CORRECTION

This correction is a result of an audit of my previous submission. I am submitting to correct the box indicating I exceeded the modified reporting limit. This box was not selected in the original submissions. Also to add the contribution balance as of the 30 day reporting period of $100.00. The $100.00 donation was included in the original report, but not noted as carryover.

7 SIGNATURE 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-sent 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.

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

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 SHEILA JOLIVETTE, and my date of birth is [redacted].

My address is P.O. BOX 196 (street), LAVON (city), TX. (state), 75166 (zip code), US (country).

Executed in COLLIN County, State of TX., on the 26 day of October (month), 20 26 (year).

Signature of Candidate/Officeholder (Declarant)

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

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 6

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mrs. | FIRST: Sheila | MI: S.

NICKNAME | LAST: Marks-Jolivette | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: P. O. Box 196 | APT / SUITE #: | CITY: Lavon, | STATE: Texas | ZIP CODE: 75166

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: ([redacted] | PHONE NUMBER: [redacted] | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs. | FIRST: Sheila | MI: S.

NICKNAME | LAST: Marks-Jolivette | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): [redacted] | APT / SUITE #: | CITY: Lavon, | STATE: TX. | ZIP CODE: 75166

8 CAMPAIGN TREASURER PHONE

AREA CODE: ([redacted] | PHONE NUMBER: [redacted] | 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 Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 07 / 07 / 2026 THROUGH 09 / 29 / 2026

11 ELECTION

ELECTION DATE: Month / Day / Year: 11 / 03 / 2026

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

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): City Council - Place 5

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.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☒ SPECIFIC

COMMITTEE NAME: Lavon's Future - PAC

COMMITTEE ADDRESS: 777 Emerald Hrs. Lavon, TX. 75166

COMMITTEE CAMPAIGN TREASURER NAME: Mrs. Tammy E. Stefanovic

COMMITTEE CAMPAIGN TREASURER ADDRESS: 777 Emerald Hrs. Lavon, TX. 75166

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	**Sheila S. Marks - Jolivette**	**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)	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ **100.00**
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ **(1,448.23)**
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ **$100.00**
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ **$0.00**

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 of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

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 SHEILA JOLIVETTE, and my date of birth is [redacted].

My address is P.O. BOX 196 (street), LAVON (city), TX. (state), 75166 (zip code), U.S. (country).

Executed in COLLIN County, State of TX., on the 26 day of October (month), 20 26 (year).

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Sheila S. Marks-Jolivette	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ **100.00**
2.	[ ]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	[ ]	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	[ ]	SCHEDULE E: LOANS	$
5.	[ ]	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
6.	[ ]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	[ ]	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	[ ]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	[X]	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ **(1,448.23)**
10.	[ ]	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	[ ]	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	[ ]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

Corrections:
1)To select the box indicating I exceeded the modified reporting limit.
2) To indicate a Contribution Balance of $100.00 on line 5.

These two items were an oversight as I am a first time candidate. Although reporting the contribution received correctly, the funds were not used until post this report.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 1

2 FILER NAME: Sheila S. Marks Jolivette

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
08/04/2026	Rodney Dupelchain	100.00
	6 Contributor address; City; State; Zip Code: 9711 Sunset Dr. Lavon, TX. 75166	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Retired	N/A

Date	Full name of contributor / ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor / ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor / ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

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 PERSONAL FUNDS

SCHEDULE G

2g

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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	Sheila S. Marks - Jolivette	

Expenditure 1

4 Date	5 Payee name
07/16 - 9/17, 2026	VistaPrint

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$1,282.86 ☐ Reimbursement from political contributions intended	275 Wyman St.,	Waltham,	MA	02451

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Printing & Advertising Expense	Expense incurred for purchasing campaign yard signs, post cards, outdoor banners & car magnets used to market candidate

(c) ☐ 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
	N/A		

Expenditure 2

Date	Payee name
07-16-2026	VulgrCO

Amount ($)	Payee address;	City;	State;	Zip Code
$85.62 ☐ Reimbursement from political contributions intended	11081N Solar Canyon Way,	Surprise,	AZ.	85379

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Printing & Advertising Expense	Expense incurred for printing of 60 round custom waterproof campaign stickers used to market candidate to community

☐ 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
	N/A		

Expenditure 3

Date	Payee name
07-21-2026	Wylie Printing and Office Supplies

Amount ($)	Payee address;	City;	State;	Zip Code
$51.18 ☐ Reimbursement from political contributions intended	300 S. HWY 78	Wylie	TX.	75098

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Printing & Advertising Expense	Expense incurred to for candidate's fact sheets & notice of violation of State Law Chapter 392 & 393 stickers for campaign signs

☐ 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
	N/A		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

Pg 2

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 G:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
2	Sheila S. Marks - Jolivette			
4 Date	5 Payee name			
09/09, 2026	Facebook Funds for Ads			
6 Amount ($) $28.57 ☐ Reimbursement from political contributions intended	7 Payee address; 1 Hacker Way,	City; Menio Park	State; CA.	Zip Code 94025
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Expense incurred for publishing and boosting distribution of the candidate's campaign message on Facebook.		
	(c) ☐ 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 N/A	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)	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)	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 N/A	Office sought	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Notice to Shiela Jolivette - Lavon City Council Place 5
Date: 9/2/2026

please email clearwater23@live.com to confirm receipt Thank You!

Shiela Jolivette
Candidate for Lavon City Council, Place 5

Re: Notice from Lavon's Future PAC

Dear Shiela Jolivette,

This letter provides written notice that Lavon's Future PAC is a specific-purpose political action committee and has accepted political contributions or made political expenditures on your behalf in connection with your candidacy for Lavon City Council.

Committee: Lavon's Future PAC
Committee Address: [redacted], Lavon, TX 75166
Campaign Treasurer: Tammy E. Stefanovic
Campaign Treasurer Address: [redacted], Lavon, TX 75166

This notice is provided to satisfy the committee's candidate-notification requirement. It is not a request for approval, consent, coordination, or authorization of any PAC advertisement or expenditure.

Sincerely,

Tammy E. Stefanovic
Campaign Treasurer
Lavon's Future PAC

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 6

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mrs.
FIRST: Sheila
MI: S.
NICKNAME:
LAST: Marks-Jolivette
SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: P. O. Box 196
APT / SUITE #:
CITY: Lavon,
STATE: Texas
ZIP CODE: 75166

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: [redacted]
PHONE NUMBER: [redacted]
EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs.
FIRST: Tammy
MI: E.
NICKNAME:
LAST: Stefanovic
SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): [redacted]
APT / SUITE #:
CITY: Lavon,
STATE: TX.
ZIP CODE: 75166

8 CAMPAIGN TREASURER PHONE

AREA CODE: ([redacted]
PHONE NUMBER: [redacted]
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 Modified Reporting Limit
☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 07 / 07 / 2026
THROUGH
Month / Day / Year: 09 / 29 / 2026

11 ELECTION

ELECTION DATE: Month / Day / Year: 11 / 03 / 2026

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

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): City Council - Place 5

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.

☐ Additional Pages

COMMITTEE TYPE
☐ GENERAL
☒ SPECIFIC

COMMITTEE NAME: Lavon's Future - PAC
COMMITTEE ADDRESS: [redacted] Lavon, TX. 75166
COMMITTEE CAMPAIGN TREASURER NAME: Mrs. Tammy E. Stefanovic
COMMITTEE CAMPAIGN TREASURER ADDRESS: [redacted] Lavon, TX. 75166

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