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: **8**

OFFICE USE ONLY

Date Received

RECEIVED
OCT 26 2026
BY

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processe

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

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

NICKNAME | LAST: **Marks - Jolivette** | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: [redacted] | APT / SUITE #: | CITY: **Lavon, Texas 75166** | STATE: | ZIP CODE

☐ Change of Address

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 BOX268 PLEASE): [redacted] | APT / SUITE #: | CITY: **Lavon** | STATE: **Texas** | 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: 09 / Day: 30 / Year: 2026 THROUGH Month: 10 / Day: 25 / Year: 2026

11 ELECTION

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

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
Sheila S. Marks - Jolivette	

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)	$
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ **(267.57)**
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ **$0.00**
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 MARKS-JOLIVETTE, and my date of birth is [redacted].

My address is P.O. BOX 196, LAVON, TX, 75166, U.S.
(street) (city) (state) (zip code) (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.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$
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.	☒	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ **(167.57)**
10.	☒	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ **(100.00)**
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

Note: $100.00 contribution previously reported was used during this reporting period.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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
10/05/26	POPSHELF

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
55.21	1971 N. State HWY 78,	Wylie,	TX.	75098

☐ Reimbursement from political contributions intended

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food And Beverage	Candy for Trunk n Treat at NeSmith School

(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
10/05/2026	Dollar Tree

Amount ($)	Payee address;	City;	State;	Zip Code
81.78	420 S. State Highway 78	Lavon	TX.	75166

☐ Reimbursement from political contributions intended

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Food and Beverage	Candy for Trunk n Treat at NeSmith School

☐ 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
10/13/26	Newflager - Justia Trademark via Amazon

Amount ($)	Payee address;	City;	State;	Zip Code
8.06	4200 West Side Ave.	North Bergen,	NJ	07047

☐ Reimbursement from political contributions intended

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	25 Pack Heavy Duty Metal Stakers for Campaign signs (addl cost on Schedule H)

☐ 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.**

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. Jolivette	

4 Date: 10/12/26

5 Payee name: WYLIE Printing and Office Supplies

6 Amount ($): 22.52

☐ Reimbursement from political contributions intended

7 Payee address; 300 S. Hwy. 78 **City;** Wylie, **State;** TX. **Zip Code** 75098

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Advertising Expense

(b) Description: Right -a- Way Sticker for signs deliver on 10-1-2026

(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

Date | Payee name

Amount ($) | Payee address; | City; | State; | Zip Code

☐ Reimbursement from political contributions intended

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) | Description: t

☐ 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 ($) | Payee address; | City; | State; | Zip Code

☐ Reimbursement from political contributions intended

☐ Check if individual's residence address.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	**Sheila S. Marks - Jolivette**	

4 Date: 10-10-26

5 Business name: Krogers

6 Amount ($): 76.68

7 Business address: 1950 N. Goliad St. **City:** Rockwall **State:** Texas **Zip Code:** 75087

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Food and Beverage

(b) Description: Three food Trays for Meet and Greet held at Grand Heritage

(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: 10-13-26

Business name: Newflager - Justia Trademark via Amazon

Amount ($): 23.32

Business address: 4200 West Side Ave, **City:** North Bergen, **State:** NJ **Zip Code:** 07047

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising Expense

Description: 25 Pack Heavy Duty Metal Stakers

☐ 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:

Date:

Business name:

Amount ($):

Business address: **City:** **State:** **Zip Code:**

☐ Check if individual's residence address.

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:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

please email clearwater823@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]avon, 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 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)

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☐ 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

OFFICE USE ONLY

Date Received: RECEIVED OCT 2 2026 By

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

GO TO PAGE 2