

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Dr. John D.
Ogletree Sr.

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

8131 Sun Terrace Ln.
Houston Texas 77095

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 588 6189

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Dr. Evelyn L.
Ogletree

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

8131 Sun Terrace Ln
Houston Texas 77095

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 203 0898

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

Month

Day

Year

7 / 19 / 21 THROUGH 9 / 23 / 21

11 ELECTION

ELECTION DATE

Month Day Year

11 / 2 / 21

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

CFISD School Board

OFFICE SOUGHT (if known)

CFISD School Board

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.

COMMITTEE TYPE

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Citizens for CFISD Proven Leaders

5315 Cypress Creek Parkway No 350 Houston Tx 77069

Darcy Mingoia

6610 Barrington Garden Houston Tx 77069

☐ Additional Pages

☐ GENERAL

☒ SPECIFIC

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

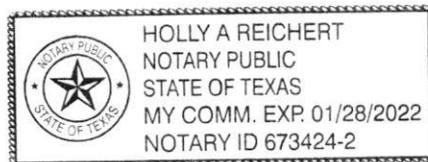
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 25 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,290 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 28 ¹²
	4. TOTAL POLITICAL EXPENDITURES	\$ 793 ¹²
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,496.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 Dr. John D. Ogletree, Jr. this the 4th day of October, 2021, to certify which, witness my hand and seal of office.

Holly A. Reichert Holly A. Reichert Notary Public

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (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)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,290.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,850.00
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	☐ SCHEDULE E: LOANS	\$ 0
5.	☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 793.12
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	\$ 0
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

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: 8	
2 FILER NAME Dr. John D. Ogletree Jr.				3 Filer ID (Ethics Commission Filers)	
4 Date 9/23/2021		5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Tana Lam		7 Amount of contribution (\$) 200.00	
		6 Contributor address; City; State; Zip Code 12306 Banyan Cove Ct Cypress TX 77433			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 9/21/2021		Full name of contributor ☐ out-of-state PAC (ID#: _____) Debra Weatherspoon		Amount of contribution (\$) 100.00	
		Contributor address; City; State; Zip Code 14839 Elizabeth Bay Road Cypress TX 77429			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 9/18/2021		Full name of contributor ☐ out-of-state PAC (ID#: _____) Michael Walker		Amount of contribution (\$) 65.00	
		Contributor address; City; State; Zip Code 17110 Verdant Willow Court Houston TX 77095			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 9/18/2021		Full name of contributor ☐ out-of-state PAC (ID#: _____) Darlene Davenport		Amount of contribution (\$) 100.00	
		Contributor address; City; State; Zip Code 12131 Canyon Arbor Way Houston TX 77095			
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.					

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:**2** FILER NAME**3** Filer ID (Ethics Commission Filers)**4** Date**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Aly Fitzpatrick

7 Amount of contribution (\$)

9/18/2021

6 Contributor address;

City;

State;

Zip Code

100.00

18618 Thomas Survey Drive

Cypress TX

77433

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9/18/2021

Sidney Holmes

Contributor address;

City;

State;

Zip Code

100.00

3514 Sierra Pines Dr.

Houston TX

77068

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9/18/2021

Michelle Sanders

Contributor address;

City;

State;

Zip Code

500.00

21607 Amber Grain Lane

Cypress TX

77433

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9/18/2021

Tawana Caiden

Contributor address;

City;

State;

Zip Code

50.00

11639 Carson Field Lane

Cypress TX

77433

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.

SCHEDULE A1

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

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 8/17/2020

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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) James O'Berry	7 Amount of contribution (\$)
9/17/2021	6 Contributor address; City; State; Zip Code 17415 Jade Springs Dr HoustonTX 77095	100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ron Watson	Amount of contribution (\$)
9/17/21	Contributor address; City; State; Zip Code 10222 North Laurel Branch Drive Houston TX 77064	100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Erin Minberg	Amount of contribution (\$)
9/17/21	Contributor address; City; State; Zip Code 5315 Grape Street HOUSTON TX 77096	250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jaimee Alston	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 14555 Phillipine St Apt 735 Houston TX 77040	50.00
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.		

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:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor
Phineas Kinuthia

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

9/17/2021

6 Contributor address;
Po Box 6529
77491

City;
Katy TX

State; Zip Code

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9/15/2021

Maria Baker

Contributor address;

City;

State;

Zip Code

50.00

9515 Knox Prairie Court

Cypress TX

77433

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9/15/2021

Kathleen Sharer

Contributor address;

City;

State;

Zip Code

25.00

16808 W Caramel Apple Trl

Cypress TX

77433

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9/12/2021

Christine Ciro

Contributor address;

City;

State;

Zip Code

100.00

5611 Barton Falls

Houston TX

77041

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.

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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 9/12/2021	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Kristin Escobar 6 Contributor address; City; State; Zip Code 15106 Heron Meadow Lane CypressTX 77429	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/12/2021	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kim Nicholson Contributor address; City; State; Zip Code 20318 Lakeland Falls Drive Cypress TX	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/12/2021	Full name of contributor ☐ out-of-state PAC (ID#: _____) Stacey DeMyer Contributor address; City; State; Zip Code 19803 Maple Orchard Ln Cypress TX 77433	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Louie Loo
Date 9/10/2021	Full name of contributor ☐ out-of-state PAC (ID#: _____) Royce West Contributor address; City; State; Zip Code 1212 Regents Park Court DeSoto TX 75115	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) West & Associates, LLP
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 9/10/2021	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Constance Sayrie 6 Contributor address; City; State; Zip Code 2603 Hollymist Dr Houston TX 77084	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/10/2021	Full name of contributor ☐ out-of-state PAC (ID#: _____) Pamela Duck Contributor address; City; State; Zip Code 16207 Summer Sew Lane Houston, Texas Houston TX 77095	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/10/2021	Full name of contributor ☐ out-of-state PAC (ID#: _____) Quinita Ogletree Contributor address; 1 City; State; Zip Code 10419 Sanibel Falls CT Houston TX 77095	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/10/2021	Full name of contributor ☐ out-of-state PAC (ID#: _____) Evelyn Ogletree Contributor address; City; State; Zip Code 8131 Sun Terrace Lane Houston TX 77095	Amount of contribution (\$) 100.00
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.		

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:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Alice Baker

7 Amount of contribution (\$)

9/19/2021

6 Contributor address;

City;

State;

Zip Code

100.00

14830 Yellow Begonia Drive Cypress, TX 77433

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Josephine Taylor

Amount of contribution (\$)

9/19/2021

Contributor address;

City; 1

State;

Zip Code

100.00

17922 Riata Crossing Drive Cypress TX 77433

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; 1

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME Dr. John D. Ogletree Jr.		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,850.00	
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#: Dibrell + Associates 7 Contributor address; City; State; Zip Code 4203 Glade Shadow Ct Katy TX 77494	8 Amount of Contribution \$ 1,500.00	9 In-kind contribution description Consulting
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor ☐ out-of-state PAC (ID#: Dibrell + Associates Contributor address; City; State; Zip Code 4203 Glade Shadow Ct Katy TX 77494	Amount of Contribution \$ 350.00	In-kind contribution description Web Design
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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	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 F1:	2 FILER NAME <i>Dr. John Ogletree Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/23/21</i>	5 Payee name <i>Henry Dibrell</i>		
6 Amount (\$) <i>765.00</i>	7 Payee address; City; State; Zip Code <i>4203 Glade Shadow Ct. Houston TX 77494</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expenses</i>		(b) Description <i>Signs, Cards</i>
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 <i>9/10-9/23</i>	Payee name <i>Anedot</i>		
Amount (\$) <i>246.70</i>	Payee address; City; State; Zip Code <i>1340 Poydras St, Suite 770 New Orleans LA 70112</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accounting Banking</i>		Description <i>Donations Collected</i>
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
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 <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