

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
Dr. John D
NICKNAME LAST SUFFIX
Ogletree Jr

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) 5886189

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Dr. Evelyn L.
NICKNAME LAST SUFFIX
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
9 / 24 / 2021 THROUGH 10 / 25 / 2021

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☐ Primary ☐ Runoff ☐ Other Description
11 / 2 / 21 ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

CFISD School Bd #5

13 OFFICE SOUGHT (if known)

CFISD School Bd #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.

COMMITTEE TYPE

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

☐ GENERAL

☒ SPECIFIC

Citizens for CFISD Proven Leaders
5315 Cypress Creek Parkway No 350 77069
Darcy Mingoa
4610 Barrington Garden HovTx 77069

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

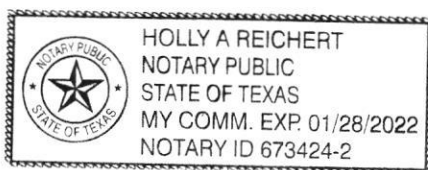
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 80 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,910 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,829.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,080.74
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.

[Handwritten Signature]
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 this the 25th day of October, 2021, to certify which, witness my hand and seal of office.
[Signature] 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

\$4,910⁰⁰

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$1,652⁴³

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$0

4. ☐ SCHEDULE E: LOANS

\$0

5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$2,829²⁶

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:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: _____)			7 Amount of contribution (\$)	
10/16/21	Laura Neidhardt 6 Contributor address; City; State; Zip Code 9510 Skipping Stone Ln Houston, TX 77064			\$200.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
10/12/21	Sylvia Teague Contributor address; City; State; Zip Code 9615 Gusty Winds Dr Houston, TX 77064			\$20.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
10/12/21	Sylvia Teague Contributor address; City; State; Zip Code 9615 Gusty Winds Dr Houston, TX 77064			\$50.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
10/08/21	Kevin Fields Contributor address; City; State; Zip Code 10943 Prairie Hawk Dr Houston, TX 77064			\$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#: _____)			7 Amount of contribution (\$)	
9/24/21	Jeanine Wilson 6 Contributor address; City; State; Zip Code 17315 Cascade Circle Houston, TX 77095			\$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 (\$)	
10/3/21	Billy Ayoola Contributor address; City; State; Zip Code 19106 East Austin Bayou Ct Cypress, TX 77433			\$250.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
10/2/21	William Simms Contributor address; City; State; Zip Code 11406 Chalk Maple Ct Houston, TX 77095			\$100.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
9/28/21	Carol McCown Contributor address; City; State; Zip Code 20615 Wind Rose Dr Spring, TX 77379			\$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

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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#: _____)		7 Amount of contribution (\$)	
9/28/21		Byford Horn		\$200.00	
6 Contributor address:		City:		State: Zip Code	
3934 Tioga St		Dallas, TX		75241	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date		Full name of contributor ☐ out-of-state PAC (ID#: _____)		Amount of contribution (\$)	
9/28/21		Tyron Kilbrewn		\$100.00	
Contributor address:		City:		State: Zip Code	
8115 Cedar Brush Cr		Spring TX		77379	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date		Full name of contributor ☐ out-of-state PAC (ID#: _____)		Amount of contribution (\$)	
10/2/21		Cutee Hudson		\$100.00	
Contributor address:		City:		State: Zip Code	
12850 Penny Rd #9106		Houston TX		77070	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date		Full name of contributor ☐ out-of-state PAC (ID#: _____)		Amount of contribution (\$)	
10/12/21		Charles Anthony		\$100.00	
Contributor address:		City:		State: Zip Code	
3380 Cochran Dr #B		Colorado Springs CO		80916	
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

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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 10/2/21	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Traci Walker 6 Contributor address; City; State; Zip Code 17110 Verdant Willow Ct Houston, TX 77095	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/30/21	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sherrell and Joseph Oletree Contributor address; City; State; Zip Code 19706 Leafy Sky Ln Cypress, TX 77433	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/27/21	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kenyatta Simmons Contributor address; City; State; Zip Code 7046 Durango Creek Ln Katy, TX 77449	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/25/21	Full name of contributor ☐ out-of-state PAC (ID#: _____) Vernon Henry Contributor address; City; State; Zip Code 18111 Mesquite Estates Ln Cypress, TX 77429	Amount of contribution (\$) \$250.00
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

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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#: _____)			7 Amount of contribution (\$)	
10/5/21	Bruce DeMyer Jr 19803 Maple Orchard Ln Cypress, TX 77433			\$500.00	
6 Contributor address; City; State; Zip Code			9 Employer (See Instructions)		
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
10/4/21	Jeffrey Gant 15818 Ellendale Ct Cypress, TX 77429			\$100.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
10/4/21	Deniz Coleman 15014 Moss Boulder Ct Houston, TX 77084			\$250.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
10/2/21	Sylvia Phillips 16714 Carrotton Creek Ln Houston, TX 77084			\$25.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: _____)			7 Amount of contribution (\$)	
10/12/21	John Williams 12831 Madera Canyon Ln City: _____ State: _____ Zip Code: 77377			\$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 (\$)	
10/12/21	Gary & Nancy Frankel 15706 Jersey Dr City: Houston State: TX Zip Code: 77040			\$100.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
10/12/21	Wm Dwight McKusick 5415 Madlock Rd City: Arlington State: TX Zip Code: 76018			\$500.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
10/25/21	Bruce DeNoyer III 19803 Maple Orchard Ln City: Cypress State: TX Zip Code: 77433			\$25.00	
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 10/16/21	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Michelle Sanders	7 Amount of contribution (\$) \$640.00
6 Contributor address; City; State; Zip Code 21607 Amber Brain Ln Cypress TX 77433		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 10/9/21	Full name of contributor ☐ out-of-state PAC (ID#: _____) Maurice Sanders	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 21607 Amber Brain Ln 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; 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 Ogletree		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ ~~1,652.00~~ 1,652.00	
5 Date 10/25/21	6 Full name of contributor ☐ out-of-state PAC (ID#: Dibrell + Associates	8 Amount of Contribution \$ 1,500.00	9 In-kind contribution description Consulting
7 Contributor address; City; State; Zip Code 4203 Glade Shadow Ct Katy TX 77494		☐ Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Consultant		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 10/6/21	Full name of contributor ☐ out-of-state PAC (ID#: Connie Sayrie	Amount of Contribution \$ 152.13	In-kind contribution description Campaign Rally
Contributor address; City; State; Zip Code 7603 Hollymist Hn TX 77084		☐ Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired		Employer (FOR NON-JUDICIAL) (See Instructions) N/A	
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
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 F1:		2 FILER NAME <i>Dr. John Ogletree Jr.</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/24/2021</i>		5 Payee name <i>Anedot</i>			
6 Amount (\$) <i>102.20</i>		7 Payee address; City; State; Zip Code <i>1340 Poydras St Suite 1770 New Orleans LA 70112</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Accounting/Banking</i>		(b) Description <i>Fees for Donations Collected</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	
Date <i>10/1/2021</i>		Payee name <i>Proven Leaders</i>			
Amount (\$) <i>500.00</i>		Payee address; City; State; Zip Code <i>5315 Cypress Creek Pkwy N #350 Houston TX 77069</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertisement</i>		Description <i>Signs + T-Shirts</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	
Date <i>10/12/2021</i>		Payee name <i>Fed Ex</i>			
Amount (\$) <i>245.18</i>		Payee address; City; State; Zip Code <i>7700 Hwy 6N Houston TX 77095</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertisement</i>		Description <i>Cards/Printing</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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 F1:		2 FILER NAME <i>Dr. John Ogletree Jr.</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9/24/21</i>		5 Payee name <i>Top3 Design Group</i>			
6 Amount (\$) <i>200.00</i>		7 Payee address; City; State; Zip Code <i>4201 Cypress Creek Pkwy Houston Tx 77068</i>			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>		(b) Description <i>Video</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					
Date <i>9/25/21</i>		Candidate / Officeholder name <i>Dibrell + Associates</i>			
Amount (\$) <i>1,000.00</i>		Office sought <i>Office held</i>			
Payee name <i>Dibrell + Associates</i>		City; State; Zip Code <i>4203 Glade Shadow Katy Tx 77494</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertisement</i>		Description <i>T-shirts</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					
Date <i>10/12/21</i>		Candidate / Officeholder name <i>Dibrell + Associates</i>			
Amount (\$) <i>650.00</i>		Office sought <i>Office held</i>			
Payee name <i>Dibrell + Associates</i>		City; State; Zip Code <i>4203 Glade Shadow Katy Tx 77494</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertisement</i>		Description <i>Road Signs / signs</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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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		2 FILER NAME <i>Dr. John Oglefree</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/16</i>		5 Payee name <i>The Backyard Grill Houston Tx</i>			
6 Amount (\$) <i>64.93</i>		7 Payee address; City; State; Zip Code <i>9453 Jones Rd</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food Event</i>		(b) Description <i>Campaign Rally</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					
Date <i>10/2/21</i>		Payee name <i>Spring Creek BBQ</i>			
Amount (\$) <i>66.95</i>		Payee address; City; State; Zip Code <i>25831 NW Frey 77429 Cypress TX</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Event</i>		Description <i>Campaign Rally</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					
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					
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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED