

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) 588 6189

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
10/26/21 THROUGH 1/15/2022

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)
CFISD School Bd #5 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 Houston Tx 77069
Darcy Mingoia
6610 Barrington Garden Houston Tx 77069

GO TO PAGE 2

OFFICE USE ONLY

Date Received

RECEIVED

JAN 18 2022

BY: AK

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

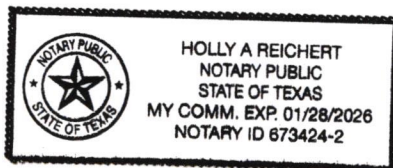
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>16,545.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>25.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4,155.90</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3,144.83</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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]
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 18th day of January, 2022 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	\$ 710 ⁰⁰
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 11,835
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ N/A
4.	☐ SCHEDULE E: LOANS	\$ N/A
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,155.90
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ N/A
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ N/A
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ N/A
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ N/A
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ N/A

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 Dr. John D. Ogletree, Jr		3 Filer ID (Ethics Commission Filers)
4 Date 11/2/21	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Angela Martin-Greer	7 Amount of contribution (\$) 60.00
6 Contributor address; City; State; Zip Code 18326 Kenmark Ln Cypress TX 77433		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/26/21	Full name of contributor ☐ out-of-state PAC (ID#: _____) Linette Roach	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 12 Galloway Gates Et Tomball, TX 77377		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/21	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jackie Moore	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 8011 Sendero Ridge Fair Oaks Ranch, TX 78015		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/6/21	Full name of contributor ☐ out-of-state PAC (ID#: _____) Daisy Walker	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 10811 Grassy Meadow Dr. Houston, TX 77064		
Principal occupation / Job title (See Instructions) Retired		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: 1	
2 FILER NAME Dr. John Ogletree Jr		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/2/21	6 Full name of contributor ☐ out-of-state PAC (ID#: The Texas Gulf Coast AFL-CIO	8 Amount of Contribution \$ 10,335	9 In-kind contribution description Ads, direct Mail Voter Contact
7 Contributor address: City: State: Zip Code 2506 Sutherland St. Houston Tx 77023		☐ Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Labor Union		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	Amount of Contribution \$ 1,500.00	In-kind contribution description Consulting
	Contributor address: City: State: Zip Code 4203 Glade Shadown St Katy Tx 77494	☐ 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: 4		2 FILER NAME Dr. John D. Ogletree Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 11/8		5 Payee name Christian Books			
6 Amount (\$) 155.13		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Awards		(b) Description Awards		
	(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 11/8		Payee name Monarch To Monarch			
Amount (\$) 230.95		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Awards		Description Awards		
	☐ 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 11/8		Payee name Walmart			
Amount (\$) 41.03		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Bev		Description Food / Bev.		
	☐ 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
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: <u>4</u>		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date <u>11/15</u>		5 Payee name <u>Taco Cubana</u>			
6 Amount (\$) <u>79.56</u>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food/Ber</u>		(b) Description <u>Food/Ber</u>		
	(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 <u>11/15</u>		Payee name <u>Walgreens</u>			
Amount (\$) <u>2,222.92</u>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Gift/Awards/Mem Exp.</u>		Description <u>Gift/Awards, Thank You's Celebrate Expenses</u>		
	☐ 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 <u>11/15</u>		Payee name <u>Kroger</u>			
Amount (\$) <u>178.08</u>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food/Ber</u>		Description <u>Food/Ber</u>		
	☐ 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
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: 4		2 FILER NAME Dr. John D. Ogletree Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 11/4		5 Payee name Chick-FIL-A			
6 Amount (\$) 89.24		7 Payee address; City; State; Zip Code Cypress TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Poll Exp		(b) Description Food + Bev		
	(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 11/4		Payee name Backyard Grill			
Amount (\$) 18.14		Payee address; City; State; Zip Code Pott Exp Jones Rd			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Poll Exp.		Description Food + Bev		
	☐ 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 11/5		Payee name Scale To Win			
Amount (\$) 589.75		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ~~Poll Exp~~ Polling Exp		Description ~~Polling Exp~~ Polling Expenses		
	☐ 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					

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: <u>4</u>	2 FILER NAME <u>Dr. John D. Ogletree</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>10/29</u>	5 Payee name <u>Anedot</u>	
6 Amount (\$) <u>551.10</u>	7 Payee address; City; State; Zip Code <u>1340 Poydras St Suite 1770 New Orleans La 70112</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Accounting Banking</u>	
	(b) Description <u>Fees for Donations collected</u>	
(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	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		
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

LOANS**SCHEDULE E**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 E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ☐ out-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial institution? ☐ Y ☐ N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender ☐ out-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial institution? ☐ Y ☐ N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.		