### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

| The JC/OH Instruction         | Guide explains how to co  | nplete this form.  | 1 Filer ID<br>(Ethics Commiss<br>00081820 | ion Filers)       | 2 Total pages filed:<br>28 |                    |  |  |
|-------------------------------|---------------------------|--------------------|---|-------------------|----------------------------|--------------------|--|--|
| 3 CANDIDATE /                 | MS / MRS / MR             | FIRST              |   | MI                |                            |                    |  |  |
| OFFICEHOLDER                  | The Honorable             | Janice L.          |   |                   |                            |                    |  |  |
| NAME                          |                           |                    |   |                   | Date Received              |                    |  |  |
|                               |                           |                    |   |                   | ELECTRONIC                 | ALLY FILED         |  |  |
|                               | NICKNAME                  | LAST               |   | SUFFIX            | 07/17/2023                 |                    |  |  |
|                               |                           | Berg               |   |                   |                            |                    |  |  |
|                               |                           |                    |   |                   |                            |                    |  |  |
| 4 CANDIDATE /<br>OFFICEHOLDER | ADDRESS / PO BOX; AF      | PT / SUITE #; CIT  | -Y;                                       | ZIP CODE          | Date Hand-delivered o      | r Date Postmarked  |  |  |
| MAILING                       | PO Box 19186              |                    |   |                   |                            |                    |  |  |
| ADDRESS                       |                           |                    |   |                   | Receipt #                  | Amount             |  |  |
| Change of Address             | Houston, TX 77224         |                    |   |                   |                            |                    |  |  |
|                               |                           |                    |   |                   | Date Processed             |                    |  |  |
|                               |                           |                    |   |                   |                            |                    |  |  |
|                               |                           |                    |   |                   | Date Imaged                |                    |  |  |
|                               |                           |                    |   |                   |                            |                    |  |  |
| 5 CAMPAIGN<br>TREASURER       | MS / MRS / MR             | FIRST              |   |                   | MI                         |                    |  |  |
| NAME                          | Ms.                       | Paula              |   |                   |                            |                    |  |  |
|                               |                           |                    |   |                   |                            |                    |  |  |
|                               | NICKNAME                  | LAST               |   |                   | SUFFIX                     |                    |  |  |
|                               |                           | Arnold             |   |                   |                            |                    |  |  |
|                               |                           |                    |   |                   |                            |                    |  |  |
| 6 CAMPAIGN                    |                           |                    | ADT                                       |                   |                            | ATE; ZIP CODE      |  |  |
| 6 CAMPAIGN<br>TREASURER       | STREET ADDRESS (NO F      | O BOX PLEASE);     | APT                                       | / SUITE #; CITY;  | 517                        | ATE; ZIP CODE      |  |  |
| ADDRESS                       | 102 Windcrest Ct.         |                    |   |                   |                            |                    |  |  |
| (Residence or Business)       |                           |                    |   |                   |                            |                    |  |  |
| (,                            | Jersey Village, TX 7706   | 4                  |   |                   |                            |                    |  |  |
|                               |                           |                    |   |                   |                            |                    |  |  |
|                               |                           |                    |   |                   |                            |                    |  |  |
| 7 CAMPAIGN                    | AREA CODE PHO             | ONE NUMBER         | EXTENSION                                 |                   |                            |                    |  |  |
| TREASURER<br>PHONE            | (713) 962-1905            |                    |   |                   |                            |                    |  |  |
| THOME                         |                           |                    |   |                   |                            |                    |  |  |
| 8 REPORT                      |                           |                    |   |                   |                            |                    |  |  |
| TYPE                          | January 15                | 30th day before    | e election                                | Runoff            |                            | mpaign treasurer   |  |  |
|                               |                           |                    |   | -                 | appointment (offi          |                    |  |  |
|                               | X July 15                 | 8th day before     |   | Exceeded modified | Final Report (Atta         | ach C/OH-FR)       |  |  |
|                               |                           |                    |   |                   |                            |                    |  |  |
| 9 PERIOD                      | Month Day Yea             |                    |   | Month Day         | Year                       |                    |  |  |
| COVERED                       | 01/01/2023                | TH                 | HROUGH                                    | 06/30/202         | 3                          |                    |  |  |
|                               |                           |                    |   |                   |                            |                    |  |  |
| 10 ELECTION                   | ELECTION DATE             |                    |   | ELECTION TYPE     |                            |                    |  |  |
|                               | Month Day Yea             |                    | Primary                                   | Runoff            | Other                      |                    |  |  |
|                               | 03/03/2026                |                    | Conorol                                   |                   |                            |                    |  |  |
|                               |                           |                    | Seneral                                   | Special           |                            |                    |  |  |
|                               |                           |                    |   |                   |                            |                    |  |  |
| 11 OFFICE                     | OFFICE HELD (if any)      |                    |   | 12 OFFICE SOUGHT  |                            |                    |  |  |
|                               | Family District Court Jud | dge District 247 H | larris                                    | Family District C | ourt Judge Distri          | ct 247             |  |  |
|                               |                           |                    |   |                   |                            |                    |  |  |
|                               | 1                         |                    |   |                   |                            |                    |  |  |
|                               |                           |                    |   |                   |                            |                    |  |  |
|                               |                           |                    |   |                   |                            |                    |  |  |
|                               | GO TO PAGE 2              |                    |   |                   |                            |                    |  |  |
| Forms provided by Te          | xas Ethics Commission     | www.et             | hics.state.tx.us                          |                   | Versi                      | on V3.5.1.a18ea2ca |  |  |

### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 28

L

| 13 C / OH NAME                                 | Berg, Janice L. (The             | Honorable)  | 14 Filer ID<br>00081820    | (Ethics Commission    | n Filers) |
|--|----------------------------------|---|----------------------------|-----------------------|-----------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.        | political contributions accepted or political expendit<br>These expenditures may have been made withou<br>d officeholders are required to report this information | t the candidate's or offic | eholder's knowledg    | e or      |
| Additional Pages                               | COMMITTEE TYPE                   | COMMITTEE NAME  |                            |                       |           |
| —  | GENERAL                          |   |                            |                       |           |
|  |                                  | COMMITTEE ADDRESS   |                            |                       |           |
|  | SPECIFIC                         |   |                            |                       |           |
|  |                                  | COMMITTEE CAMPAIGN TREASURER NAME   |                            |                       |           |
|  |                                  | COMMITTEE CAMPAIGN TREASURER ADDRE  | ESS                        |                       |           |
|  |                                  |   |                            |                       |           |
| <b>16</b> CONTRIBUTION<br>TOTALS               |                                  | IZED POLITICAL CONTRIBUTIONS(OTHER THA<br>ES OF LOANS, OR CONTRIBUTIONS MADE ELI  | , , ,                      | \$                    | 0.00      |
|  |                                  | ICAL CONTRIBUTIONS<br>PLEDGES, LOANS, OR GUARANTEES OF LOAI   |                            | <b>\$</b> 1           | .,250.00  |
| EXPENDITURE<br>TOTALS                          | \$                               | 0.00  |                            |                       |           |
| TOTALS   | 4. TOTAL POLIT                   | ICAL EXPENDITURES   |                            |                       | ,844.69   |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC<br>REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE ERIOD   | LAST DAY OF THE            | \$ 98                 | 8,745.89  |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIP<br>OF THE REPOR | PAL AMOUNT OF ALL OUTSTANDING LOANS AS<br>TING PERIOD   | S OF THE LAST DAY          | \$                    | 0.00      |
| 17 AFFIDAVIT                                   |                                  |   |                            |                       |           |
|  |                                  | I swear, or affirm, under penal<br>true and correct and includes<br>under Title 15, Election Code.  |                            |                       |           |
|  |                                  | The Hor   | norable Janice L. Be       | rg                    |           |
|  |                                  |   | of Candidate or Officeho   | -                     |           |
| AFFIX NO                                       | TARY STAMP / SEAL AB             | OVE   |                            |                       |           |
| Sworn to and subso                             | cribed before me, by the s       | aid   | , this the                 | day                   |           |
| of   | , 20, to c                       | ertify which, witness my hand and seal of office.   |                            |                       |           |
| Signature of offic                             | cer administering oath           | Printed name of officer administering oath  | Title of office            | er administering oatl | h         |
| Forms provided by Te                           | xas Ethics Commissior            | www.ethics.state.tx.us  |                            | Version V3.5.1.a      | 18ea2ca   |

### FORM JC/OH COVER SHEET PG 3

| 18 FILER NAM | 1E  | 19 Filer ID | (Ethics Comr | nission Filers) |  |
|--------------|---|-------------|--------------|-----------------|--|
| Berg, Jani   | ce L. (The Honorable)   | 00081820    |              |                 |  |
| 20 SCHEDULE  |   | •           | SUPTO        | TAL AMOUNT      |  |
| NAME OF S    | SCHEDULE  |             | 30610        | TAL AMOUNT      |  |
| 1. X         | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)               |             | \$           | 1,250.00        |  |
| 2.           | 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS            |             |              |                 |  |
| 3.           | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                           |             | \$           |                 |  |
| 4.           | SCHEDULE E(J): LOANS (JUDICIAL)   |             | \$           |                 |  |
| 5. X         | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION           | S           | \$           | 7,117.53        |  |
| 6. X         | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                  |             | \$           | 727.16          |  |
| 7.           | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI            | ONS         | \$           |                 |  |
| 8.           | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                             |             | \$           |                 |  |
| 9.           | 9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                 |             |              |                 |  |
| 10.          | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS            | OF C/OH     | \$           |                 |  |
| 11.          | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI          | ONS         | \$           |                 |  |
| 12.          | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED    | \$           |                 |  |
|              |   |             |              |                 |  |

SUBTOTALS - JC/OH

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A(J)1

| The Instruc                        | ction Guide explains how to complete this f                                | form.                                  | 1 Total pages Schedule A(J)1:<br>Sch: 1/1 Rpt: 4/28 |
|------------------------------------|--|--|---|
| 2 FILER NAME                       | · /  |  | <b>3</b> Filer ID (Ethics Commission Filers)        |
|                                    | L. (The Honorable)   |  | 00081820  |
| 4 Date<br>03/02/2023               | 5 Full name of contributor out-of-state PAC (ID#:_<br>Carlin, Amy Michelle |  | 7 Amount of Contribution (\$)<br>\$500.00           |
|                                    | 6 Contributor address; City; State; Zip Code                               |  |   |
|                                    |  |  |   |
|                                    | Houston, TX 77002  |  |   |
|                                    | Principal Occupation   |  |   |
| Attorney                           |  | Attorney                               |   |
| 10 Contributor's e<br>Carlin Law F |  | <b>11</b> Law firm of contributor's sp | bouse (if any)                                      |
|                                    | s a child, law firm of parent(s) (if any)                                  |  |   |
|                                    |  |  |   |
| Date                               | Full name of contributor out-of-state PAC (ID#:_                           | )                                      | Amount of Contribution (\$)                         |
| 02/01/2023                         | Charlton, Cecilia  |  | \$250.00  |
|                                    | Contributor address; City; State; Zip Code                                 |  |   |
|                                    |  |  |   |
|                                    |  |  |   |
|                                    | Houston, TX 77070  |  |   |
|                                    | rincipal Occupation  | Contributor's Job Title                |   |
| Attorney                           |  | Managing Attorney                      |   |
|                                    | mployer/law firm<br>ce of Charlton & Associates, PLLC                      | Law firm of contributor's sp           | bouse (if any)                                      |
|                                    | s a child, law firm of parent(s) (if any)                                  |  |   |
|                                    |  |  |   |
| Date                               | Full name of contributor out-of-state PAC (ID#:                            | )                                      | Amount of Contribution (\$)                         |
| 02/08/2023                         | Lee, Chung   |  | \$500.00  |
|                                    | Contributor address; City; State; Zip Code                                 |  |   |
|                                    |  |  |   |
|                                    |  |  |   |
|                                    | Katy, TX 77494   | 1                                      |   |
|                                    | rincipal Occupation  | Contributor's Job Title                |   |
| Attorney                           | mployer/law firm   | Managing Attorney                      |   |
| C Y Lee Lega                       |  | Law firm of contributor's sp           | Jouse (II any)                                      |
|                                    | s a child, law firm of parent(s) (if any)                                  |  |   |
|                                    |  |  |   |
|                                    |  |  |   |
|                                    |  |  |   |
|                                    |  |  |   |
|                                    |  |  |   |
|                                    |  |  |   |
| Forms provided                     | by Texas Ethics Commission www.ethic                                       | s.state.tx.us                          | Version V3.5.1.a18ea2ca                             |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |   |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment   | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |  |  |  |  |  |
| 1 | Total pages Schedule F1:  | 2 FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers)   |  |  |  |  |  |  |
|   | Sch: 1/23 Rpt: 5/28   | Berg, Janice L. (The Honorable)   | 00081820   |  |  |  |  |  |  |
| 4 | Date<br>01/09/2023  | 5 Payee name<br>Academy Sports  |  |  |  |  |  |  |  |
| 6 | Amount (\$)     7     Payee address;     City;     State;     Zip Code       \$25.96     2804 Business Center Dr  |   |  |  |  |  |  |  |  |
|   |   | Pearland, TX 77584  |  |  |  |  |  |  |  |
| 8 | <ul> <li>8 PURPOSE<br/>OF<br/>EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule)<br/>Gift/Awards/Memorials Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Gift for court reporter retirement party</li> </ul> </li> </ul> |   |  |  |  |  |  |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought   | Office held  |  |  |  |  |  |  |
|   | Date  | Payee name  |  |  |  |  |  |  |  |
|   | 01/19/2023  | Acuity Scheduling   |  |  |  |  |  |  |  |
|   | Amount (\$)Payee address;City;State;Zip Code\$26.65PO Box 4668 #64465   |   |  |  |  |  |  |  |  |
|   |   | New York, NY 10163-4668   |  |  |  |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  |   | outside of Texas. Complete Schedule T.<br>, TX, officeholder living expense<br><b>ervice</b> |  |  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought   | Office held  |  |  |  |  |  |  |
| - | Date  | Payee name  |  |  |  |  |  |  |  |
|   | 02/21/2023  | Acuity Scheduling   |  |  |  |  |  |  |  |
|   | Amount (\$)<br>\$26.65  | Payee address;City;State;Zip CodePO Box 4668 #64465   |  |  |  |  |  |  |  |
|   |   | New York, NY 10163-4668   |  |  |  |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  |   | outside of Texas. Complete Schedule T.<br>, TX, officeholder living expense<br><b>ervice</b> |  |  |  |  |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OF   | Candidate/Officeholder name Office sought   | Office held  |  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |  |  |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)  |   |        |   |  |  |  |  |
|---|--|---|--------|---|--|--|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment  | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |        |   |  |  |  |  |
| 1 | Total pages Schedule F1:   | ILER NAME   |        | 3 Filer ID (Ethics Commission Filers)   |  |  |  |  |
|   | Sch: 2/23 Rpt: 6/28  | erg, Janice L. (The Honorable)  |        | 00081820  |  |  |  |  |
| 4 | Date<br>03/20/2023   | 5 Payee name<br>Acuity Scheduling   |        |   |  |  |  |  |
| 6 | Amount (\$)<br>\$26.65   | ayee address; City; State; Zip<br>O Box 4668 #64465<br>Iew York, NY 10163-4668  | Code   |   |  |  |  |  |
| 8 | B       PURPOSE<br>OF<br>EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>Scheduling service |   |        |   |  |  |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF   | ndidate/Officeholder name Office  | sought | Office held   |  |  |  |  |
|   | Date   | ayee name   |        |   |  |  |  |  |
|   | 04/19/2023   | cuity Scheduling  |        |   |  |  |  |  |
|   | Amount (\$)<br>\$26.65   | ayee address; City; State; Zip<br>O Box 4668 #64465<br>Iew York, NY 10163-4668  | Code   |   |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE   | ategory (See Categories listed at the top of this schedule)<br>office Overhead/Rental Expense   |        | outside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense<br><b>ervice</b> |  |  |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OF  | ndidate/Officeholder name Office  | sought | Office held   |  |  |  |  |
|   | Date   | ayee name   |        |   |  |  |  |  |
|   | 05/19/2023   | cuity Scheduling  |        |   |  |  |  |  |
|   | Amount (\$)<br>\$26.65   | ayee address; City; State; Zip<br>O Box 4668 #64465   | Code   |   |  |  |  |  |
|   |  | lew York, NY 10163-4668   |        |   |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE   | ategory (See Categories listed at the top of this schedule)   |        | outside of Texas. Complete Schedule T.<br>h, TX, officeholder living expense<br><b>ervice</b> |  |  |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OF  | ndidate/Officeholder name Office  | sought | Office held   |  |  |  |  |
|   |  |   |        |   |  |  |  |  |

|                   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |                                   |  |            |   |  |                             |   |
|-------------------|---|-----------------------------------|--|------------|---|--|-----------------------------|---|
|                   | Advertising Expense     Event Expense     Loan Repayment/Reimbursement       Accounting/Banking     Fees     Office Overhead/Rental Expense       Consulting Expense     Food/Beverage Expense     Poling Expense       Contributions/ Donations Made By -     Gitt/Awards/Memorials Expense     Printing Expense       Candidate/Officeholder/Political Committee     Legal Services     Salaries/Wages/Contract Labor       Credit Card Payment     The Instruction Guide explains how to complete this form. |                                   |  |            | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |                             |   |
| 1                 | Total pages Schedule F1:  | 2                                 | FILER NAME   |            |   |  | 3                           | Filer ID (Ethics Commission Filers)                                     |
|                   | Sch: 3/23 Rpt: 7/28   |                                   | Berg, Janice L. (The Honorable)  |            |   |  |                             | 00081820  |
| 4                 | Date<br>06/20/2023  | 5 Payee name<br>Acuity Scheduling |  |            |   |  |                             |   |
| 6                 | 5 Amount (\$)         7 Payee address;         City;         State;         Zip Code           \$26.65         PO Box 4668 #64465         New York, NY 10163-4668   |                                   |  |            |   |  |                             |   |
| 8                 | 8       PURPOSE<br>OF<br>EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.<br>Image: Check if Austin, TX, officeholder living expense       Check if Austin, TX, officeholder living expense         Scheduling service  |                                   |  |            |   |  | officeholder living expense |   |
| 9                 | 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH   |                                   |  |            |   |  |                             | Office held   |
|                   | Date  |                                   | Payee name   |            |   |  |                             |   |
| 04/26/2023 Amazon |   |                                   |  |            |   |  |                             |   |
|                   | Amount (\$)Payee address;City;State;Zip Code\$46.51P.O. Box 81226   |                                   |  |            |   |  |                             |   |
|                   | PURPOSE<br>OF<br>EXPENDITURE  | (a)                               | Seattle, WA 98108<br>Category (See Categories listed at the top of this so<br>Office Overhead/Rental Expense | hedule)    | (b)   |  | , TX,                       | de of Texas. Complete Schedule T.<br>. officeholder living expense      |
|                   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |                                   | andidate/Officeholder name   | Office sou | ght   |  |                             | Office held   |
|                   | Date  |                                   | Payee name   |            |   |  |                             |   |
|                   | 03/09/2023  |                                   | American Bar Association   |            |   |  |                             |   |
|                   | Amount (\$)<br>\$235.00   |                                   | Payee address; City; State<br>321 N Clark St   | e; Zip Co  | ode   |  |                             |   |
|                   |   |                                   | Chicago, IL 60654  |            |   |  |                             |   |
|                   | PURPOSE<br>OF<br>EXPENDITURE  |                                   | Category (See Categories listed at the top of this so<br>Fees  | hedule)    | (b)   |  | , тх,                       | de of Texas. Complete Schedule T.<br>, officeholder living expense<br>S |
|                   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |                                   | andidate/Officeholder name   | Office sou | ight  |  |                             | Office held   |
|                   |   |                                   |  |            |   |  |                             |   |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |                                   |   |                |   |                             |        |  |
|---|---|-----------------------------------|---|----------------|---|-----------------------------|--------|--|
| Advertising Expense     Event Expense     Loan Repayment/Reimbursement       Accounting/Banking     Fees     Office Overhead/Rental Expense       Consulting Expense     Food/Beverage Expense     Polling Expense       Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee     Git/Awards/Memorials Expense     Printing Expense       Credit Card Payment     The Instruction Guide explains how to complete this form. |   |                                   |   |                | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |                             |        |  |
| 1   | Total pages Schedule F1:  | 2                                 | FILER NAME  |                |   |                             | 3      | Filer ID (Ethics Commission Filers)  |
|   | Sch: 4/23 Rpt: 8/28   |                                   | Berg, Janice L. (The Honorat                                      | ole)           |   |                             |        | 00081820   |
| 4   | Date<br>01/05/2023  | 5 Payee name<br>Black Walnut Cafe |   |                |   |                             |        |  |
| 6   | Amount (\$)<br>\$22.41  |                                   | Payee address; City;<br>5512 Memorial Dr<br>Houston, TX 77007     | State          | ; Zip Co  | le                          |        |  |
| 8   | B       PURPOSE<br>OF<br>EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>Bar association breakfast meeting |                                   |   |                |   | officeholder living expense |        |  |
| 9   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |                                   | andidate/Officeholder name  | (              | Office sou  | jht                         |        | Office held  |
|   | Date  |                                   | Payee name  |                |   |                             |        |  |
|   | 05/03/2023  |                                   | Black Walnut Cafe   |                |   |                             |        |  |
|   | Amount (\$)<br>\$21.49  |                                   | Payee address; City;<br>5512 Memorial Dr<br>Houston, TX 77007     | State          | ; Zip Co  | de                          |        |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  |                                   | Category (See Categories listed at the t<br>Food/Beverage Expense | op of this sch | nedule)   | Check if Austir             | n, TX, | ide of Texas. Complete Schedule T.<br>, officeholder living expense<br>breakfast meeting               |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |                                   | andidate/Officeholder name  | (              | Office sou  | Jht                         |        | Office held  |
|   | Date  |                                   | Payee name  |                |   |                             |        |  |
|   | 02/13/2023  |                                   | Brennans of Houston   |                |   |                             |        |  |
|   | Amount (\$)<br>\$19.32  |                                   | Payee address; City;<br>3300 Smith St                             | State          | ; Zip Co  | de                          |        |  |
|   |   |                                   | Houston, TX 77006   |                |   |                             |        |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  |                                   | Category (See Categories listed at the t<br>Food/Beverage Expense | op of this sch | nedule)   | Check if Austir             | n, TX, | ide of Texas. Complete Schedule T.<br>, officeholder living expense<br>ily Law Association CLE meeting |
|   | Complete ONLY if direct expenditure to benefit C/OF   |                                   | andidate/Officeholder name  | C              | Dffice sou  | jht                         |        | Office held  |
|   |   |                                   |   |                |   |                             |        |  |

|  | EXPENDITURE CATEGORIES FOR BOX 8(a)  |     |   |   |            |   |               |  |                  |
|--|--|-----|---|---|------------|---|---------------|--|------------------|
| Advertising Expense     Event Expense     Loan Repayment/Reimburseme       Accounting/Banking     Fees     Office Overhead/Rental Expense       Consulting Expense     Food/Beverage Expense     Polling Expense       Contributions/ Donations Made By -     Gift/Awards/Memorials Expense     Printing Expense       Candidate/Officeholder/Political Committee     Legal Services     Salaries/Wages/Contract Labor       Credit Card Payment     The Instruction Guide explains how to complete this form. |  |     |   | head/Rental Expense<br>ense<br>pense<br>ages/Contract Labor |            | Solicitation/Fundraising Expens<br>Transportation Equipment & Re<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not lis | lated Expense |  |                  |
| 1  | Total pages Schedule F1:   | 2   | FILER NAME  |   |            |   | 3             | Filer ID (Ethics Con   | nmission Filers) |
|  | Sch: 5/23 Rpt: 9/28  |     | Berg, Janice L. (The Honorable                                      | )   |            |   |               | 00081820   |                  |
| 4  | Date<br>01/13/2023   |     | Payee name<br>Central Market  |   |            |   |               |  |                  |
| 6  | Amount (\$)  | 7   | Payee address; City;  | State   | ; Zip Co   | de  |               |  |                  |
|  | \$205.68   |     | 3815 Westheimer Rd  |   |            |   |               |  |                  |
|  |  |     | Houston, TX 77027   |   |            |   |               |  |                  |
| 8  | <ul> <li>8 PURPOSE<br/>OF<br/>EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule)<br/>Event Expense</li> <li>(b) Description</li> <li>Check if taxel outside of Texas. Complete Schedule T.<br/>Check if Austin, TX, officeholder living expense<br/>Refreshments for court reporter retirement party</li> </ul> |     |   |   |            |   |               |  |                  |
| 9  | Complete <u>ONLY</u> if direct expenditure to benefit C/O  |     | andidate/Officeholder name  | C   | Office sou | Jht   |               | Office held  |                  |
|  | Date   |     | Payee name  |   |            |   |               |  |                  |
|  | 04/03/2023   |     | Craft Pita  |   |            |   |               |  |                  |
|  | Amount (\$)  |     | Payee address; City;  | State   | ; Zip Co   | de  |               |  |                  |
|  | \$109.82   |     | 1920 Fountain View Dr<br>Houston, TX 77057                          |   | · •        |   |               |  |                  |
|  | PURPOSE<br>OF<br>EXPENDITURE   | (a) | Category (See Categories listed at the top of Food/Beverage Expense | of this sch   | nedule)    |   |               | ide of Texas. Complete Schedule<br>, officeholder living expense | т.               |
|  | Complete <u>ONLY</u> if direct expenditure to benefit C/OF   |     | andidate/Officeholder name  | (   | Office sou | Jht   |               | Office held  |                  |
|  | Date   |     | Payee name  |   |            |   |               |  |                  |
|  | 01/19/2023   |     | Cyclone Anaya's   |   |            |   |               |  |                  |
|  | Amount (\$)<br>\$45.58   |     | Payee address; City;<br>1710 Durham Dr                              | State   | ; Zip Co   | de  |               |  |                  |
|  |  |     | Houston, TX 77007   |   |            |   |               |  |                  |
|  | PURPOSE<br>OF<br>EXPENDITURE   |     | Category (See Categories listed at the top of Food/Beverage Expense | of this sch   | nedule)    |   |               | ide of Texas. Complete Schedule<br>, officeholder living expense | т.               |
|  | Complete ONLY if direct expenditure to benefit C/OF  |     | andidate/Officeholder name  | (   | Dffice sou | yht   |               | Office held  |                  |
|  |  |     |   |   |            |   |               |  |                  |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)  |                                 |   |                |  |                            |        |  |                            |
|---|--|---------------------------------|---|----------------|--|----------------------------|--------|--|----------------------------|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment  |                                 | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expe<br>e Legal Services<br>The Instruction Guide |                | Office Over<br>Polling Expe<br>Printing Exp<br>Salaries/Wa | ense<br>ges/Contract Labor |        | Travel in District<br>Travel Out of Dist           | quipment & Related Expense |
| 1 | Total pages Schedule F1:   | 2 FIL                           | ER NAME   |                |  |                            | 3      | Filer ID   | (Ethics Commission Filers) |
|   | Sch: 6/23 Rpt: 10/28   |                                 | rg, Janice L. (The Honorabl   | e)             |  |                            |        | 00081820   |                            |
| 4 | Date<br>05/22/2023   | 5 Payee name<br>Cyclone Anaya's |   |                |  |                            |        |  |                            |
| 6 | 6 Amount (\$)       7 Payee address;       City;       State;       Zip Code         \$240.53       1710 Durham Dr         Houston, TX 77007   |                                 |   |                |  |                            |        |  |                            |
| 8 | 8       PURPOSE<br>OF<br>EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         Staff lunch |                                 |   |                |  |                            |        |  |                            |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O  |                                 | lidate/Officeholder name  | 0              | office soug  | ht                         |        | Office he  | ld                         |
|   | Date   | Pay                             | vee name  |                |  |                            |        |  |                            |
|   | 01/06/2023   | Dic                             | hos Taqueria  |                |  |                            |        |  |                            |
|   | Amount (\$)<br>\$18.76   | 614                             | ree address; City;<br>4 S Wayside Dr Ste 101<br>uston, TX 77011   | State;         | Zip Cod  | e                          |        |  |                            |
|   | PURPOSE<br>OF<br>EXPENDITURE   |                                 | egory (See Categories listed at the top<br>od/Beverage Expense  | p of this sche | edule) (   |                            | ı, ТХ, | ide of Texas. Comp<br>, officeholder living<br>aff |                            |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/O  |                                 | lidate/Officeholder name  | 0              | office soug  | ht                         |        | Office he  | ld                         |
|   | Date   | Pay                             | vee name  |                |  |                            |        |  |                            |
|   | 01/10/2023   |                                 | hos Taqueria  |                |  |                            |        |  |                            |
|   | Amount (\$)<br>\$21.75   |                                 | ree address; City;<br>4 S Wayside Dr Ste 101  | State;         | Zip Cod  | e                          |        |  |                            |
|   |  | Но                              | uston, TX 77011   |                |  |                            |        |  |                            |
|   | PURPOSE<br>OF<br>EXPENDITURE   |                                 | egory (See Categories listed at the top<br>od/Beverage Expense  | p of this sche | edule)   |                            | ı, ТХ, | ide of Texas. Comp<br>, officeholder living<br>aff |                            |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/O  |                                 | lidate/Officeholder name  | 0              | office soug  | ht                         |        | Office he  | ld                         |
|   |  |                                 |   |                |  |                            |        |  |                            |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)                        |                                   |  |           |                               |       |   |  |
|---|--|-----------------------------------|--|-----------|-------------------------------|-------|---|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By -<br>Candidate/Officeholder/Political C<br>Credit Card Payment  |  |                                   |  |           |                               |       |   |  |
| 1   | Total pages Schedule F1:                                   | 2                                 | FILER NAME   |           |                               | 3     | Filer ID (Ethics Commission Filers)   |  |
|   | Sch: 7/23 Rpt: 11/28                                       |                                   | Berg, Janice L. (The Honorable)  |           |                               |       | 00081820  |  |
| 4   | Date<br>01/09/2023   | 5 Payee name<br>Events by Lindsay |  |           |                               |       |   |  |
| 6   | Amount (\$)  | 7                                 | Payee address; City; State;  | Zip Co    | le                            |       |   |  |
| -   | \$81.19 \$517 Broadway St # L<br>Pearland, TX 77581        |                                   |  |           |                               |       |   |  |
| 8   | PURPOSE  | (a)                               | Catagony   |           | (h) Decoription               |       |   |  |
| 8       PURPOSE         OF         EXPENDITURE    (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refreshments for court reporter retirement party |  |                                   |  |           | , officeholder living expense |       |   |  |
| 9   | Complete <u>ONLY</u> if direct expenditure to benefit C/O  |                                   | Candidate/Officeholder name O  | ffice sou | ht                            |       | Office held   |  |
|   | Date   |                                   | Payee name   |           |                               |       |   |  |
|   | 01/13/2023   |                                   | Events by Lindsay  |           |                               |       |   |  |
|   | Amount (\$)  | -                                 | Payee address; City; State;  | Zip Co    | le                            |       |   |  |
|   | \$81.19  |                                   | 5517 Broadway St # L<br>Pearland, TX 77581                                       | F         |                               |       |   |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | (a)                               | Category (See Categories listed at the top of this sche<br>Food/Beverage Expense | edule)    | Check if Austir               | n, TX | ide of Texas. Complete Schedule T.<br>, officeholder living expense<br>Dr court reporter retirement party |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF |                                   | Candidate/Officeholder name O  | ffice sou | ht                            |       | Office held   |  |
| _   | Date   |                                   | Payee name   |           |                               |       |   |  |
|   | 01/09/2023   |                                   | Frank's Pizza  |           |                               |       |   |  |
|   | Amount (\$)<br>\$57.00                                     |                                   | Payee address;City;State;417 Travis St.  | Zip Co    | le                            |       |   |  |
|   |  |                                   | Houston, TX 77002  |           |                               |       |   |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | (a)                               | Category (See Categories listed at the top of this sche<br>Food/Beverage Expense | edule)    |                               |       | ide of Texas. Complete Schedule T.<br>, officeholder living expense                                       |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/O  |                                   | Candidate/Officeholder name O  | ffice sou | ht                            |       | Office held   |  |
|   |  |                                   |  |           |                               |       |   |  |

|   |   |                  | EXPENDITUR   | E CATEGOR | RIES FOR  | BOX 8(a)                   |        |  |                       |
|---|---|------------------|--|-----------|---|----------------------------|--------|--|-----------------------|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Committee        | Event Expense<br>Fees<br>Food/Beverage Expens<br>Gift/Awards/Memorials<br>Legal Services<br>The Instruction Gu | Expense   | Office Overh<br>Polling Expe<br>Printing Exp<br>Salaries/Wa | ense<br>ges/Contract Labor |        | Solicitation/Fundraising<br>Transportation Equipme<br>Travel in District<br>Travel Out of District<br>OTHER (enter a categor | ent & Related Expense |
| 1 | Total pages Schedule F1:  | 2 FILER          | NAME   |           |   |                            | 3      | Filer ID (Ethi   | cs Commission Filers) |
|   | Sch: 8/23 Rpt: 12/28  |                  | Janice L. (The Honor   | able)     |   |                            |        | 00081820   |                       |
| 4 | Date<br>02/06/2023  | 5 Payee<br>Frank | name<br>ie + Flora   |           |   |                            |        |  |                       |
| 6 | Amount (\$)<br>\$400.47   | 2015             | address; City;<br>W 34th St Suite H<br>on, TX 77018  | State;    | Zip Cod   | e                          |        |  |                       |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  |                  | Dry (See Categories listed at th<br>wards/Memorials Exp  |           | edule) (  |                            | n, TX, | de of Texas. Complete So<br>officeholder living expens<br>I flowers  |                       |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candida          | te/Officeholder name   | C         | Office soug   | nt                         |        | Office held  |                       |
|   | Date  | Payee            | name   |           |   |                            |        |  |                       |
|   | 01/10/2023  | HEB              |  |           |   |                            |        |  |                       |
|   | Amount (\$)<br>\$69.15  | -                | address; City;<br>Pearland Pkwy  | State;    | Zip Cod   | e                          |        |  |                       |
|   |   | Pearla           | and, TX 77581  |           |   |                            |        |  |                       |
|   | PURPOSE<br>OF<br>EXPENDITURE  |                  | Dry (See Categories listed at th<br>Overhead/Rental Exp  |           | edule) (  |                            | ı, TX, | de of Texas. Complete So<br>officeholder living expens<br>r jury room  |                       |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candida          | te/Officeholder name   | С         | Office soug   | nt                         |        | Office held  |                       |
|   | Date  | Payee            | name   |           |   |                            |        |  |                       |
|   | 01/20/2023  | Harris           | County Democratic F  | Party     |   |                            |        |  |                       |
|   | Amount (\$)<br>\$35.00  |                  | address; City;<br>Lyons Avenue   | State;    | Zip Cod   | e                          |        |  |                       |
|   |   | Houst            | on, TX 77020   |           |   |                            |        |  |                       |
|   | PURPOSE<br>OF<br>EXPENDITURE  | Contri           | Dry (See Categories listed at the butions/Donations Ma date/Officeholder/Poli                                  | ide By    | ,   |                            | ı, TX, | de of Texas. Complete So<br>officeholder living expens<br>bership dues   |                       |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candida          | te/Officeholder name   | C         | Office soug   | nt                         |        | Office held  |                       |
|   |   |                  |  |           |   |                            |        |  |                       |

|   |   |     | EXPENDITURE CATEGORIE   | ES FOR  | BOX 8(a)   |       |   |  |  |  |
|---|---|-----|---|---|--|-------|---|--|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |     | Fees O<br>Food/Beverage Expense P<br>Gift/Awards/Memorials Expense P          | Office Overh<br>Polling Expe<br>Printing Exp<br>Salaries/Wa | ense<br>ges/Contract Labor   |       | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |  |
| 1 | Total pages Schedule F1:  | 2   |   |   | ·  | 3     | Filer ID (Ethics Commission Filers)   |  |  |  |
|   | Sch: 9/23 Rpt: 13/28  |     | Berg, Janice L. (The Honorable)   |   |  |       | 00081820  |  |  |  |
| 4 | Date  | 5   | Payee name  |   |  |       |   |  |  |  |
|   | 02/21/2023  |     | Harris County Democratic Party  |   |  |       |   |  |  |  |
| 6 | Amount (\$)   | 7   | Payee address; City; State; Z   | Zip Cod   | е  |       |   |  |  |  |
|   | \$35.00   |     | 4619 Lyons Avenue   |   |  |       |   |  |  |  |
|   |   |     |   |   |  |       |   |  |  |  |
|   | Houston, TX 77020   |     |   |   |  |       |   |  |  |  |
| 8 | PURPOSE   | (a) | Category (See Categories listed at the top of this schedu                     | (h)   | b) Description   |       |   |  |  |  |
| ľ | OF  | (~) | Contributions/Donations Made By   | ule)  |  | outsi | de of Texas. Complete Schedule T.   |  |  |  |
|   | EXPENDITURE   |     | Candidate/Officeholder/Political Committee                                    | ee  | Check if Austin  | , TX  | officeholder living expense   |  |  |  |
|   |   |     |   |   | Sustaining m   | em    | bership dues  |  |  |  |
|   |   |     |   |   |  |       |   |  |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |     | Candidate/Officeholder name Office sought Office held                         |   |  |       |   |  |  |  |
| ⊨ | Date  |     | Payee name  |   |  |       |   |  |  |  |
|   | 03/20/2023  |     | Harris County Democratic Party  |   |  |       |   |  |  |  |
|   |   |     |   |   |  |       |   |  |  |  |
|   | Amount (\$)   |     | Payee address; City; State; Z   | Zip Cod   | e  |       |   |  |  |  |
|   | \$35.00   |     | 4619 Lyons Avenue   |   |  |       |   |  |  |  |
|   |   |     | Houston, TX 77020   |   |  |       |   |  |  |  |
|   | DUDDOSE   |     |   |   |  |       |   |  |  |  |
|   | PURPOSE<br>OF   | (a) | Category (See Categories listed at the top of this schedu                     | ule)  | b) Description<br>Check if travel  | outsi | de of Texas, Complete Schedule T  |  |  |  |
|   | EXPENDITURE   |     | Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | ee  | Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense |       |   |  |  |  |
|   |   |     |   |   | Sustaining membership dues   |       |   |  |  |  |
|   |   |     |   |   |  |       |   |  |  |  |
|   | Complete ONLY if direct   | . ( | Candidate/Officeholder name Offi  | Office held   |  |       |   |  |  |  |
|   | expenditure to benefit C/OF   | Η   |   |   |  |       |   |  |  |  |
|   | Date  |     | Payee name  |   |  |       |   |  |  |  |
|   | 04/20/2023  |     | Harris County Democratic Party  |   |  |       |   |  |  |  |
|   | Amount (\$)   |     | Payee address; City; State; Z   | Zip Cod   | e  |       |   |  |  |  |
|   | \$35.00   |     | 4619 Lyons Avenue   |   |  |       |   |  |  |  |
|   |   |     |   |   |  |       |   |  |  |  |
|   |   |     | Houston, TX 77020   |   |  |       |   |  |  |  |
|   | PURPOSE   | (a) | Category (See Categories listed at the top of this schedu                     | ule) (  | b) Description   |       |   |  |  |  |
|   | OF<br>EXPENDITURE   |     | Contributions/Donations Made By   |   |  |       | de of Texas. Complete Schedule T.   |  |  |  |
|   | EXPENDITORE   |     | Candidate/Officeholder/Political Committee                                    | ee  |  |       | officeholder living expense   |  |  |  |
|   |   |     |   |   | Sustaining m   | em    | bership dues  |  |  |  |
|   |   |     |   |   |  |       |   |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |     | Candidate/Officeholder name Offi  | ice soug  | nt   |       | Office held   |  |  |  |
|   |   | 1   |   |   |  |       |   |  |  |  |
|   |   |     |   |   |  |       |   |  |  |  |
|   |   |     |   |   |  |       |   |  |  |  |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |  |   |  |  |        |   |  |  |  |
|---|---|--|---|--|--|--------|---|--|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide explains | Office Ove<br>Polling Exp<br>Printing Ex<br>Salaries/W | oense<br>ages/Contract Labor   |        | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |  |
| 1 | Total pages Schedule F1:  | 2  | FILER NAME  |  |  | 3      | Filer ID (Ethics Commission Filers)   |  |  |  |
|   | Sch: 10/23 Rpt: 14/28   |  | Berg, Janice L. (The Honorable)   |  |  |        | 00081820  |  |  |  |
| 4 | Date  | 5  | Payee name  |  |  |        |   |  |  |  |
|   | 05/22/2023  |  | Harris County Democratic Party  |  |  |        |   |  |  |  |
| 6 | Amount (\$)   | 7  | Payee address; City; State  | ; Zip Co   | le   |        |   |  |  |  |
|   | \$35.00   |  | 4619 Lyons Avenue   |  |  |        |   |  |  |  |
|   |   |  |   |  |  |        |   |  |  |  |
|   |   |  | Houston, TX 77020   |  |  |        |   |  |  |  |
| 8 | PURPOSE   | (a)  | Category (See Categories listed at the top of this sch  | eluber   | (b) Description  |        |   |  |  |  |
|   | OF  | ľ  | Contributions/Donations Made By   | ieuuie)  |  | outs   | ide of Texas. Complete Schedule T.  |  |  |  |
|   | EXPENDITURE   |  | Candidate/Officeholder/Political Comm   | nittee   | Check if Austin  | , тх   | , officeholder living expense   |  |  |  |
|   |   |  |   |  | Sustaining m   | em     | bership dues  |  |  |  |
|   |   |  |   |  |  |        |   |  |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI  |  | Candidate/Officeholder name (   | Office sou   | ht   |        | Office held   |  |  |  |
|   | Date  |  | Payee name  |  |  |        |   |  |  |  |
|   | 06/21/2023  |  | Harris County Democratic Party  |  |  |        |   |  |  |  |
| ⊢ | Amount (\$)   |  | Payee address; City; State  | ; Zip Co   | le   |        |   |  |  |  |
|   | \$35.00   |  | 4619 Lyons Avenue   | , <u></u> p ee.  |  |        |   |  |  |  |
|   | \$60.00   |  |   |  |  |        |   |  |  |  |
|   |   |  | Houston, TX 77020   |  |  |        |   |  |  |  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description |   |  |  |        |   |  |  |  |
|   | OF<br>EXPENDITURE   |  | Contributions/Donations Made By   |  | Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense |        |   |  |  |  |
|   |   |  | Candidate/Officeholder/Political Comm   | nittee   | Sustaining membership dues   |        |   |  |  |  |
|   |   |  |   | ibership dues  |  |        |   |  |  |  |
|   | Complete ONLY if direct   |  | Candidate/Officeholder name   | Office sou   | ht   |        | Office held   |  |  |  |
|   | expenditure to benefit C/OI   |  |   |  | int.   |        |   |  |  |  |
| _ | Date  | 1  | Payee name  |  |  |        |   |  |  |  |
|   | 01/09/2023  |  | Hobby Lobby   |  |  |        |   |  |  |  |
|   |   | -  |   | 7: 0   | 1-   |        |   |  |  |  |
|   | Amount (\$)   |  |   | ; Zip Co   | le   |        |   |  |  |  |
|   | \$60.39   |  | 2808 Business Center Dr   |  |  |        |   |  |  |  |
|   |   |  |   |  |  |        |   |  |  |  |
|   |   |  | Pearland, TX 77584  |  |  |        |   |  |  |  |
|   | PURPOSE   | (a)  | Category (See Categories listed at the top of this sch  | nedule)  | (b) Description  |        |   |  |  |  |
|   | OF<br>EXPENDITURE   |  | Event Expense   |  |  |        | ide of Texas. Complete Schedule T.  |  |  |  |
|   | -   |  |   |  |  |        | , officeholder living expense   |  |  |  |
|   |   |  |   |  |  | ai t l | reporter retirement party   |  |  |  |
|   | Complete ONIL V Stationers  | Ľ  | Condidata/Officabaldar rama   |  | ht   |        | Office hold   |  |  |  |
|   | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI   |  | Candidate/Officeholder name   | Office sou   | m  |        | Office held   |  |  |  |
|   |   |  |   |  |  |        |   |  |  |  |
|   |   |  |   |  |  |        |   |  |  |  |
|   |   |  |   |  |  |        |   |  |  |  |

|   |   |     | EXPENDITURE CATEGOR   | RIES FOR   | BOX 8(a)                     |       |   |  |
|---|---|-----|---|--|------------------------------|-------|---|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment   |     | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide explains I | Office Ove<br>Polling Exp<br>Printing Ex<br>Salaries/W | pense<br>ages/Contract Labor |       | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |
| 1 | Total pages Schedule F1:  | 2   | FILER NAME  |  |                              | 3     | Filer ID (Ethics Commission Filers)   |  |
|   | Sch: 11/23 Rpt: 15/28   |     | Berg, Janice L. (The Honorable)   |  |                              |       | 00081820  |  |
| 4 | Date<br>03/03/2023  | 5   | Payee name<br>Home Slice Pizza  |  |                              |       |   |  |
| 6 | Amount (\$)<br>\$46.40  | 7   | Payee address; City; State;<br>3701 Travis St<br>Houston, TX 77002  | Zip Co   | le                           |       |   |  |
| 8 | <ul> <li>8 PURPOSE<br/>OF<br/>EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule)<br/>Food/Beverage Expense</li> <li>(b) Description<br/>Check if travel outside of Texas. Complete Schedule T.<br/>Check if Austin, TX, officeholder living expense<br/>Pizza for staff</li> </ul> |     |   |  |                              |       |   |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |     | Candidate/Officeholder name C   | Office sou   | yht                          |       | Office held   |  |
|   | Date  |     | Payee name  |  |                              |       |   |  |
|   | 03/30/2023  |     | Home Slice Pizza  |  |                              |       |   |  |
|   | Amount (\$)<br>\$49.32  |     | 3701 Travis St  | Zip Co   | de                           |       |   |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  | (a) | Houston, TX 77002<br>Category (See Categories listed at the top of this sche<br>Food/Beverage Expense                                 | edule)   |                              | , TX, | de of Texas. Complete Schedule T.<br>officeholder living expense  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |     | Candidate/Officeholder name C   | Office sou   | ŋht                          |       | Office held   |  |
|   | Date  |     | Payee name  |  |                              |       |   |  |
|   | 04/20/2023  |     | Houston Bar Sections  |  |                              |       |   |  |
|   | Amount (\$)<br>\$40.00  |     | Payee address; City; State;<br>1111 Bagby St.<br>#200<br>Houston, TX 77002  | Zip Co   | de                           |       |   |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  | (a) | Category (See Categories listed at the top of this sche<br>Fees   | edule)   |                              | , тх, | de of Texas. Complete Schedule T.<br>officeholder living expense<br>2 <b>S</b>  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |     | Candidate/Officeholder name C   | Office sou   | Jht                          |       | Office held   |  |
|   |   |     |   |  |                              |       |   |  |

|   |   |     | EXPENDITURE CATEGOR  | RIES FOR   | BOX 8(a) |       |   |
|---|---|-----|--|------------|----------|-------|---|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |     |  |            |          |       | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1:  | 2   | FILER NAME   |            |          | 3     | Filer ID (Ethics Commission Filers)   |
|   | Sch: 12/23 Rpt: 16/28   |     | Berg, Janice L. (The Honorable)  |            |          |       | 00081820  |
| 4 | Date<br>02/06/2023  | 5   | Payee name<br>Isabella's Snack Bar   |            |          |       |   |
| 6 | Amount (\$)<br>\$24.90  | 7   | Payee address; City; State;<br>1200 Congress St<br>Houston, TX 77002             | Zip Co     | le       |       |   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  | (a) | Category (See Categories listed at the top of this sche<br>Food/Beverage Expense | edule)     |          |       | ide of Texas. Complete Schedule T.<br>, officeholder living expense   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |     | Candidate/Officeholder name C  | Office sou | ht       |       | Office held   |
|   | Date  |     | Payee name   |            |          |       |   |
|   | 06/14/2023  |     | Jimmy John's   |            |          |       |   |
|   | Amount (\$)<br>\$86.60  |     | Payee address; City; State;<br>820 Main St.<br>Houston, TX 77002                 | Zip Co     | le       |       |   |
|   | PURPOSE<br>OF<br>EXPENDITURE  | (a) | Category (See Categories listed at the top of this sche<br>Food/Beverage Expense | edule)     |          |       | ide of Texas. Complete Schedule T.<br>, officeholder living expense   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |     | Candidate/Officeholder name C  | Office sou | ht       |       | Office held   |
|   | Date  |     | Payee name   |            |          |       |   |
|   | 02/06/2023  |     | Krisp  |            |          |       |   |
|   | Amount (\$)<br>\$64.80  |     | Payee address; City; State;<br>9486 Long Point Rd                                | Zip Co     | le       |       |   |
|   |   |     | Houston, TX 77055  |            |          |       |   |
|   | PURPOSE<br>OF<br>EXPENDITURE  | (a) | Category (See Categories listed at the top of this sche<br>Food/Beverage Expense | edule)     |          | ı, TX | ide of Texas. Complete Schedule T.<br>, officeholder living expense<br>P <b>r</b>   |
|   | Complete ONLY if direct expenditure to benefit C/OF   |     | Candidate/Officeholder name C  | )ffice sou | ht       |       | Office held   |
|   |   |     |  |            |          |       |   |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)  |   |  |   |                              |        |   |  |  |
|---|--|---|--|---|------------------------------|--------|---|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment  |   | Event Expense<br>Fees<br>Food/Beverage Expense<br>Git/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide explains h | Office Over<br>Polling Exp<br>Printing Ex<br>Salaries/W | oense<br>ages/Contract Labor |        | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |
| 1 | Total pages Schedule F1:   | 2   | FILER NAME   |   |                              | 3      | Filer ID (Ethics Commission Filers)   |  |  |
|   | Sch: 13/23 Rpt: 17/28  |   | Berg, Janice L. (The Honorable)  |   |                              |        | 00081820  |  |  |
| 4 | Date<br>03/10/2023   |   | Payee name<br>Meyerland Area Democrats   |   |                              |        |   |  |  |
| 6 | Amount (\$)<br>\$36.00   |   | Payee address; City; State;<br>P.O. Box 310061<br>Houston, TX 77035  | Zip Coo   | le                           |        |   |  |  |
| 8 | <ul> <li>B PURPOSE<br/>OF<br/>EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule)<br/>Contributions/Donations Made By<br/>Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>(b) Description</li> <li>(check if tavel outside of Texas. Complete Schedule T.</li> <li>(check if Austin, TX, officeholder living expense<br/>Membership dues</li> </ul> </li> </ul> |   |  |   |                              |        |   |  |  |
| 9 | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF  |   | Candidate/Officeholder name Of   | ffice sou   | ht                           |        | Office held   |  |  |
|   | Date   |   | Payee name   |   |                              |        |   |  |  |
|   | 01/05/2023   |   | Piola  |   |                              |        |   |  |  |
|   | Amount (\$)       Payee address;       City;       State;       Zip Code         \$41.31       3201 Louisiana St Suite #103       Houston, TX 77006  |   |  |   |                              |        |   |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE   | <ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Staff lunch</li> </ul> |  |   |                              |        |   |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OF  |   | Candidate/Officeholder name Of   | ffice souc  | ht                           |        | Office held   |  |  |
|   | Date   |   | Payee name   |   |                              |        |   |  |  |
|   | 02/01/2023   |   | RallyPay   |   |                              |        |   |  |  |
|   | Amount (\$)<br>\$30.80   |   | Payee address; City; State;<br>995 Market Street, 2nd Floor  | Zip Coo   | le                           |        |   |  |  |
|   |  |   | San Francisco, CA 94105  |   |                              |        |   |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE   | (a)   | Category (See Categories listed at the top of this scheres   | dule)   |                              | ı, ТХ, | de of Texas. Complete Schedule T.<br>officeholder living expense<br>essing fees   |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF   |   | Candidate/Officeholder name Of   | ffice souç  | ht                           |        | Office held   |  |  |
|   |  |   |  |   |                              |        |   |  |  |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |   |   |   |                              |        |   |  |  |  |  |
|---|---|---|---|---|------------------------------|--------|---|--|--|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide explains h | Office Over<br>Polling Exp<br>Printing Ex<br>Salaries/W | oense<br>ages/Contract Labor |        | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |  |  |
| 1 | Total pages Schedule F1:  | 2 | FILER NAME  |   |                              | 3      | Filer ID (Ethics Commission Filers)   |  |  |  |  |
|   | Sch: 14/23 Rpt: 18/28   |   | Berg, Janice L. (The Honorable)   |   |                              |        | 00081820  |  |  |  |  |
| 4 | Date<br>03/02/2023  |   | Payee name<br>RallyPay  |   |                              |        |   |  |  |  |  |
| 6 | Amount (\$)<br>\$80.80  |   | Payee address; City; State;<br>995 Market Street, 2nd Floor<br>San Francisco, CA 94105  | Zip Coo   | le                           |        |   |  |  |  |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  |   | Category (See Categories listed at the top of this scher<br>Fees  | dule)   |                              | n, TX, | ide of Texas. Complete Schedule T.<br>, officeholder living expense<br>essing fees  |  |  |  |  |
| 9 | Complete ONLY if direct expenditure to benefit C/OF   |   | andidate/Officeholder name Of   | ffice souç  | ht                           |        | Office held   |  |  |  |  |
|   | Date  |   | Payee name  |   |                              |        |   |  |  |  |  |
|   | 01/26/2023  |   | Romano's Pizza  |   |                              |        |   |  |  |  |  |
|   | Amount (\$)<br>\$53.23  |   | Payee address; City; State;<br>1528 W Gray St   | Zip Coo   | le                           |        |   |  |  |  |  |
|   |   |   | Houston, TX 77019   |   |                              |        |   |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  |   | Category (See Categories listed at the top of this schere<br>Food/Beverage Expense  | dule)   |                              | n, TX, | ide of Texas. Complete Schedule T.<br>, officeholder living expense   |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |   | andidate/Officeholder name Of   | ffice sou   | ht                           |        | Office held   |  |  |  |  |
|   | Date  |   | Payee name  |   |                              |        |   |  |  |  |  |
|   | 04/05/2023  |   | Roostar   |   |                              |        |   |  |  |  |  |
|   | Amount (\$)<br>\$80.46  |   | Payee address;City;State;2929 Navigation Blvd Suite 190   | Zip Coo   | le                           |        |   |  |  |  |  |
|   |   |   | Houston, TX 77003   |   |                              |        |   |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  |   | Category (See Categories listed at the top of this sche<br>Food/Beverage Expense  | dule)   |                              |        | ide of Texas. Complete Schedule T.<br>, officeholder living expense   |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |   | andidate/Officeholder name Of   | ffice souç  | ht                           |        | Office held   |  |  |  |  |
|   |   |   |   |   |                              |        |   |  |  |  |  |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |     |  |  |  |  |  |  |  |
|---|---|-----|--|--|--|--|--|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |     | Event Expense     Loan Repayment/Reinbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District       Legal Services     Salaries/Wages/Contract Labor     OTHER (enter a category not listed above) |  |  |  |  |  |  |
| 1 | Total pages Schedule F1:  | 2   | FILER NAME 3 Filer ID (Ethics Commission Filers)   |  |  |  |  |  |  |
|   | Sch: 15/23 Rpt: 19/28   |     | Berg, Janice L. (The Honorable) 00081820   |  |  |  |  |  |  |
| 4 | Date  | 5   | Payee name   |  |  |  |  |  |  |
|   | 01/30/2023  |     | Southwest Democrats  |  |  |  |  |  |  |
| 6 | Amount (\$)   | 7   | Payee address; City; State; Zip Code   |  |  |  |  |  |  |
|   | \$10.00   |     | P.O. Box 2053  |  |  |  |  |  |  |
|   |   |     |  |  |  |  |  |  |  |
|   |   |     | Bellaire, TX 77402-2053  |  |  |  |  |  |  |
| 8 | PURPOSE   | (a) | Category (See Categories listed at the top of this schedule) (b) Description   |  |  |  |  |  |  |
|   | OF  |     | Contributions/Donations Made By  |  |  |  |  |  |  |
|   | EXPENDITURE   |     | Candidate/Officeholder/Political Committee   |  |  |  |  |  |  |
|   |   |     | Sustaining membership dues   |  |  |  |  |  |  |
|   |   |     |  |  |  |  |  |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI  |     | Candidate/Officeholder name Office sought Office held  |  |  |  |  |  |  |
|   | Date  |     | Payee name   |  |  |  |  |  |  |
|   | 03/01/2023  |     | Southwest Democrats  |  |  |  |  |  |  |
|   | Amount (\$)   |     | Payee address; City; State; Zip Code   |  |  |  |  |  |  |
|   | \$10.00   |     | P.O. Box 2053  |  |  |  |  |  |  |
|   | ΦΤ0.00  |     | F:0. B0X 2000  |  |  |  |  |  |  |
|   |   |     | Bellaire, TX 77402-2053  |  |  |  |  |  |  |
|   | PURPOSE   | (a) | Category (See Categories listed at the top of this schedule) (b) Description   |  |  |  |  |  |  |
|   | OF<br>EXPENDITURE   |     | Contributions/Donations Made By  |  |  |  |  |  |  |
|   | EXPENDITORE   |     | Candidate/Officeholder/Political Committee   |  |  |  |  |  |  |
|   |   |     | Sustaining membership dues   |  |  |  |  |  |  |
|   |   |     |  |  |  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OI  |     | Candidate/Officeholder name Office sought Office held  |  |  |  |  |  |  |
|   |   | _   |  |  |  |  |  |  |  |
|   | Date  |     | Payee name   |  |  |  |  |  |  |
|   | 03/29/2023  |     | Southwest Democrats  |  |  |  |  |  |  |
|   | Amount (\$)   |     | Payee address; City; State; Zip Code   |  |  |  |  |  |  |
|   | \$10.00   |     | P.O. Box 2053  |  |  |  |  |  |  |
|   |   |     |  |  |  |  |  |  |  |
|   |   |     | Bellaire, TX 77402-2053  |  |  |  |  |  |  |
|   | PURPOSE   | (a) | Category (See Categories listed at the top of this schedule) (b) Description   |  |  |  |  |  |  |
|   | OF<br>EXPENDITURE   |     | Contributions/Donations Made By  |  |  |  |  |  |  |
|   |   |     | Candidate/Officeholder/Political Committee   |  |  |  |  |  |  |
|   |   |     | Sustaining membership dues   |  |  |  |  |  |  |
| L |   |     |  |  |  |  |  |  |  |
|   | Complete ONLY if direct   |     | Candidate/Officeholder name Office sought Office held  |  |  |  |  |  |  |
|   | expenditure to benefit C/OI   | Н   |  |  |  |  |  |  |  |
|   |   |     |  |  |  |  |  |  |  |
|   |   |     |  |  |  |  |  |  |  |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |     |  |   |  |  |  |  |  |
|---|---|-----|--|---|--|--|--|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |     | Event Expense     Loan Repayment/Reinbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Gift/Awards/Memorials Expense     Printing Expense     Travel out of District       Legal Services     Salaries/Wages/Contract Labor     OTHER (enter a category not listed above) |   |  |  |  |  |  |
| 1 | Total pages Schedule F1:  | 2   | FILER NAME <b>3</b> Filer ID (Ethics Commission Filers)  | ┨ |  |  |  |  |  |
|   | Sch: 16/23 Rpt: 20/28   |     | Berg, Janice L. (The Honorable) 00081820   |   |  |  |  |  |  |
| 4 | Date  | 5   | Payee name   |   |  |  |  |  |  |
|   | 05/01/2023  |     | Southwest Democrats  |   |  |  |  |  |  |
| 6 | Amount (\$)   | 7   | Payee address; City; State; Zip Code   |   |  |  |  |  |  |
|   | \$10.00   |     | P.O. Box 2053  |   |  |  |  |  |  |
|   |   |     |  |   |  |  |  |  |  |
|   |   |     | Bellaire, TX 77402-2053  |   |  |  |  |  |  |
| 8 | PURPOSE   | (a) | Category (See Categories listed at the top of this schedule) (b) Description   |   |  |  |  |  |  |
|   | OF  |     | Contributions/Donations Made By  |   |  |  |  |  |  |
|   | EXPENDITURE   |     | Candidate/Officeholder/Political Committee   |   |  |  |  |  |  |
|   |   |     | Sustaining membership dues   |   |  |  |  |  |  |
|   |   |     |  |   |  |  |  |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI  |     | Candidate/Officeholder name Office sought Office held  |   |  |  |  |  |  |
|   | Date  |     | Payee name   |   |  |  |  |  |  |
|   | 05/30/2023  |     | Southwest Democrats  |   |  |  |  |  |  |
|   | Amount (\$)   |     | Payee address; City; State; Zip Code   | - |  |  |  |  |  |
|   | \$10.00   |     | P.O. Box 2053  |   |  |  |  |  |  |
|   | ΦΤ0.00  |     | P.O. B0X 2005  |   |  |  |  |  |  |
|   |   |     | Bellaire, TX 77402-2053  |   |  |  |  |  |  |
|   | PURPOSE   | (a) | Category (See Categories listed at the top of this schedule) (b) Description   |   |  |  |  |  |  |
|   | OF<br>EXPENDITURE   |     | Contributions/Donations Made By  |   |  |  |  |  |  |
|   |   |     | Candidate/Officeholder/Political Committee   |   |  |  |  |  |  |
|   |   |     | Sustaining membership dues   |   |  |  |  |  |  |
|   |   |     |  |   |  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OI  |     | Candidate/Officeholder name Office sought Office held  |   |  |  |  |  |  |
|   | <b>D</b> :  | _   |  | 4 |  |  |  |  |  |
|   | Date  |     | Payee name   |   |  |  |  |  |  |
|   | 06/30/2023  |     | Southwest Democrats  |   |  |  |  |  |  |
|   | Amount (\$)   |     | Payee address; City; State; Zip Code   |   |  |  |  |  |  |
|   | \$10.00   |     | P.O. Box 2053  |   |  |  |  |  |  |
|   |   |     |  |   |  |  |  |  |  |
|   |   |     | Bellaire, TX 77402-2053  |   |  |  |  |  |  |
|   | PURPOSE   | (a) | Category (See Categories listed at the top of this schedule) (b) Description   |   |  |  |  |  |  |
|   | OF<br>EXPENDITURE   |     | Contributions/Donations Made By  |   |  |  |  |  |  |
|   |   |     | Candidate/Officeholder/Political Committee   |   |  |  |  |  |  |
|   |   |     | Sustaining membership dues   |   |  |  |  |  |  |
|   |   |     |  |   |  |  |  |  |  |
|   | Complete ONLY if direct   |     | Candidate/Officeholder name Office sought Office held  |   |  |  |  |  |  |
|   | expenditure to benefit C/OI   | Н   |  |   |  |  |  |  |  |
|   |   |     |  | ٦ |  |  |  |  |  |
|   |   |     |  |   |  |  |  |  |  |

|   |   |   | EXPENDIT  | JRE CATEGO             | RIES FOR   | BOX 8(a) |        |   |                                |
|---|---|---|---|------------------------|------------|----------|--------|---|--------------------------------|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Fees         Office Overhead/Rental Expense         Transportation           Food/Beverage Expense         Polling Expense         Travel in Distr           y -         Gift/Awards/Memorials Expense         Printing Expense         Travel Out of I |   |                        |            |          |        | Travel in District<br>Travel Out of Dis               | quipment & Related Expense     |
| 1 | Total pages Schedule F1:  | 2 FIL   | FILER NAME 3 Fi   |                        |            |          |        | Filer ID  | (Ethics Commission Filers)     |
|   | Sch: 17/23 Rpt: 21/28   |   | rg, Janice L. (The Hor                                      | norable)               |            |          |        | 00081820  |                                |
| 4 | Date<br>04/11/2023  |   | vee name<br>ar Pizza  |                        |            |          |        |   |                                |
| 6 | Amount (\$)<br>\$81.57  | 77  | vee address; City;<br>Harvard St<br>uston, TX 77007         | State;                 | ; Zip Co   | le       |        |   |                                |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  |   | tegory (See Categories listed<br>od/Beverage Expense        | at the top of this sch | edule)     |          |        | de of Texas. Com<br>officeholder living               |                                |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |   | didate/Officeholder name                                    | C                      | Office sou | ıht      |        | Office he   | əld                            |
|   | Date  | Pa  | /ee name  |                        |            |          |        |   |                                |
|   | 03/27/2023  | Sta   | ate Bar of Texas  |                        |            |          |        |   |                                |
|   | Amount (\$)<br>\$200.00   | 14  | vee address; City;<br>14 Colorado Street<br>uston, TX 78701 | State;                 | ; Zip Co   | le       |        |   |                                |
|   | PURPOSE<br>OF<br>EXPENDITURE  | <b>(a)</b> Ca<br>Fe   | <b>•</b> • (••••••  | at the top of this sch | iedule)    |          | n, TX, | de of Texas. Com<br>officeholder living<br>2 <b>S</b> |                                |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |   | didate/Officeholder name                                    | C                      | Office sou | Jht      |        | Office he   | eld                            |
|   | Date  | Pa  | /ee name  |                        |            |          |        |   |                                |
|   | 01/10/2023  | Sv  | eet Bee Bakehouse   |                        |            |          |        |   |                                |
|   | Amount (\$)<br>\$82.80  |   | vee address; City;<br>11 Stacy Drive                        | State                  | ; Zip Co   | le       |        |   |                                |
|   |   |   | arland, TX 77581  |                        |            |          |        |   |                                |
|   | PURPOSE<br>OF<br>EXPENDITURE  |   | egory (See Categories listed<br>t/Awards/Memorials E        |                        | iedule)    |          | ı, TX, | de of Texas. Com<br>officeholder livinç               | plete Schedule T.<br>J expense |
|   | Complete ONLY if direct expenditure to benefit C/OF   |   | didate/Officeholder name                                    | C                      | Dffice sou | ıht      |        | Office he   | eld                            |
|   |   |   |   |                        |            |          |        |   |                                |

|                  |   |   | EXPENDITURE CATEGO  | RIES FOF  | R BO   | X 8(a)              |       |   |  |  |  |
|------------------|---|---|---|---|--|---------------------|-------|---|--|--|--|
|                  | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>hmittee Legal Services<br>The Instruction Guide explains | Office Ove<br>Polling Ex<br>Printing Ex<br>Salaries/W | erhead<br>pense<br>(pense<br>/ages/              | e<br>Contract Labor |       | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |  |
| 1                | Total pages Schedule F1:  | 2   | FILER NAME  |   |  |                     | 3     | Filer ID (Ethics Commission Filers)   |  |  |  |
| _                | Sch: 18/23 Rpt: 22/28   |   | Berg, Janice L. (The Honorable)   |   |  |                     |       | 00081820  |  |  |  |
| 4                | Date  | 5   | Payee name  |   |  |                     |       |   |  |  |  |
|                  | 05/22/2023  |   | Texas Bar Foundation  |   |  |                     |       |   |  |  |  |
| 6                | Amount (\$)   | 7   | Payee address; City; State  | ; Zip Co  | de   |                     |       |   |  |  |  |
|                  | \$2,750.00  |   | 515 Congress Ave.   |   |  |                     |       |   |  |  |  |
|                  |   |   |   |   |  |                     |       |   |  |  |  |
| Austin, TX 78701 |   |   |   |   |  |                     |       |   |  |  |  |
| 8                | PURPOSE   | (a)   |   |   | (h)  | Description         |       |   |  |  |  |
| Ŭ                | OF  | (4)   | Category (See Categories listed at the top of this sch<br>Fees  | nedule)   | (5)  | ·                   | outsi | ide of Texas. Complete Schedule T.  |  |  |  |
|                  | EXPENDITURE   |   |   |   |  |                     |       | , officeholder living expense   |  |  |  |
|                  |   |   |   |   |  | Sustaining life     | e m   | nembership  |  |  |  |
|                  |   |   |   |   |  |                     |       |   |  |  |  |
| 9                | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł  |   | Candidate/Officeholder name   | Office sou  | ght  |                     |       | Office held   |  |  |  |
|                  | Date  |   | Payee name  |   |  |                     |       |   |  |  |  |
|                  | 06/01/2023  |   | Texas Center for the Judiciary  |   |  |                     |       |   |  |  |  |
|                  | Amount (\$)   |   | Payee address; City; State  | ; Zip Co  | de   |                     |       |   |  |  |  |
|                  | \$325.00  |   | 1210 San Antonio  | , 1   |  |                     |       |   |  |  |  |
|                  |   |   | Suite 800   |   |  |                     |       |   |  |  |  |
|                  |   |   | Austin, TX 78701  |   |  |                     |       |   |  |  |  |
|                  | 51155005  |   |   |   |  |                     |       |   |  |  |  |
|                  | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule) (b) Description<br>Eces Check if travel outside of Texas. Complete Schedule T. |   |   |  |                     |       |   |  |  |  |
|                  | EXPENDITURE   |   | Fees  |   | Check if Austin, TX, officeholder living expense |                     |       |   |  |  |  |
|                  |   |   |   |   |  | Membership dues     |       |   |  |  |  |
|                  |   |   |   |   |  |                     |       |   |  |  |  |
|                  | Complete ONLY if direct   | (   | Candidate/Officeholder name   | Office sou  | t Office held                                    |                     |       |   |  |  |  |
|                  | expenditure to benefit C/OI   | H   |   |   |  |                     |       |   |  |  |  |
| _                | Date  |   | Payee name  |   |  |                     |       |   |  |  |  |
|                  | 06/30/2023  |   | Texas Center for the Judiciary  |   |  |                     |       |   |  |  |  |
|                  | Amount (\$)   |   | Payee address; City; State  | ; Zip Co  | de   |                     |       |   |  |  |  |
|                  | \$35.00   |   | 1210 San Antonio  | ,   |  |                     |       |   |  |  |  |
|                  |   |   | Suite 800   |   |  |                     |       |   |  |  |  |
|                  |   |   | Austin, TX 78701  |   |  |                     |       |   |  |  |  |
|                  | 51155005  |   |   |   |  |                     |       |   |  |  |  |
|                  | PURPOSE<br>OF   | (a)   | Category (See Categories listed at the top of this sch  | nedule)   | (d)  | Description         | outei | ide of Texas. Complete Schedule T.  |  |  |  |
|                  | EXPENDITURE   |   | Fees  |   |  |                     |       | , officeholder living expense   |  |  |  |
|                  |   |   |   |   |  | Conference r        |       |   |  |  |  |
|                  |   |   |   |   |  |                     | -     |   |  |  |  |
| -                | Complete ONLY if direct   | L(  | Candidate/Officeholder name   | Office sou  | ght  |                     |       | Office held   |  |  |  |
|                  | expenditure to benefit C/Oł   |   |   |   |  |                     |       |   |  |  |  |
| -                |   |   |   |   |  |                     |       |   |  |  |  |
|                  |   |   |   |   |  |                     |       |   |  |  |  |

|   |   |   | EXPENDITURE CATEGORI  | IES FOR    | BOX 8(a)   |       |                                     |  |  |
|---|---|---|---|------------|--|-------|-------------------------------------|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |            |  |       |                                     |  |  |
| 1 | Total pages Schedule F1:  | 2   | FILER NAME  |            |  | 3     | Filer ID (Ethics Commission Filers) |  |  |
|   | Sch: 19/23 Rpt: 23/28   |   | Berg, Janice L. (The Honorable)   |            |  |       | 00081820                            |  |  |
| 4 | Date  | 5   | Payee name  |            |  | I     |                                     |  |  |
| - | 04/26/2023  | ľ   | Texas Latinx Judges   |            |  |       |                                     |  |  |
| 6 | Amount (\$)   | 7   |   | Zip Co     | 0  |       |                                     |  |  |
|   | \$50.00   | ľ   | P.O. Box 90683  | Zip Cot    | C .  |       |                                     |  |  |
|   | 430.00  |   | 1.0. Dox 50000  |            |  |       |                                     |  |  |
|   |   |   | San Antonio, TX 78209   |            |  |       |                                     |  |  |
| _ |   |   |   |            |  |       |                                     |  |  |
| 8 | PURPOSE<br>OF   | (a)   | Category (See Categories listed at the top of this sched  | dule)      | b) Description                                   | outoi | ide of Texas. Complete Schedule T.  |  |  |
|   | EXPENDITURE   |   | Fees  |            |  |       | , officeholder living expense       |  |  |
|   |   |   |   |            | CLE registra                                     |       |                                     |  |  |
|   |   |   |   |            |  |       |                                     |  |  |
| 9 | Complete ONLY if direct   | Candidate/Officeholder name Office sought Office held |   |            |  |       |                                     |  |  |
|   | expenditure to benefit C/OI   | H   |   |            |  |       |                                     |  |  |
|   | Date  |   | Payee name  |            |  |       |                                     |  |  |
|   | 01/03/2023  |   | The Beacon Agency   |            |  |       |                                     |  |  |
| _ | Amount (\$)   |   | Payee address; City; State;   | Zip Coo    | e  |       |                                     |  |  |
|   | \$35.00   |   | 945 McKinney St.  |            |  |       |                                     |  |  |
|   | +00.00  |   | Ste 12230   |            |  |       |                                     |  |  |
|   |   |   | Houston, TX 77002   |            |  |       |                                     |  |  |
|   | BUBBAAE   |   |   |            |  |       |                                     |  |  |
|   | PURPOSE<br>OF   | (a)   | Category (See Categories listed at the top of this sched  | dule)      | b) Description                                   | outsi | ide of Texas. Complete Schedule T.  |  |  |
|   | EXPENDITURE   |   | Advertising Expense   |            | Check if Austin, TX, officeholder living expense |       |                                     |  |  |
|   |   |   |   | Campaign w | Campaign website design                          |       |                                     |  |  |
|   |   |   |   |            |  |       |                                     |  |  |
|   | Complete ONLY if direct   |   | Candidate/Officeholder name Off   | fice soug  | ht   |       | Office held                         |  |  |
|   | expenditure to benefit C/OI   | Η   |   |            |  |       |                                     |  |  |
|   | Date  |   | Payee name  |            |  |       |                                     |  |  |
|   | 02/02/2023  |   | The Beacon Agency   |            |  |       |                                     |  |  |
|   | Amount (\$)   |   | Payee address; City; State;   | Zip Coo    | е  |       |                                     |  |  |
|   | \$35.00   |   | 945 McKinney St.  |            |  |       |                                     |  |  |
|   |   |   | Ste 12230   |            |  |       |                                     |  |  |
|   |   |   | Houston, TX 77002   |            |  |       |                                     |  |  |
| _ | PURPOSE   | (a)   | Category (See Categories listed at the top of this sched  | dulo)      | b) Description                                   |       |                                     |  |  |
|   | OF  |   | Advertising Expense   | uue)       |  | outsi | ide of Texas. Complete Schedule T.  |  |  |
|   | EXPENDITURE   |   |   |            |  |       | , officeholder living expense       |  |  |
|   |   |   |   |            | Campaign w                                       | ebs   | site design                         |  |  |
|   |   |   |   |            |  |       |                                     |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |   | Candidate/Officeholder name Off   | fice soug  | ht   |       | Office held                         |  |  |
|   |   |   |   |            |  |       |                                     |  |  |
|   |   |   |   |            |  |       |                                     |  |  |
|   |   |   |   |            |  |       |                                     |  |  |

|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |  |  |  |  |
|---|---|--|--|--|--|--|
| 1 | Total pages Schedule F1:  | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |  |  |  |  |
| - |   |  |  |  |  |  |
|   | Sch: 20/23 Rpt: 24/28   | Berg, Janice L. (The Honorable) 00081820   |  |  |  |  |
| 4 | Date  | 5 Payee name   |  |  |  |  |
|   | 03/03/2023  | The Beacon Agency  |  |  |  |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |  |  |  |  |
|   | \$35.00   | 945 McKinney St.   |  |  |  |  |
|   | +00100  | Ste 12230  |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   | Houston, TX 77002  |  |  |  |  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |  |  |
|   | OF<br>EXPENDITURE   | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |
|   | LAFENDITORE   | Check if Austin, TX, officeholder living expense   |  |  |  |  |
|   |   | Campaign website design  |  |  |  |  |
|   |   |  |  |  |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O   | Candidate/Officeholder name Office sought Office held  |  |  |  |  |
|   | Date  | Payee name   |  |  |  |  |
|   | 04/03/2023  | The Beacon Agency  |  |  |  |  |
|   |   |  |  |  |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |  |  |  |  |
|   | \$35.00   | 945 McKinney St.   |  |  |  |  |
|   |   | Ste 12230  |  |  |  |  |
|   |   | Houston, TX 77002  |  |  |  |  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |  |  |
|   | OF  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |
|   | Check if Austin, TX, officeholder living expense  |  |  |  |  |  |
|   | Campaign website design   |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   | Complete ONLY if direct   | Candidate/Officeholder name Office sought Office held  |  |  |  |  |
|   | expenditure to benefit C/OI   |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   | Date  | Payee name   |  |  |  |  |
|   | 05/02/2023  | The Beacon Agency  |  |  |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |  |  |  |  |
|   | \$35.00   | 945 McKinney St.   |  |  |  |  |
|   |   | Ste 12230  |  |  |  |  |
|   |   | Houston, TX 77002  |  |  |  |  |
|   | DUDDOGT   |  |  |  |  |  |
|   | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |  |  |
|   | EXPENDITURE   | Advertising Expense Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense |  |  |  |  |
|   |   | Campaign website design  |  |  |  |  |
|   |   | Campaign website design  |  |  |  |  |
|   |   |  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought Office held  |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |

| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Political<br>Credit Card Payment |  |   |   |            |                 | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |                       |                            |  |
|--|--|---|---|------------|-----------------|---|-----------------------|----------------------------|--|
| 1  | Total pages Schedule F1:                                   | 2   |   |            |                 | 2   | Filer ID              | (Ethics Commission Filers) |  |
| -  | Sch: 21/23 Rpt: 25/28                                      | 2   | Berg, Janice L. (The Honorable)                         |            |                 |   | 00081820              |                            |  |
| Δ  | Date   | 5   | Payee name  |            |                 |   |                       |                            |  |
| 7  | 06/02/2023   |   | The Beacon Agency                                       |            |                 |   |                       |                            |  |
| 6  | Amount (\$)  | 7   | Payee address; City; State;                             | Zin Co     | 1e              |   |                       |                            |  |
| ľ  | \$35.00  | Ľ   |   |            |                 |   |                       |                            |  |
|  | \$35.00  |   | 945 McKinney St.  |            |                 |   |                       |                            |  |
|  |  |   | Ste 12230   |            |                 |   |                       |                            |  |
|  |  |   | Houston, TX 77002                                       |            |                 |   |                       |                            |  |
| 8  | PURPOSE  | (a)   | Catagony  |            | (b) Description |   |                       |                            |  |
| ľ  | OF   | (,  | Category (See Categories listed at the top of this sche | edule)     |                 | outs  | ide of Texas. Com     | nplete Schedule T.         |  |
|  | EXPENDITURE  |   | Advertising Expense                                     |            |                 |   | , officeholder living |                            |  |
|  |  |   |   |            | Campaign w      |   |                       | 5 - · · P - · · · ·        |  |
|  |  |   |   |            | Gampaign        |   | ne design             |                            |  |
|  |  |   |   |            |                 |   |                       |                            |  |
| 9  | Complete <u>ONLY</u> if direct expenditure to benefit C/OI |   | Candidate/Officeholder name C                           | Office sou | jht             |   | Office h              | eld                        |  |
|  | Date   |   | Payee name  |            |                 |   |                       |                            |  |
|  | 05/23/2023   |   | United States Post Office                               |            |                 |   |                       |                            |  |
|  |  |   |   |            |                 |   |                       |                            |  |
|  | Amount (\$) Payee address; City; State; Zip Code           |   |   |            |                 |   |                       |                            |  |
|  | \$62.80  | \$62.80 1900 West Gray St   |   |            |                 |   |                       |                            |  |
|  |  |   | Houston, TX 77019                                       |            |                 |   |                       |                            |  |
|  | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense (b) Description<br>Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>Campaign PO box |   |            |                 |   |                       |                            |  |
|  |  |   |   |            |                 |   |                       |                            |  |
|  | Complete <u>ONLY</u> if direct expenditure to benefit C/O  |   | Candidate/Officeholder name C                           | Office sou | Jht             |   | Office h              | eld                        |  |
|  | Date   |   | Payee name  |            |                 |   |                       |                            |  |
|  | 04/26/2023   |   | University of Houston Law Foundation                    |            |                 |   |                       |                            |  |
|  |  |   |   |            |                 |   |                       |                            |  |
|  | Amount (\$)  |   | Payee address; City; State;                             | Zip Co     | de              |   |                       |                            |  |
|  | \$250.00   |   | 4170 Martin Luther King Blvd                            |            |                 |   |                       |                            |  |
|  |  |   |   |            |                 |   |                       |                            |  |
|  |  |   | Houston, TX 77004                                       |            |                 |   |                       |                            |  |
|  | PURPOSE  | (a)   | Category (See Categories listed at the top of this sche | edule)     | (b) Description |   |                       |                            |  |
|  | OF   |   | Gift/Awards/Memorials Expense                           | ,          | Check if travel | outs  | ide of Texas. Com     | nplete Schedule T.         |  |
|  | EXPENDITURE  |   |   |            | Check if Austin | , тх  | , officeholder living | g expense                  |  |
|  |  |   |   |            | Donation in r   | ner   | noriam of D           | onn Fullenweider           |  |
|  |  |   |   |            |                 |   |                       |                            |  |
| -  | Complete ONLY if direct                                    | Ļ   | Candidate/Officeholder name C                           | Office sou | ht              |   | Office h              | eld                        |  |
|  | expenditure to benefit C/Oł                                |   |   |            | jiit            |   | Onice In              | ciu                        |  |
|  |  |   |   |            |                 |   |                       |                            |  |
|  |  |   |   |            |                 |   |                       |                            |  |
|  |  |   |   |            |                 |   |                       |                            |  |

| EXPENDITURE CATEGORIES FOR BOX 8(a) |   |                  |   |   |  |                        |       |   |                            |
|-------------------------------------|---|------------------|---|---|--|------------------------|-------|---|----------------------------|
|                                     | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |                  | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>hmittee Legal Services<br>The Instruction Guide explai | Office O<br>Polling E<br>Printing<br>Salaries | verhea<br>Expense<br>Expense<br>/Wages | se<br>s/Contract Labor |       | Travel in District<br>Travel Out of Distr                   | upment & Related Expense   |
| 1                                   | Total pages Schedule F1:  | 2                |   |   |  |                        | 3     | Filer ID  | (Ethics Commission Filers) |
| -                                   | Sch: 22/23 Rpt: 26/28   |                  | Berg, Janice L. (The Honorable)   |   |  |                        |       | 00081820  |                            |
| 4                                   | Date<br>01/09/2023  | 5                | Payee name<br>Walmart   |   |  |                        |       |   |                            |
| 6                                   | Amount (\$)<br>\$75.28  | 7                | 7 Payee address; City; State; Zip Code<br>12353 FM 1960 Rd. W<br>Houston, TX 77065  |   |  |                        |       |   |                            |
| 8                                   | PURPOSE<br>OF<br>EXPENDITURE  | OF Event Expense |   |   |  |                        |       | xpense  |                            |
| 9                                   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |                  | Candidate/Officeholder name   | Office so                                     | ught                                   |                        |       | Office held   | d                          |
|                                     | Date  |                  | Payee name  |   |  |                        |       |   |                            |
|                                     | 02/22/2023  |                  | Zoom Video Communications, Inc.   |   |  |                        |       |   |                            |
|                                     | Amount (\$)<br>\$31.96  |                  | Payee address; City; Sta<br>55 Almaden Blvd<br>6th Floor<br>San Jose, CA 95113  | ate; Zip C                                    | ode                                    |                        |       |   |                            |
|                                     | PURPOSE<br>OF<br>EXPENDITURE  | (a)              | Category (See Categories listed at the top of this Office Overhead/Rental Expense   | schedule)                                     | (b)                                    |                        | TX,   | le of Texas. Comple<br>officeholder living e<br>meeting sof | xpense                     |
|                                     | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |                  | Candidate/Officeholder name   | Office so                                     | ught                                   |                        |       | Office held   | b                          |
|                                     | Date  |                  | Payee name  |   |  |                        |       |   |                            |
|                                     | 03/22/2023  |                  | Zoom Video Communications, Inc.   |   |  |                        |       |   |                            |
|                                     | Amount (\$)<br>\$34.10  |                  | Payee address; City; Sta<br>55 Almaden Blvd<br>6th Floor<br>San Jose, CA 95113  | ate; Zip C                                    | ode                                    |                        |       |   |                            |
|                                     | PURPOSE<br>OF<br>EXPENDITURE  | (a)              | Category (See Categories listed at the top of this Office Overhead/Rental Expense   | schedule)                                     | (b)                                    |                        | TX, ( | le of Texas. Compl<br>officeholder living e<br>Meeting sof  | xpense                     |
|                                     | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |                  | Candidate/Officeholder name   | Office so                                     | ught                                   |                        |       | Office held   | t                          |
|                                     |   |                  |   |   |  |                        |       |   |                            |

| EXPENDITURE CATEGORIES FOR BOX 8(a)   |   |   |   |            |                 |            |                                     |  |
|---|---|---|---|------------|-----------------|------------|-------------------------------------|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |   | Event Expense Loan Repayment/Reinburs<br>Fees Office Overhead/Rental Exp<br>Food/Beverage Expense Polling Expense<br>- Gift/Awards/Memorials Expense Printing Expense |            |                 |            |                                     |  |
| 1   | Total pages Schedule F1:                                      | 2   | FILER NAME  |            |                 | 3          | Filer ID (Ethics Commission Filers) |  |
|   | Sch: 23/23 Rpt: 27/28   |   | Berg, Janice L. (The Honorable)   |            |                 |            | 00081820                            |  |
| 4   | Date  | 5   | Payee name  |            |                 |            |                                     |  |
|   | 04/24/2023  |   | Zoom Video Communications, Inc.   |            |                 |            |                                     |  |
| 6   | Amount (\$)   | 7   | Payee address; City; State;   | Zip Co     | ode             |            |                                     |  |
|   | \$34.10   |   | 55 Almaden Blvd   |            |                 |            |                                     |  |
|   |   |   | 6th Floor   |            |                 |            |                                     |  |
|   |   |   | San Jose, CA 95113  |            |                 |            |                                     |  |
| 8   | PURPOSE   | (a)                                       | Category (See Categories listed at the top of this sche   |            | (b) Description |            |                                     |  |
| ľ   | OF  |   | Office Overhead/Rental Expense  | edule)     |                 | outsi      | ide of Texas. Complete Schedule T.  |  |
|   | EXPENDITURE   |   |   |            | Check if Austin | , тх       | , officeholder living expense       |  |
|   |   |   |   |            | Campaign vir    | tua        | al meeting software                 |  |
|   |   |   |   |            |                 |            |                                     |  |
| 9   | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF |   | Candidate/Officeholder name C   | Office sou | ght             |            | Office held                         |  |
|   | Date  |   | Payee name  |            |                 |            |                                     |  |
|   | 05/22/2023  | 5/22/2023 Zoom Video Communications, Inc. |   |            |                 |            |                                     |  |
|   | Amount (\$)   |   | Payee address; City; State;   | Zip Co     | ode             |            |                                     |  |
|   | \$34.10   |   | 55 Almaden Blvd   |            |                 |            |                                     |  |
|   |   |   | 6th Floor   |            |                 |            |                                     |  |
|   |   |   | San Jose, CA 95113  |            |                 |            |                                     |  |
|   | PURPOSE   | (a)                                       | Category (See Categories listed at the top of this sche   | edule)     | (b) Description |            |                                     |  |
|   | OF<br>EXPENDITURE   |   | Office Overhead/Rental Expense  | ,          | Check if travel |            | ide of Texas. Complete Schedule T.  |  |
| Check if Austin, TX, officeholder living expense<br>Campaign virtual meeting software   |   |   |   |            |                 |            |                                     |  |
|   |   |   |   |            | Campaign vir    | เนล        | a meeting software                  |  |
| ⊢   | Complete ONLY if direct                                       |   | Candidate/Officeholder name C   |            | abt             |            | Office held                         |  |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH   |   |   |   |            |                 | Onice neiu |                                     |  |
|   | Date  | Г   | Payee name  |            |                 |            |                                     |  |
|   | 06/22/2023  |   | Zoom Video Communications, Inc.   |            |                 |            |                                     |  |
|   | Amount (\$)   |   |   | Zip Co     | ode             |            |                                     |  |
|   | \$34.10   |   | 55 Almaden Blvd   |            |                 |            |                                     |  |
|   |   |   | 6th Floor   |            |                 |            |                                     |  |
|   |   |   | San Jose, CA 95113  |            |                 |            |                                     |  |
| _   | PURPOSE   | (a)                                       |   |            | (b) Description |            |                                     |  |
|   | OF  | (4)                                       | Category (See Categories listed at the top of this sche<br>Office Overhead/Rental Expense   | edule)     |                 | outsi      | ide of Texas. Complete Schedule T.  |  |
|   | EXPENDITURE   |   | onice overneud/ventur Expense   |            | Check if Austin | , тх       | , officeholder living expense       |  |
|   |   |   |   |            | Campaign vir    | tua        | al meeting software                 |  |
|   |   |   |   |            |                 |            |                                     |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF    |   | Candidate/Officeholder name C   | Office sou | ight            |            | Office held                         |  |
|   |   |   |   |            |                 |            |                                     |  |
|   |   |   |   |            |                 |            |                                     |  |

|   | RRED OBLIGATIONS   |  | SCHEDULE F2   |
|---|--|--|---|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made B<br>Candidate/Officeholder/Politica | Event Expense<br>Fees<br>Food/Beverage Expense<br>y - Gift/Awards/Memorials Expen<br>al Committee Legal Services | ATEGORIES FOR BOX 10(a)<br>Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Salaries/Wages/Contract Labor<br>explains how to complete this form. | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
| 1 Total pages Schedule F2:<br>Sch: 1/1 Rpt: 28/28   | 2 FILER NAME<br>Berg, Janice L. (The Honorable   | 2)   | 3     Filer ID     (Ethics Commission Filers)       00081820  |
| <sup>4</sup> TOTAL OF UNITEMI   | ZED UNPAID INCURRED OBLI   | GATIONS  | \$  |
| 5 Date<br>06/30/2023  | 6 Payee name<br>Strong Strategies LLC  |  |   |
| 7 Amount (\$)<br>\$217.56   | 8 Payee address; City;<br>PO Box 56386<br>Houston, TX 77256  | State; Zip Code  |   |
| 9 TYPE OF<br>EXPENDITURE  | X Political  | Non-Political  |   |
| 10 PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top<br>Consulting Expense   | Check if trave   | l outside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense<br>and compliance services   |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O   | Candidate/Officeholder name<br>H   | Office sought  | Office held   |
| Date<br>06/30/2023  | Payee name<br>Strong Strategies LLC  |  |   |
| Amount (\$)<br>\$509.60   | Payee address; City;<br>PO Box 56386   | State; Zip Code  |   |
| TYPE OF   | Houston, TX 77256  |  |   |
| EXPENDITURE   | X Political  | Non-Political  |   |
| OF  | (a) Category (See Categories listed at the top<br>Consulting Expense   | Check if trave   | l outside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense<br>and compliance services   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O   | Candidate/Officeholder name<br>H   | Office sought  | Office held   |
|   |  |  |   |