FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081820 16 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Janice L. NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** Berg CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST ΜI **TREASURER** Ms. Paula NAME NICKNAME LAST **SUFFIX** Arnold **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); STATE: ZIP CODE APT / SUITE #; CITY; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 962-1905 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/03/2026 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Family District Court Judge District 247 Harris Family District Court Judge District 247

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 16

13 C / OH NAME	Berg, Janice L. (The	Honorable)	14 Filer ID 00081820	(Ethics Commission	Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	committees to support eholder's knowledge otice of such expend	e or						
Additional Pages								
	GENERAL	COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS					
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00			
		ICAL CONTRIBUTIONS	\$	0.00				
EXPENDITURE TOTALS	 	PLEDGES, LOANS, OR GUARANTEES OF LOAN ZED POLITICAL EXPENDITURES	(5)	\$	756.61			
	4. TOTAL POLITICAL EXPENDITURES							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 87,	933.87			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00			
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.						
		The Hon	orable Janice L. Bei	rg				
		Signature o	f Candidate or Officeho	older	_			
AFFIX NO	TARY STAMP / SEAL AB	OVE						
		aid	, this the	day				
of	, 20, to c	ertify which, witness my hand and seal of office.						
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	er administering oath				
		San Land Land Land Land Land Land Land La						

SUBTOTALS - JC/OH 18 FILER NAME

	FORM	JC	;/O	Н
COVE	R SHE	ET	PG	3

			3 of 16						
18 FILER NA Berg, Jar	ME nice L. (The Honorable)	19 Filer ID 00081820	(Ethics Commission Filers)						
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT								
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)								
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 CONTRIBUTIONS	S	\$ 3,761.82						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
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 CONTRIBUTION	ONS	\$						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$						

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Le	ift/Awards/Memorials Expense egal Services		/ages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
			he Instruction Guide expla	ins how to co	mplete this form.	,
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)
	Sch: 1/13 Rpt: 4/16		L. (The Honorable)			00081820
4	Date	5 Payee name				
	01/19/2024	Acuity Sched	uling			
6	Amount (\$)	7 Payee address	; City; St	ate; Zip Co	de	
	\$26.65	PO Box 4668	#64465			
		New York, N	7 10163-4668			
8	PURPOSE	(a) Category (See	Categories listed at the top of this	s schedule)	(b) Description	
	OF EXPENDITURE		ead/Rental Expense	· · · · · · · · · · · · · · · · · · ·	Check if travel	outside of Texas. Complete Schedule T.
	LAPENDITURE		•		_	ı, TX, officeholder living expense
					Scheduling s	ervice
L						
9	Complete ONLY if direct	Candidate/Office	eholder name	Office sou	ght	Office held
L	expenditure to benefit C/OI	<u> </u>				
	Date	Payee name				
	02/20/2024	Acuity Sched	uling			
	Amount (\$)	Payee address		ate; Zip Co	de	
	\$30.91	PO Box 4668		, ,		
	Ψ00.31	. 5 20% 4000				
		Name Vania AD	/ 10100 4000			
		New York, N				
	PURPOSE OF		Categories listed at the top of this	s schedule)	(b) Description	
	EXPENDITURE	Office Overhe	ead/Rental Expense		<u> </u>	outside of Texas. Complete Schedule T.
					Scheduling s	n, TX, officeholder living expense
					Scheduling S	OI VIOC
<u> </u>	Complete ONLY if direct	Candidate/Office	sholder name	Office	aht	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	moidel name	Office sou	ym	Office held
	Date	Payee name				
	03/19/2024	Acuity Sched	uling 			
	Amount (\$)	Payee address	; City; St	ate; Zip Co	de	
	\$30.91	PO Box 4668	#64465			
		New York, N	7 10163-4668			
	PURPOSE	(a) Category (See	Categories listed at the top of this	s schedule)	(b) Description	
	OF EXPENDITURE		ead/Rental Expense			outside of Texas. Complete Schedule T.
	LAI LINDITORL				ш	n, TX, officeholder living expense
					Scheduling s	ervice
	Complete ONLY if direct	Candidate/Office	eholder name	Office sou	ght	Office held
	expenditure to benefit C/OI					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 2/13 Rpt: 5/16	Berg, Janice L. (The Honorable) 00081820
4	Date	5 Payee name
	04/19/2024	Acuity Scheduling
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.91	PO Box 4668 #64465
		New York, NY 10163-4668
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Scheduling service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	05/20/2024	Acuity Scheduling
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.91	PO Box 4668 #64465
		New York, NY 10163-4668
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Scheduling service
		Scrieduling Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Dove name
	06/20/2024	Payee name Acuity Scheduling
		, -
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.91	PO Box 4668 #64465
		N. V. I. N. 40400 4000
		New York, NY 10163-4668
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Scheduling service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	┨

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Leal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/13 Rpt: 6/16	Berg, Janice L. (The Honorable) 00081820
4	Date	5 Payee name
	01/31/2024	American Bar Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$109.22	321 N Clark St
		Chicago, IL 60654
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership dues
		Wembership dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
H	Date	Payee name
	03/04/2024	American Bar Association
H	Amount (\$)	Payee address; City; State; Zip Code
	\$275.00	321 N Clark St
	φ275.00	321 N Clark St
		Chicago, IL 60654
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Bollation
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	01/22/2024	Payee name Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	4619 Lyons Avenue
		Houston, TX 77020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Sustaining membership dues
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
I	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	Expense	Salaries/W		se s/Contract Labor		OTHER (enter a	strict a category not listed above)
	Credit Card F dyment			The Instruction G	uide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 4/13 Rpt: 7/16		Berg, Janice	L. (The Hono	rable)					00081820		
4	Date	5	Payee name									
	02/20/2024		Harris Coun	ty Democratic F	Party							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$35.00		4619 Lyons	Avenue								
			Houston, TX	77020								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations Ma	ade By			=			plete Schedule T.	
	LAFENDITORE		Candidate/C	Officeholder/Pol	itical Commit	ttee		_		officeholder livin		
								Sustaining m	em	bership due	!S	
_												
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
		_										
	Date		Payee name									
	03/20/2024		Harris Coun	ty Democratic F	Party							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$35.00		4619 Lyons	Avenue								
			Houston, TX	77020								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	dule)	(b)	Description				
	OF EXPENDITURE			s/Donations Ma	,			=			plete Schedule T.	
			Candidate/C	Officeholder/Pol	itical Commit	ttee		ш		officeholder livin		
								Sustaining m	em	bership due	:5	
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	soholdor namo	Of	ffice sou	aht			Office h	old	
	expenditure to benefit C/OI		Januluale/Onic	Lenoidei Hame	Oi	ince sou	ynı			Office II	eiu	
_	Data	_										
	Date		Payee name	Cootions								
	02/01/2024		Houston Bar									
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$30.00		1111 Bagby	St.								
			#200									
			Houston, TX	77002								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Fees								plete Schedule T.	
								CLE registrat		officeholder livin	g expense	
								CLL ICYISHAL	IUII	166		
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name	Of	ffice sou	aht			Office h	eld.	
	expenditure to benefit C/OI		Januluale/OIII	cholder Haille	Oi	mee sou	giil			Onice II	Ciu	
1												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	\dashv
1	Sch: 5/13 Rpt: 8/16	Berg, Janice L. (The Honorable)	
_	Date	5 Payee name	\dashv
•	04/26/2024	Houston Bar Sections	
6	Amount (\$)	7 Payee address; City; State; Zip Code	\dashv
•	\$30.00	1111 Bagby St.	
		#200	
		Houston, TX 77002	
8	PURPOSE		\dashv
0	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		CLE registration fee	
			١
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	1
	Date	Payee name	П
	05/14/2024	Jason's Deli	١
	Amount (\$)	Payee address; City; State; Zip Code	٦
	\$113.44	5860 Westheimer Rd	
			-
		Houston, TX 77057	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	\neg
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	LAFEINDITORE	Check if Austin, TX, officeholder living expense	
		Lunch for staff	
			\exists
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	١
	Date	Payee name	١
	05/24/2024	Jason's Deli	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$112.31	5860 Westheimer Rd	
		Houston, TX 77057	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Lunch for staff	
			_
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	Superiorder to belieff 6/01	•	
-	rme provided by Tayas F	thice Commission Wasse at the transfer of the Warsion VA 1.0 d378abs	ᄌ

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 6/13 Rpt: 9/16	Berg, Janice L. (The Honorable) 00081820	
4	Date	5 Payee name	_
	06/17/2024	Leaf & Grain	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$682.07	1200 McKinney St Suite 479	
		,	
		Houston, TX 77010	
8	PURPOSE		_
0	OF	(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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Lunch for judges board meeting and staff	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	02/08/2024	Rosewood Flower Shop	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$267.37	4821 Fannin St	
		Houston, TX 77004	
	PURPOSE	I	
	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Flower arrangement for funeral	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	01/02/2024	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 EXPENDITURE	Contributions/Donations Made By	
	EXPENDITORE	Candidate/Officeholder/Political Committee	
		Sustaining membership dues	
			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Orange to bonom of or		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Loan Services Salaries/Wages/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica		ct tegory not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID ((Ethics Commission Filers)
	Sch: 7/13 Rpt: 10/16	Berg, Janice L. (The Honorable) 00081820	
4	Date	5 Payee name	
	01/29/2024	Southwest Democrats	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.00		
		Bellaire, TX 77402-2053	
8	PURPOSE		
Ŭ	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Comple	ete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living ex	kpense
		Sustaining membership dues	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	I
	experialitate to beliefit eroi	511	
	Date	Payee name	
	03/01/2024	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 EXPENDITURE	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee	kpense
		Sustaining membership dues	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	04/01/2024	Southwest Democrats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00		
	420.00	1.6.26.26.	
		Bellaire, TX 77402-2053	
	PURPOSE	1	
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Comple	ete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living ex	kpense
		Sustaining membership dues	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	i
	experioralie to benefit C/OI	ווכ	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 T-1-1 01 11 51	
1 Total pages Schedule F1: Sch: 8/13 Rpt: 11/16	2 FILER NAME Berg, Janice L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081820
4 Date	5 Payee name
04/29/2024	Southwest Democrats
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code P.O. Box 2053 Bellaire, TX 77402-2053
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Sustaining membership dues
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/29/2024	Southwest Democrats
Amount (\$) \$10.00	Payee address; City; State; Zip Code P.O. Box 2053
	Bellaire, TX 77402-2053
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sustaining membership dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/20/2024	Texas Board of Legal Specialization
Amount (\$) \$200.00	Payee address; City; State; Zip Code 505 E. Huntland Drive, Suite 400, LB 28
	Austin, TX 78752
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dues
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

vertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Si		ages	/Contract Labor		OTHER (enter	a category not listed abov	e)
				The Instruction Gu	iide explains hov	w to con	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 9/13 Rpt: 12/16		Berg, Janice	L. (The Honor	able)					00081820		
4	Date	5	Payee name									
	02/12/2024		Texas Cente	er for the Judicia	ary							
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	Zip Cod	de .					
	\$75.00		1210 San A	•								
	Ψ10.00		Suite 800									
				10704								
		L	Austin, TX 7	8701								
8	PURPOSE OF	(a)	Category (Se	e Categories listed at th	ne top of this schedu	ile)	(b)	Description				
	EXPENDITURE		Fees					므			nplete Schedule T.	
								Dues	ι, ΙΑ,	officeholder livin	ig expense	
								Dues				
_	0 1: 0:11:4"	L			0					0.00		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	cenoider name	Опіс	ce soug	ınt			Office h	iela	
	Date		Payee name									
	06/10/2024		Texas Cente	er for the Judicia	ary							
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Cod	de					
	\$350.00		1210 San A	ntonio								
			Suite 800									
			Austin, TX 7	8701								
	PURPOSE	(a)				1	(h)	Description				
	OF	(۳)		e Categories listed at the S/Donations Ma		ile)	(5)	_ `	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE			Officeholder/Poli	,	ee		-		officeholder livin		
								Donation				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	ce soug	jht			Office h	ield	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	01/02/2024		The Beacon	Agency								
	Amount (\$)		Payee addres		State; Z	Zin Cod	10					
	\$35.00		945 McKinn	•	Otato, 2	p						
	Ψ00.00			cy St.								
			Ste 12230									
			Houston, TX	(77002								
	PURPOSE OF	(a)		e Categories listed at th	ne top of this schedu	ile)	(b)	Description				
	EXPENDITURE		Advertising	Expense				ш			mplete Schedule T.	
								Campaign we		officeholder livin	ig expense	
								Campaign We	JUS	no		
_	Complete ONLY if direct	Ц,	Candidata/Offi	coholdor nama	O#:	00.0010	ıh+			Office h	vold	
	Complete ONLY if direct expenditure to benefit C/OI		ai iuiuale/UIII(ceholder name	Ollic	ce soug	jiil			Office f	iciu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	rs)					
•	Sch: 10/13 Rpt: 13/16	Berg, Janice L. (The Honorable) 00081820	13)					
4	Date	5 Payee name						
	02/02/2024	The Beacon Agency						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$35.00	945 McKinney St.						
		Ste 12230						
		Houston, TX 77002						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Campaign website						
		Cumpugn website						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	experialitate to belieff 6/01							
	Date	Payee name						
	03/04/2024	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 EXPENDITURE		Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	Campaign website							
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	Date	Payee name						
	04/02/2024	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 EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITORE	Check if Austin, TX, officeholder living expense						
		Campaign website						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OH							

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)					
┡	Total marca Cabadula F1.		2 Files ID (Ethica Commission Files)					
	Total pages Schedule F1: Sch: 11/13 Rpt: 14/16	Berg, Janice L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081820					
4	Date	5 Payee name	<u> </u>					
ľ	05/02/2024	The Beacon Agency						
L	03/02/2024							
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$35.00	945 McKinney St.						
		Ste 12230						
		Houston, TX 77002						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
ľ	OF		outside of Texas. Complete Schedule T.					
	EXPENDITURE	/ divertising Expense	, TX, officeholder living expense					
		Campaign w	ebsite					
9	Complete ONLY if direct expenditure to benefit C/Ol							
⊨	Dete							
	Date	Payee name						
L	06/03/2024	The Beacon Agency						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$35.00	\$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 EXPENDITURE	Advertising Expense						
		Check if Austin, TX, officeholder living expense						
	Campaign website							
L								
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
F	Date	Payee name						
	01/22/2024	Zoom Video Communications, Inc.						
L								
	Amount (\$)	Payee address; City; State; Zip Code						
	\$34.10	55 Almaden Blvd						
		6th Floor						
		San Jose, CA 95113						
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overficad/Nertial Experise	outside of Texas. Complete Schedule T.					
	EXPENDITORE		, TX, officeholder living expense					
1		Online meeti	ng sottware					
L								
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/O	1						
1								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
_	Total pages Cabadala E4	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
1	Total pages Schedule F1: Sch: 12/13 Rpt: 15/16	2 FILER NAME Berg, Janice L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081820					
4	Date 02/22/2024	5 Payee name Zoom Video Communications, Inc.					
6	Amount (\$) \$34.10	7 Payee address; City; State; Zip Code 55 Almaden Blvd 6th Floor San Jose, CA 95113					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online meeting software					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol						
	Date	Payee name					
	03/22/2024	Zoom Video Communications, Inc.					
	Amount (\$) \$34.10	Payee address; City; State; Zip Code 55 Almaden Blvd 6th Floor San Jose, CA 95113					
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online meeting software					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	Date	Payee name					
	04/22/2024	Zoom Video Communications, Inc.					
	Amount (\$) \$34.10	Payee address; City; State; Zip Code 55 Almaden Blvd 6th Floor San Jose, CA 95113					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online meeting software					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

		Candidate/Officeholder/Political Committee Legal			AWards/Memorials Expense Printing Expense al Services Salaries/Wages/Contract Labor e Instruction Guide explains how to complete this form.			OTHER (enter a category not listed above)			
		_			ue explains not to			_	E'' 15	(Filtria Commission Filtria)	
1	Total pages Schedule F1:	2				3	Filer ID	(Ethics Commission Filers)			
	Sch: 13/13 Rpt: 16/16		Berg, Janice	L. (The Honora	ıble)				00081820		
4	Date	5	Payee name								
	05/22/2024	Zoom Video Communications, Inc.									
_	Amount (¢)	 -									
6	Amount (\$)	ľ	7 Payee address; City; State; Zip Code								
	\$34.10		55 Almaden	Bivu							
			6th Floor								
			San Jose, C	A 95113							
8	PURPOSE	(a)	Category (Se	e Categories listed at the	ton of this schedule)	(b)	Description				
	OF	 `´				`		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE	TURE Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				ng expense					
							Online meetir	ng s	software		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ought			Office I	neld	
	expenditure to benefit C/O	-									
	Date		Payee name								
	06/24/2024		Zoom Video	Communication	s, Inc.						
	Amount (\$)		Payee addres	ss; City;	State; Zip C	Code					
	\$34.10		55 Almaden	Blvd							
			6th Floor								
			San Jose, C	Δ 95113							
	DUDDOCE	(-)				1/63					
PURPOSE OF		, (************************************			Description Check if travel	outci	do of Toyas Co	mploto Schodulo T			
EXPENDITURE			Office Overhead/Rental Expense				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
			· · · · · · · · · · · · · · · · · · ·			_	Online meeting software				
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	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	<u>l</u> ouaht			Office I	neld	
	expenditure to benefit C/O					9					
\vdash											
1											