

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**  
COVER SHEET PG 1

|   |   |   |  |  |
|---|---|---|--|--|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                              |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00081820 | <b>2</b> Total pages filed:<br><br>26  |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>The Honorable  | FIRST<br>Janice L.  | MI   | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>01/15/2025 |
|   | NICKNAME  | LAST<br>Berg  | SUFFIX   |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>PO Box 19186<br><br>Houston, TX 77224  |   | Date Hand-delivered or Date Postmarked   |  |
|   |   |   | Receipt #  | Amount   |
|   |   |   | Date Processed   |  |
|   |   |   | Date Imaged  |  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Ms.  | FIRST<br>Paula  | MI   |  |
|   | NICKNAME  | LAST<br>Arnold  | SUFFIX   |  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>102 Windcrest Ct.<br><br>Jersey Village, TX 77064  |   |  |  |
|   |   |   |  |  |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE<br>(713)  | PHONE NUMBER<br>962-1905                                    | EXTENSION  |  |
| <b>8</b> REPORT TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |   |  |  |
|   | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)                         |   |  |  |
| <b>9</b> PERIOD COVERED   | Month    Day    Year<br>07/01/2024  | THROUGH   |  | Month    Day    Year<br>12/31/2024   |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month    Day    Year<br>03/03/2026   |   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |
|   |   |   |  |  |
| <b>11</b> OFFICE  | OFFICE HELD (if any)<br>Family District Court Judge District 247  |   | <b>12</b> OFFICE SOUGHT (if known)<br>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 26

|   |   |
|---|---|
| <b>13 C / OH NAME</b> Berg, Janice L. (The Honorable) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00081820 |
|---|---|

|  |  |   |  |
|--|--|---|--|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b> | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |   |  |
| <input type="checkbox"/> Additional Pages    | <b>COMMITTEE TYPE</b>  | <b>COMMITTEE NAME</b>                       |  |
|  | <input type="checkbox"/> GENERAL   | <b>COMMITTEE ADDRESS</b>                    |  |
|  | <input type="checkbox"/> SPECIFIC  |   |  |
|  |  | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>    |  |
|  |  | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |  |

|                                |  |    |           |
|--------------------------------|--|----|-----------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00      |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ | 0.00      |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   | \$ | 67.18     |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>   | \$ | 9,000.03  |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 79,125.38 |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 0.00      |

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
The Honorable Janice L. Berg  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

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

# SUBTOTALS - JC/OH

| <b>18 FILER NAME</b><br>Berg, Janice L. (The Honorable) |                                     | <b>19 Filer ID</b><br>00081820   | (Ethics Commission Filers) |
|---|-------------------------------------|--|----------------------------|
| <b>20 SCHEDULE SUBTOTALS</b>                            |                                     |  | SUBTOTAL AMOUNT            |
| NAME OF SCHEDULE  |                                     |  |                            |
| 1.  | <input type="checkbox"/>            | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                        | \$                         |
| 2.  | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                         |
| 3.  | <input type="checkbox"/>            | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                    | \$                         |
| 4.  | <input type="checkbox"/>            | SCHEDULE E(J): LOANS (JUDICIAL)  | \$                         |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ 9,000.03                |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                         |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$                         |
| 8.  | <input type="checkbox"/>            | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                         |
| 9.  | <input type="checkbox"/>            | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$                         |
| 10.   | <input type="checkbox"/>            | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                         |
| 11.   | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                         |
| 12.   | <input checked="" type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 620.00                  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|          |   |   |  |               |   |
|----------|---|---|--|---------------|---|
| <b>1</b> | Total pages Schedule F1:<br>Sch: 1/22 Rpt: 4/26 | <b>2</b>  | FILER NAME<br>Berg, Janice L. (The Honorable)  | <b>3</b>      | Filer ID (Ethics Commission Filers)<br>00081820 |
| <b>4</b> | Date<br>07/19/2024                              | <b>5</b>  | Payee name<br>Acuity Scheduling  |               |   |
| <b>6</b> | Amount (\$)<br>\$30.91                          | <b>7</b>  | Payee address; City; State; Zip Code<br>PO Box 4668 #64465<br><br>New York, NY 10163-4668  |               |   |
| <b>8</b> | <b>PURPOSE OF EXPENDITURE</b>                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Scheduling service |               |   |
| <b>9</b> |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought | Office held                                     |
|          | Date<br>08/19/2024                              |   | Payee name<br>Acuity Scheduling  |               |   |
|          | Amount (\$)<br>\$30.91                          |   | Payee address; City; State; Zip Code<br>PO Box 4668 #64465<br><br>New York, NY 10163-4668  |               |   |
|          | <b>PURPOSE OF EXPENDITURE</b>                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Scheduling service |               |   |
|          |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought | Office held                                     |
|          | Date<br>09/19/2024                              |   | Payee name<br>Acuity Scheduling  |               |   |
|          | Amount (\$)<br>\$30.91                          |   | Payee address; City; State; Zip Code<br>PO Box 4668 #64465<br><br>New York, NY 10163-4668  |               |   |
|          | <b>PURPOSE OF EXPENDITURE</b>                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Scheduling service |               |   |
|          |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought | Office held                                     |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
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Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/22 Rpt: 5/26 | <b>2</b> FILER NAME<br>Berg, Janice L. (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081820 |
|--|--|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>10/21/2024 | <b>5</b> Payee name<br>Acuity Scheduling |
|-----------------------------|--|

|                                 |  |
|---------------------------------|--|
| <b>6</b> Amount (\$)<br>\$30.91 | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 4668 #64465<br><br>New York, NY 10163-4668 |
|---------------------------------|--|

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|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Scheduling service |
|---------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|---------------------------------|
| Date<br>11/19/2024 | Payee name<br>Acuity Scheduling |
|--------------------|---------------------------------|

|                        |   |
|------------------------|---|
| Amount (\$)<br>\$30.91 | Payee address; City; State; Zip Code<br>PO Box 4668 #64465<br><br>New York, NY 10163-4668 |
|------------------------|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Scheduling service |
|------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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|--------------------|---------------------------------|
| Date<br>12/19/2024 | Payee name<br>Acuity Scheduling |
|--------------------|---------------------------------|

|                        |   |
|------------------------|---|
| Amount (\$)<br>\$30.91 | Payee address; City; State; Zip Code<br>PO Box 4668 #64465<br><br>New York, NY 10163-4668 |
|------------------------|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Scheduling service |
|------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
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Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/22 Rpt: 6/26            | <b>2</b> FILER NAME<br>Berg, Janice L. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081820  |
| <b>4</b> Date<br>12/23/2024   | <b>5</b> Payee name<br>Amazon  |   |
| <b>6</b> Amount (\$)<br>\$2,250.00                                  | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 81226<br><br>Seattle, WA 98108                 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Gift/Awards/Memorials Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Staff holiday gifts |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought                      Office held  |
| Date<br>12/06/2024  | Payee name<br>Amazon   |   |
| Amount (\$)<br>\$59.35  | Payee address; City; State; Zip Code<br>P.O. Box 81226<br><br>Seattle, WA 98108                          |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Gift/Awards/Memorials Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Staff holiday gifts |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought                      Office held  |
| Date<br>08/14/2024  | Payee name<br>American Inns of Court   |   |
| Amount (\$)<br>\$684.50   | Payee address; City; State; Zip Code<br>225 Reinekers Lane, Suite 770<br><br>Alexandria, VA 22314        |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Membership dues     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought                      Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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Gift/Awards/Memorials Expense  
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Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/22 Rpt: 7/26 | <b>2</b> FILER NAME<br>Berg, Janice L. (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081820 |
|--|--|--|

|                             |                               |
|-----------------------------|-------------------------------|
| <b>4</b> Date<br>11/22/2024 | <b>5</b> Payee name<br>Arne's |
|-----------------------------|-------------------------------|

|                                     |   |
|-------------------------------------|---|
| <b>6</b> Amount (\$)<br><br>\$16.54 | <b>7</b> Payee address; City; State; Zip Code<br>2830 Hicks St<br><br>Houston, TX 77007 |
|-------------------------------------|---|

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Decorations for National Adoption Day |
|---------------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>07/22/2024 | Payee name<br>Harris County Democratic Party |
|--------------------|--|

|                            |  |
|----------------------------|--|
| Amount (\$)<br><br>\$35.00 | Payee address; City; State; Zip Code<br>4619 Lyons Avenue<br><br>Houston, TX 77020 |
|----------------------------|--|

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|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sustaining membership contribution |
|-------------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>08/20/2024 | Payee name<br>Harris County Democratic Party |
|--------------------|--|

|                            |  |
|----------------------------|--|
| Amount (\$)<br><br>\$35.00 | Payee address; City; State; Zip Code<br>4619 Lyons Avenue<br><br>Houston, TX 77020 |
|----------------------------|--|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sustaining membership contribution |
|-------------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
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Event Expense  
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Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/22 Rpt: 8/26 | <b>2</b> FILER NAME<br>Berg, Janice L. (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081820 |
|--|--|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>09/20/2024 | <b>5</b> Payee name<br>Harris County Democratic Party |
|-----------------------------|---|

|                                 |   |
|---------------------------------|---|
| <b>6</b> Amount (\$)<br>\$35.00 | <b>7</b> Payee address; City; State; Zip Code<br>4619 Lyons Avenue<br><br>Houston, TX 77020 |
|---------------------------------|---|

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sustaining membership contribution |
|---------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>10/21/2024 | Payee name<br>Harris County Democratic Party |
|--------------------|--|

|                        |  |
|------------------------|--|
| Amount (\$)<br>\$35.00 | Payee address; City; State; Zip Code<br>4619 Lyons Avenue<br><br>Houston, TX 77020 |
|------------------------|--|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sustaining membership contribution |
|------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>11/20/2024 | Payee name<br>Harris County Democratic Party |
|--------------------|--|

|                        |  |
|------------------------|--|
| Amount (\$)<br>\$35.00 | Payee address; City; State; Zip Code<br>4619 Lyons Avenue<br><br>Houston, TX 77020 |
|------------------------|--|

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|------------------------|---|--|
| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sustaining membership contribution |
|------------------------|---|--|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/22 Rpt: 9/26 | <b>2</b> FILER NAME<br>Berg, Janice L. (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081820 |
|--|--|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>12/20/2024 | <b>5</b> Payee name<br>Harris County Democratic Party |
|-----------------------------|---|

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|---------------------------------|---|
| <b>6</b> Amount (\$)<br>\$35.00 | <b>7</b> Payee address; City; State; Zip Code<br>4619 Lyons Avenue<br><br>Houston, TX 77020 |
|---------------------------------|---|

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| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sustaining membership contribution |
|---------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|--|
| Date<br>10/03/2024 | Payee name<br>Harris County Tejano Democrats |
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| Amount (\$)<br>\$500.00 | Payee address; City; State; Zip Code<br>3213 Houston Ave<br><br>Houston, TX 77009 |
|-------------------------|---|

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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Roast & Toast |
|-------------------------------|---|---|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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|--------------------|-------------------------------------|
| Date<br>09/23/2024 | Payee name<br>Houston LGBTQ+ Caucus |
|--------------------|-------------------------------------|

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| Amount (\$)<br>\$40.00 | Payee address; City; State; Zip Code<br>P.O. Box 66664<br><br>Houston, TX 77266 |
|------------------------|---|

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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Annual membership contribution |
|-------------------------------|---|--|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|          |  |  |   |               |   |
|----------|--|--|---|---------------|---|
| <b>1</b> | Total pages Schedule F1:<br>Sch: 7/22 Rpt: 10/26 | <b>2</b>   | FILER NAME<br>Berg, Janice L. (The Honorable)   | <b>3</b>      | Filer ID (Ethics Commission Filers)<br>00081820 |
| <b>4</b> | Date<br>11/22/2024                               | <b>5</b>   | Payee name<br>It's Just Like Art LLC  |               |   |
| <b>6</b> | Amount (\$)<br>\$143.75                          | <b>7</b>   | Payee address; City; State; Zip Code<br>9033 Cullen Blvd<br><br>Houston, TX 77051   |               |   |
| <b>8</b> | <b>PURPOSE OF EXPENDITURE</b>                    | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Catering provided for National Adoption Day |               |   |
| <b>9</b> |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       | Candidate/Officeholder name   | Office sought | Office held                                     |
|          | Date<br>11/08/2024                               |  | Payee name<br>Jason's Deli  |               |   |
|          | Amount (\$)<br>\$249.33                          |  | Payee address; City; State; Zip Code<br>5860 Westheimer Rd<br><br>Houston, TX 77057   |               |   |
|          | <b>PURPOSE OF EXPENDITURE</b>                    | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Lunch for jury                              |               |   |
|          |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       | Candidate/Officeholder name   | Office sought | Office held                                     |
|          | Date<br>07/08/2024                               |  | Payee name<br>Leaf & Grain  |               |   |
|          | Amount (\$)<br>\$227.85                          |  | Payee address; City; State; Zip Code<br>1200 McKinney St Suite 479<br><br>Houston, TX 77010   |               |   |
|          | <b>PURPOSE OF EXPENDITURE</b>                    | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Staff lunch                                 |               |   |
|          |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       | Candidate/Officeholder name   | Office sought | Office held                                     |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 8/22 Rpt: 11/26 | <b>2</b> FILER NAME<br>Berg, Janice L. (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081820 |
|---|--|--|

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|-----------------------------|---------------------------------------|
| <b>4</b> Date<br>09/25/2024 | <b>5</b> Payee name<br>Romano's Pizza |
|-----------------------------|---------------------------------------|

|                                  |  |
|----------------------------------|--|
| <b>6</b> Amount (\$)<br>\$147.64 | <b>7</b> Payee address; City; State; Zip Code<br>1528 W Gray St<br><br>Houston, TX 77019 |
|----------------------------------|--|

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|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Staff lunch |
|---------------------------------|--|---|

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|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|------------------------------|
| Date<br>10/15/2024 | Payee name<br>Romano's Pizza |
|--------------------|------------------------------|

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| Amount (\$)<br>\$96.07 | Payee address; City; State; Zip Code<br>1528 W Gray St<br><br>Houston, TX 77019 |
|------------------------|---|

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|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Staff lunch |
|------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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|--------------------|-----------------------------------|
| Date<br>07/01/2024 | Payee name<br>Southwest Democrats |
|--------------------|-----------------------------------|

|                        |  |
|------------------------|--|
| Amount (\$)<br>\$10.00 | Payee address; City; State; Zip Code<br>P.O. Box 2053<br><br>Bellaire, TX 77402-2053 |
|------------------------|--|

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|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sustaining membership contribution |
|------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|          |  |  |  |               |   |
|----------|--|--|--|---------------|---|
| <b>1</b> | Total pages Schedule F1:<br>Sch: 9/22 Rpt: 12/26 | <b>2</b>   | FILER NAME<br>Berg, Janice L. (The Honorable)  | <b>3</b>      | Filer ID (Ethics Commission Filers)<br>00081820 |
| <b>4</b> | Date<br>07/29/2024                               | <b>5</b>   | Payee name<br>Southwest Democrats  |               |   |
| <b>6</b> | Amount (\$)<br>\$10.00                           | <b>7</b>   | Payee address; City; State; Zip Code<br>P.O. Box 2053<br><br>Bellaire, TX 77402-2053   |               |   |
| <b>8</b> | <b>PURPOSE OF EXPENDITURE</b>                    | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sustaining membership contribution |               |   |
| <b>9</b> |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought | Office held                                     |
|          | Date<br>08/29/2024                               |  | Payee name<br>Southwest Democrats  |               |   |
|          | Amount (\$)<br>\$10.00                           |  | Payee address; City; State; Zip Code<br>P.O. Box 2053<br><br>Bellaire, TX 77402-2053   |               |   |
|          | <b>PURPOSE OF EXPENDITURE</b>                    | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sustaining membership contribution |               |   |
|          |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought | Office held                                     |
|          | Date<br>09/30/2024                               |  | Payee name<br>Southwest Democrats  |               |   |
|          | Amount (\$)<br>\$10.00                           |  | Payee address; City; State; Zip Code<br>P.O. Box 2053<br><br>Bellaire, TX 77402-2053   |               |   |
|          | <b>PURPOSE OF EXPENDITURE</b>                    | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sustaining membership contribution |               |   |
|          |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought | Office held                                     |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|          |   |  |  |               |   |  |
|----------|---|--|--|---------------|---|--|
| <b>1</b> | Total pages Schedule F1:<br>Sch: 10/22 Rpt: 13/26 | <b>2</b>   | FILER NAME<br>Berg, Janice L. (The Honorable)  | <b>3</b>      | Filer ID (Ethics Commission Filers)<br>00081820 |  |
| <b>4</b> | Date<br>10/29/2024                                | <b>5</b>   | Payee name<br>Southwest Democrats  |               |   |  |
| <b>6</b> | Amount (\$)<br>\$10.00                            | <b>7</b>   | Payee address; City; State; Zip Code<br>P.O. Box 2053<br><br>Bellaire, TX 77402-2053   |               |   |  |
| <b>8</b> | <b>PURPOSE OF EXPENDITURE</b>                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sustaining membership contribution |               |   |  |
| <b>9</b> |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought | Office held                                     |  |
|          | Date<br>11/29/2024                                |  | Payee name<br>Southwest Democrats  |               |   |  |
|          | Amount (\$)<br>\$10.00                            |  | Payee address; City; State; Zip Code<br>P.O. Box 2053<br><br>Bellaire, TX 77402-2053   |               |   |  |
|          | <b>PURPOSE OF EXPENDITURE</b>                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sustaining membership contribution |               |   |  |
|          |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought | Office held                                     |  |
|          | Date<br>12/30/2024                                |  | Payee name<br>Southwest Democrats  |               |   |  |
|          | Amount (\$)<br>\$10.00                            |  | Payee address; City; State; Zip Code<br>P.O. Box 2053<br><br>Bellaire, TX 77402-2053   |               |   |  |
|          | <b>PURPOSE OF EXPENDITURE</b>                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sustaining membership contribution |               |   |  |
|          |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought | Office held                                     |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 11/22 Rpt: 14/26   | <b>2</b> FILER NAME<br>Berg, Janice L. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081820  |
| <b>4</b> Date<br>08/19/2024                                  | <b>5</b> Payee name<br>Southwest Democrats  |   |
| <b>6</b> Amount (\$)<br>\$500.00                             | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 2053<br><br>Bellaire, TX 77402-2053   |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution                      |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>12/19/2024   | Payee name<br>Spaghetti Western   |   |
| Amount (\$)<br>\$224.02                                      | Payee address; City; State; Zip Code<br>1608 Shepherd Dr<br><br>Houston, TX 77007   |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Staff holiday lunch               |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>10/11/2024   | Payee name<br>State Bar of Texas  |   |
| Amount (\$)<br>\$150.00                                      | Payee address; City; State; Zip Code<br>1414 Colorado Street<br><br>Houston, TX 78701   |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>State Bar College membership dues |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 12/22 Rpt: 15/26          | <b>2</b> FILER NAME<br>Berg, Janice L. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081820  |
| <b>4</b> Date<br>08/19/2024   | <b>5</b> Payee name<br>Sweetgreen   |   |
| <b>6</b> Amount (\$)<br>\$58.96                                     | <b>7</b> Payee address; City; State; Zip Code<br>820 Main St<br><br>Houston, TX 77002                     |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Staff lunch     |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>09/19/2024  | Payee name<br>Sweetgreen  |   |
| Amount (\$)<br>\$51.49  | Payee address; City; State; Zip Code<br>820 Main St<br><br>Houston, TX 77002                              |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Staff lunch     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>11/04/2024  | Payee name<br>Target  |   |
| Amount (\$)<br>\$225.53   | Payee address; City; State; Zip Code<br>2580 Shearn St<br><br>Houston, TX 77007                           |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Office supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought                      Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 13/22 Rpt: 16/26 | <b>2</b> FILER NAME<br>Berg, Janice L. (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081820 |
|--|--|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>08/19/2024 | <b>5</b> Payee name<br>Texas Center for the Judiciary |
|-----------------------------|---|

|                                  |  |
|----------------------------------|--|
| <b>6</b> Amount (\$)<br>\$240.00 | <b>7</b> Payee address; City; State; Zip Code<br>1210 San Antonio<br>Suite 800<br>Austin, TX 78701 |
|----------------------------------|--|

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|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation |
|---------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|--|
| Date<br>10/07/2024 | Payee name<br>Texas Center for the Judiciary |
|--------------------|--|

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|------------------------|---|
| Amount (\$)<br>\$70.00 | Payee address; City; State; Zip Code<br>1210 San Antonio<br>Suite 800<br>Austin, TX 78701 |
|------------------------|---|

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|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CLE registration fee |
|-------------------------------|---|--|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>10/07/2024 | Payee name<br>Texas Center for the Judiciary |
|--------------------|--|

|                        |   |
|------------------------|---|
| Amount (\$)<br>\$35.00 | Payee address; City; State; Zip Code<br>1210 San Antonio<br>Suite 800<br>Austin, TX 78701 |
|------------------------|---|

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|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CLE registration fee |
|-------------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 14/22 Rpt: 17/26   | <b>2</b> FILER NAME<br>Berg, Janice L. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081820   |
| <b>4</b> Date<br>10/15/2024                                  | <b>5</b> Payee name<br>Texas Center for the Judiciary  |  |
| <b>6</b> Amount (\$)<br>\$35.00                              | <b>7</b> Payee address; City; State; Zip Code<br>1210 San Antonio<br>Suite 800<br>Austin, TX 78701 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CLE registration fee |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>10/21/2024   | Payee name<br>Texas Center for the Judiciary   |  |
| Amount (\$)<br>\$35.00                                       | Payee address; City; State; Zip Code<br>1210 San Antonio<br>Suite 800<br>Austin, TX 78701          |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CLE registration fee |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>11/07/2024   | Payee name<br>Texas Center for the Judiciary   |  |
| Amount (\$)<br>\$35.00                                       | Payee address; City; State; Zip Code<br>1210 San Antonio<br>Suite 800<br>Austin, TX 78701          |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CLE registration fee |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 15/22 Rpt: 18/26   | <b>2</b> FILER NAME<br>Berg, Janice L. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081820  |
| <b>4</b> Date<br>11/07/2024                                  | <b>5</b> Payee name<br>Texas Center for the Judiciary   |   |
| <b>6</b> Amount (\$)<br>\$35.00                              | <b>7</b> Payee address; City; State; Zip Code<br>1210 San Antonio<br>Suite 800<br>Austin, TX 78701        |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CLE registration fee              |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>11/12/2024   | Payee name<br>Texas Center for the Judiciary  |   |
| Amount (\$)<br>\$65.00                                       | Payee address; City; State; Zip Code<br>1210 San Antonio<br>Suite 800<br>Austin, TX 78701                 |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Purchase of 2024 Texas Bench Book |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>11/25/2024   | Payee name<br>Texas Center for the Judiciary  |   |
| Amount (\$)<br>\$35.00                                       | Payee address; City; State; Zip Code<br>1210 San Antonio<br>Suite 800<br>Austin, TX 78701                 |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CLE registration fee              |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|          |   |  |  |               |   |
|----------|---|--|--|---------------|---|
| <b>1</b> | Total pages Schedule F1:<br>Sch: 16/22 Rpt: 19/26 | <b>2</b>   | FILER NAME<br>Berg, Janice L. (The Honorable)  | <b>3</b>      | Filer ID (Ethics Commission Filers)<br>00081820 |
| <b>4</b> | Date<br>09/04/2024                                | <b>5</b>   | Payee name<br>Texas District Judges  |               |   |
| <b>6</b> | Amount (\$)<br>\$101.06                           | <b>7</b>   | Payee address; City; State; Zip Code<br>P O Box 12066<br><br>Austin, TX 78711  |               |   |
| <b>8</b> | <b>PURPOSE OF EXPENDITURE</b>                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation |               |   |
| <b>9</b> |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought | Office held                                     |
|          | Date<br>09/19/2024                                |  | Payee name<br>Texas District Judges  |               |   |
|          | Amount (\$)<br>\$1,001.06                         |  | Payee address; City; State; Zip Code<br>P O Box 12066<br><br>Austin, TX 78711  |               |   |
|          | <b>PURPOSE OF EXPENDITURE</b>                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation |               |   |
|          |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought | Office held                                     |
|          | Date<br>08/08/2024                                |  | Payee name<br>Texas Family Law Foundation  |               |   |
|          | Amount (\$)<br>\$75.00                            |  | Payee address; City; State; Zip Code<br>14546 Brook Hollow Blvd. Suite 350<br><br>San Antonio, TX 78232  |               |   |
|          | <b>PURPOSE OF EXPENDITURE</b>                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation |               |   |
|          |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought | Office held                                     |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 17/22 Rpt: 20/26 | <b>2</b> FILER NAME<br>Berg, Janice L. (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081820 |
|--|--|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>07/02/2024 | <b>5</b> Payee name<br>The Beacon Agency |
|-----------------------------|--|

|                                 |   |
|---------------------------------|---|
| <b>6</b> Amount (\$)<br>\$35.00 | <b>7</b> Payee address; City; State; Zip Code<br>945 McKinney St.<br>Ste 12230<br>Houston, TX 77002 |
|---------------------------------|---|

|                                 |  |  |
|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign website maintenance |
|---------------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                                 |
|--------------------|---------------------------------|
| Date<br>08/02/2024 | Payee name<br>The Beacon Agency |
|--------------------|---------------------------------|

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| Amount (\$)<br>\$35.00 | Payee address; City; State; Zip Code<br>945 McKinney St.<br>Ste 12230<br>Houston, TX 77002 |
|------------------------|--|

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|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign website maintenance |
|-------------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                                 |
|--------------------|---------------------------------|
| Date<br>09/03/2024 | Payee name<br>The Beacon Agency |
|--------------------|---------------------------------|

|                        |  |
|------------------------|--|
| Amount (\$)<br>\$35.00 | Payee address; City; State; Zip Code<br>945 McKinney St.<br>Ste 12230<br>Houston, TX 77002 |
|------------------------|--|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign website maintenance |
|-------------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|          |   |  |  |               |   |
|----------|---|--|--|---------------|---|
| <b>1</b> | Total pages Schedule F1:<br>Sch: 18/22 Rpt: 21/26 | <b>2</b>   | FILER NAME<br>Berg, Janice L. (The Honorable)  | <b>3</b>      | Filer ID (Ethics Commission Filers)<br>00081820 |
| <b>4</b> | Date<br>10/02/2024                                | <b>5</b>   | Payee name<br>The Beacon Agency  |               |   |
| <b>6</b> | Amount (\$)<br>\$35.00                            | <b>7</b>   | Payee address; City; State; Zip Code<br>945 McKinney St.<br>Ste 12230<br>Houston, TX 77002   |               |   |
| <b>8</b> | <b>PURPOSE OF EXPENDITURE</b>                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign website maintenance |               |   |
| <b>9</b> |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name  | Office sought | Office held                                     |
|          | Date<br>11/04/2024                                |  | Payee name<br>The Beacon Agency  |               |   |
|          | Amount (\$)<br>\$35.00                            |  | Payee address; City; State; Zip Code<br>945 McKinney St.<br>Ste 12230<br>Houston, TX 77002   |               |   |
|          | <b>PURPOSE OF EXPENDITURE</b>                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign website maintenance |               |   |
|          |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name  | Office sought | Office held                                     |
|          | Date<br>12/02/2024                                |  | Payee name<br>The Beacon Agency  |               |   |
|          | Amount (\$)<br>\$35.00                            |  | Payee address; City; State; Zip Code<br>945 McKinney St.<br>Ste 12230<br>Houston, TX 77002   |               |   |
|          | <b>PURPOSE OF EXPENDITURE</b>                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign website maintenance |               |   |
|          |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name  | Office sought | Office held                                     |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 19/22 Rpt: 22/26   | <b>2</b> FILER NAME<br>Berg, Janice L. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081820  |
| <b>4</b> Date<br>11/22/2024                                  | <b>5</b> Payee name<br>Thomas, Ben  |   |
| <b>6</b> Amount (\$)<br>\$31.25                              | <b>7</b> Payee address; City; State; Zip Code<br>2310 Main St #223<br><br>Houston, TX 77002               |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Balloon art for National Adoption Day |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>09/04/2024   | Payee name<br>Thomson Reuters   |   |
| Amount (\$)<br>\$264.13                                      | Payee address; City; State; Zip Code<br>6160 Warren Parkway, Suite 700<br><br>Frisco, TX 75034            |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Subscription                          |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>10/30/2024   | Payee name<br>Treebeards Cloister   |   |
| Amount (\$)<br>\$200.26                                      | Payee address; City; State; Zip Code<br>1117 Texas St<br><br>Houston, TX 77002                            |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Staff lunch                           |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 20/22 Rpt: 23/26 | <b>2</b> FILER NAME<br>Berg, Janice L. (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081820 |
|--|--|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>10/16/2024 | <b>5</b> Payee name<br>United States Post Office |
|-----------------------------|--|

|                                  |   |
|----------------------------------|---|
| <b>6</b> Amount (\$)<br>\$170.00 | <b>7</b> Payee address; City; State; Zip Code<br>1900 West Gray St<br><br>Houston, TX 77019 |
|----------------------------------|---|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Post office box renewal |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>12/23/2024 | Payee name<br>Zoom Video Communications, Inc. |
|--------------------|---|

|                        |  |
|------------------------|--|
| Amount (\$)<br>\$34.10 | Payee address; City; State; Zip Code<br>55 Almaden Blvd<br>6th Floor<br>San Jose, CA 95113 |
|------------------------|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Online meeting software |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>07/22/2024 | Payee name<br>Zoom Video Communications, Inc. |
|--------------------|---|

|                        |  |
|------------------------|--|
| Amount (\$)<br>\$34.10 | Payee address; City; State; Zip Code<br>55 Almaden Blvd<br>6th Floor<br>San Jose, CA 95113 |
|------------------------|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Online meeting software |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 21/22 Rpt: 24/26 | <b>2</b> FILER NAME<br>Berg, Janice L. (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081820 |
|--|--|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>08/22/2024 | <b>5</b> Payee name<br>Zoom Video Communications, Inc. |
|-----------------------------|--|

|                                 |   |
|---------------------------------|---|
| <b>6</b> Amount (\$)<br>\$34.10 | <b>7</b> Payee address; City; State; Zip Code<br>55 Almaden Blvd<br>6th Floor<br>San Jose, CA 95113 |
|---------------------------------|---|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Online meeting software |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>09/23/2024 | Payee name<br>Zoom Video Communications, Inc. |
|--------------------|---|

|                        |  |
|------------------------|--|
| Amount (\$)<br>\$34.10 | Payee address; City; State; Zip Code<br>55 Almaden Blvd<br>6th Floor<br>San Jose, CA 95113 |
|------------------------|--|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Online meeting software |
|------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>10/22/2024 | Payee name<br>Zoom Video Communications, Inc. |
|--------------------|---|

|                        |  |
|------------------------|--|
| Amount (\$)<br>\$34.10 | Payee address; City; State; Zip Code<br>55 Almaden Blvd<br>6th Floor<br>San Jose, CA 95113 |
|------------------------|--|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Online meeting software |
|------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 22/22 Rpt: 25/26          | <b>2</b> FILER NAME<br>Berg, Janice L. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081820  |
| <b>4</b> Date<br>11/22/2024   | <b>5</b> Payee name<br>Zoom Video Communications, Inc.  |   |
| <b>6</b> Amount (\$)<br>\$34.10                                     | <b>7</b> Payee address; City; State; Zip Code<br>55 Almaden Blvd<br>6th Floor<br>San Jose, CA 95113       |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Online meeting software |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought                      Office held  |

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule K:<br>Sch: 1/1 Rpt: 26/26                    |
| <b>2</b> FILER NAME<br>Berg, Janice L. (The Honorable)           |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081820                   |
| <b>4</b> Date<br>12/31/2024                                      | <b>5</b> Name of person from whom amount is received<br>Berg, Janice                                    | <b>8</b> Amount (\$)<br>\$620.00   |
|  | <b>6</b> Address of person from whom amount is received; City; State; Zip Code<br><br>Houston, TX 77256 |  |
|  | <b>7</b> Purpose for which amount is received<br>Reimbursement of PAC contribution overages             | <input type="checkbox"/> Check if political contribution returned to filer |