JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

| The JC/OH Instruction | Guide explains how to com | plete this form. | 1 Filer ID (Ethics Commis 00081820 | sion Filers) | 2 Total pages fil 2 | |
|-------------------------------|---------------------------|------------------|--|-----------------------------------|--|--------------------|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | | |
| OFFICEHOLDER | The Honorable | Janice L. | | | OFFICE | JSE ONLY |
| NAME | | Sumee E. | | | Date Received | |
| | | | | | ELECTRONICA | ALLY FILED |
| | NICKNAME | LAST | | SUFFIX | 01/15/2025 | |
| | | Berg | | | | |
| | | - | | | | |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX; AP | T / SUITE #; CIT | TY; | ZIP CODE | Date Hand-delivered or | Date Postmarked |
| MAILING | PO Box 19186 | | | | | |
| ADDRESS | | | | | Receipt # | Amount |
| Change of Address | Houston, TX 77224 | | | | | |
| | | | | | Date Processed | |
| | | | | | | |
| | | | | | Date Imaged | |
| | | | | | | |
| 5 CAMPAIGN TREASURER | MS / MRS / MR | FIRST | | | MI | |
| NAME | Ms. | Paula | | | | |
| | | | | | | |
| | NICKNAME | LAST | | | SUFFIX | |
| | | Arnold | | | | |
| | | | | | | |
| 6 CAMPAIGN | | | | | STA | TE; ZIP CODE |
| 6 CAMPAIGN TREASURER | STREET ADDRESS (NO P | J BOX PLEASE), | APT | / SUITE #; CITY; | 514 | TE, ZIP CODE |
| ADDRESS | 102 Windcrest Ct. | | | | | |
| (Residence or Business) | | | | | | |
| (, | Jersey Village, TX 77064 | Ļ | | | | |
| | | | | | | |
| | | | | | | |
| 7 CAMPAIGN TREASURER | AREA CODE PHC | NE NUMBER | EXTENSION | | | |
| PHONE | (713) 962-1905 | | | | | |
| | | | | | | |
| 8 REPORT | | | | | _ | |
| TYPE | X January 15 | 30th day before | e election | Runoff | 15th day after car appointment (offic | npaign treasurer |
| | July 15 | 8th day before | | | - | |
| | | our day before | | Exceeded modified reporting limit | Final Report (Atta | UII C/OH-FR) |
| | | | | | | |
| 9 PERIOD COVERED | Month Day Year | | | Month Day | Year | |
| COVERED | 07/01/2024 | 11 | HROUGH | 12/31/202 | 4 | |
| | | | | | | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month Day Year | XF | Primary | Runoff | Other | |
| | 03/03/2026 | | Seneral | Special | | |
| | | | | | | |
| | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT | | |
| | Family District Court Jud | ge District 247 | | Family District C | ourt Judge Distric | ct 247 |
| | | | | | | |
| | 1 | | | • | | |
| | | | | | | |
| | | <u> </u> | TO PAGE 2 | | | |
| | | GO | I O FAGE Z | | | |
| Forms provided by Te | xas Ethics Commission | www.et | thics.state.tx.us | 3 | Versio | on V4.1.0.5dd2ace2 |

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 26

I

| 13 C / OH NAME | Berg, Janice L. (The | Honorable) | 14 Filer ID 00081820 | (Ethics Comr | nission Filers) | | | | | | | |
|--|----------------------------------|--|-------------------------------|-----------------|-----------------|--|--|--|--|--|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expe These expenditures may have been made with d officeholders are required to report this inform | nout the candidate's or offic | ceholder's kno | wledge or | | | | | | | |
| Additional Pages | COMMITTEE TYPE COMMITTEE NAME | | | | | | | | | | | |
| | GENERAL | | | | | | | | | | | |
| | | COMMITTEE ADDRESS | | | | | | | | | | |
| | SPECIFIC | | | | | | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAM | ЛЕ | | | | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADD | DRESS | | | | | | | | | |
| | | | | | | | | | | | | |
| 16 CONTRIBUTION TOTALS | | IZED POLITICAL CONTRIBUTIONS(OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE | | \$ | 0.00 | | | | | | | |
| | | ICAL CONTRIBUTIONS | | \$ | 0.00 | | | | | | | |
| EXPENDITURE | | PLEDGES, LOANS, OR GUARANTEES OF LO | | | | | | | | | | |
| TOTALS | | | | \$ | 67.18 | | | | | | | |
| | 4. TOTAL POLIT | ICAL EXPENDITURES | CAL EXPENDITURES | | | | | | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF TH RIOD | HE LAST DAY OF THE | \$ | 79,125.38 | | | | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | PAL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD | S AS OF THE LAST DAY | \$ | 0.00 | | | | | | | |
| 17 AFFIDAVIT | | | | | | | | | | | | |
| | | I swear, or affirm, under pe true and correct and includ under Title 15, Election Co | les all information required | | | | | | | | | |
| | | The I | Honorable Janice L. Be | erg | | | | | | | | |
| | | Signatu | re of Candidate or Officeho | older | | | | | | | | |
| AFFIX NO | TARY STAMP / SEAL AB | OVE | | | | | | | | | | |
| Sworn to and subso | ribed before me by the s | aid | this the | | dav | | | | | | | |
| of | | | _uuy | | | | | | | | | |
| | | | | | | | | | | | | |
| Signature of offic | er administering oath | Printed name of officer administering oat | h Title of offic | er administerir | ng oath | | | | | | | |
| Forms provided by Te | xas Ethics Commissior | www.ethics.state.tx.us | | Version V4 | 1.0.5dd2ace2 | | | | | | | |

FORM JC/OH COVER SHEET PG 3

| 5 |
|---|
| |

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

SUBTOTALS - JC/OH

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 1/22 Rpt: 4/26 | Berg, Janice L. (The Honorable) | 00081820 | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 07/19/2024 | Acuity Scheduling | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | |
| | \$30.91 | PO Box 4668 #64465 New York, NY 10163-4668 | | | | | | | |
| _ | DUDDOCE | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Scheduling service | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 08/19/2024 | Acuity Scheduling | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$30.91 | PO Box 4668 #64465 New York, NY 10163-4668 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense I rViCE | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 09/19/2024 | Acuity Scheduling | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$30.91 | PO Box 4668 #64465 | | | | | | | |
| | | New York, NY 10163-4668 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense P rViCE | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 2/22 Rpt: 5/26 | Berg, Janice L. (The Honorable) | 00081820 | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 10/21/2024 | Acuity Scheduling | | | | | | | |
| 6 | Amount (\$) \$30.91 | 7 Payee address; City; State; Zip Code PO Box 4668 #64465 New York, NY 10163-4668 | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense P rViCE | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 11/19/2024 | Acuity Scheduling | | | | | | | |
| | Amount (\$) \$30.91 | Payee address; City; State; Zip Code PO Box 4668 #64465 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense PrviCe | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 12/19/2024 | Acuity Scheduling | | | | | | | |
| | Amount (\$) \$30.91 | Payee address;City;State;Zip CodePO Box 4668 #64465 | | | | | | | |
| | | New York, NY 10163-4668 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense PrVICE | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 3/22 Rpt: 6/26 | Berg, Janice L. (The Honorable) | 00081820 | | | | | | |
| 4 | Date 12/23/2024 | Payee name Amazon | | | | | | | |
| 6 | Amount (\$) \$2,250.00 | Payee address; City; State; Zip Code P.O. Box 81226 Seattle, WA 98108 Seattle, WA 98108 | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. n, TX, officeholder living expense gifts | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 12/06/2024 | Amazon | | | | | | | |
| | Amount (\$) \$59.35 | Payee address; City; State; Zip Code P.O. Box 81226 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. h, TX, officeholder living expense gifts | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 08/14/2024 | American Inns of Court | | | | | | | |
| | Amount (\$) \$684.50 | Payee address;City;State;Zip Code225 Reinekers Lane, Suite 770 | | | | | | | |
| | | Alexandria, VA 22314 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. n, TX, officeholder living expense dues | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|------------|---|-------------|----------|----|--|--|----------------------------|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | Travel in District Travel Out of Distri | uipment & Related Expense | | | |
| 1 | Total pages Schedule F1: | 2 F | ILER NAME | | | | 3 | Filer ID | (Ethics Commission Filers) | | |
| | Sch: 4/22 Rpt: 7/26 | E | Berg, Janice L. (The Honorable) | | | | | 00081820 | | | |
| 4 | Date 11/22/2024 | | 'ayee name Irne's | | | | | | | | |
| 6 | Amount (\$) \$16.54 | | 7 Payee address; City; State; Zip Code 2830 Hicks St | | | | | | | | |
| | | F | louston, TX 77007 | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of Event Expense | this schedu | ule) (| | , TX, | de of Texas. Compl officeholder living e National Ado | expense | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ndidate/Officeholder name | Off | ice soug | nt | | Office hel | d | | |
| | Date | F | ayee name | | | | | | | | |
| | 07/22/2024 | ŀ | larris County Democratic Party | | | | | | | | |
| | Amount (\$) \$35.00 | | ayee address; City; 619 Lyons Avenue | State; | Zip Cod | 9 | | | | | |
| | PURPOSE OF EXPENDITURE | (a) (| louston, TX 77020 Category (See Categories listed at the top of Contributions/Donations Made By Candidate/Officeholder/Political C | / | | | , TX, | de of Texas. Compl officeholder living e bership contr | expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ndidate/Officeholder name | Off | ice soug | nt | | Office hel | d | | |
| - | Date | F | ayee name | | | | | | | | |
| | 08/20/2024 | | larris County Democratic Party | | | | | | | | |
| | Amount (\$) \$35.00 | | ayee address; City; 619 Lyons Avenue | State; | Zip Cod | 9 | | | | | |
| | | F | louston, TX 77020 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of Contributions/Donations Made By Candidate/Officeholder/Political C | / | , | | , тх, | de of Texas. Compl officeholder living e bership contr | expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ndidate/Officeholder name | Off | ice soug | nt | | Office hel | d | | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|-----|--|---|------------------|-------|-------------------------------------|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | | | Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing Ex | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 5/22 Rpt: 8/26 | | Berg, Janice L. (The Honorable) | | | | 00081820 | | |
| 4 | Date | 5 | Payee name | | | | | | |
| | 09/20/2024 | | Harris County Democratic Party | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Zip Co | ode | | | | | |
| | \$35.00 | | 4619 Lyons Avenue | | | | | | |
| | | | | | | | | | |
| | | | Houston, TX 77020 | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) | (b) | Description | | | | |
| | OF | Ľ | Contributions/Donations Made By | Ľ | | outsi | de of Texas. Complete Schedule T. | | |
| | EXPENDITURE | | Candidate/Officeholder/Political Committee | | Check if Austin, | , TX, | officeholder living expense | | |
| | | | | | Sustaining m | em | bership contribution | | |
| | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct | | Candidate/Officeholder name Office sou | ught | | | Office held | | |
| | expenditure to benefit C/OF | H | | | | | | | |
| | Date | | Payee name | | | | | | |
| | 10/21/2024 | | Harris County Democratic Party | | | | | | |
| | Amount (\$) | | Payee address; City; State; Zip Co | ode | | | | | |
| | \$35.00 | | 4619 Lyons Avenue | | | | | | |
| | +00100 | | | | | | | | |
| | | | Houston, TX 77020 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Contributions/Donations Made By | | | | de of Texas. Complete Schedule T. | | |
| | | | Candidate/Officeholder/Political Committee | | | | officeholder living expense | | |
| | | | | | Sustaining m | em | bership contribution | | |
| | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name Office sou | lght | | | Office held | | |
| | | _ | | | | | | | |
| | Date | | Payee name | | | | | | |
| | 11/20/2024 | | Harris County Democratic Party | | | | | | |
| | Amount (\$) | | Payee address; City; State; Zip Co | ode | | | | | |
| | \$35.00 | | 4619 Lyons Avenue | | | | | | |
| | | | | | | | | | |
| | | | Houston, TX 77020 | _ | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Contributions/Donations Made By | 1 | | | de of Texas. Complete Schedule T. | | |
| | | | Candidate/Officeholder/Political Committee | | | | officeholder living expense | | |
| | | | | 1 | Sustaining m | em | bership contribution | | |
| | | | | <u> </u> | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name Office sou | ught | | | Office held | | |
| | | - | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|--|-----|---|--|---|-------|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | | | Event Expense Loan R Fees Office c Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing | epayme Dverhead Expense J Expens s/Wages | nt/Reimbursement d/Rental Expense e se //Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 6/22 Rpt: 9/26 | | Berg, Janice L. (The Honorable) | | | | 00081820 | | |
| 4 | Date | 5 | Payee name | | | | | | |
| | 12/20/2024 | | Harris County Democratic Party | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Zip (| Code | | | | | |
| | \$35.00 | | 4619 Lyons Avenue | | | | | | |
| | | | - | | | | | | |
| | | | Houston, TX 77020 | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Contributions/Donations Made By | | | | de of Texas. Complete Schedule T. | | |
| | | | Candidate/Officeholder/Political Committee | | | | officeholder living expense | | |
| | | | | | Sustaining m | em | bership contribution | | |
| | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name Office s | ought | | | Office held | | |
| | Date | | Payee name | | | | | | |
| | 10/03/2024 | | Harris County Tejano Democrats | | | | | | |
| | Amount (\$) | ┝ | Payee address; City; State; Zip (| Code | | | | | |
| | \$500.00 | | 3213 Houston Ave | 0000 | | | | | |
| | \$300.00 | | J213 Houston Ave | | | | | | |
| | | | Houston, TX 77009 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Contributions/Donations Made By | | | | de of Texas. Complete Schedule T. | | |
| | | | Candidate/Officeholder/Political Committee | | | | officeholder living expense | | |
| | | | | | Contribution | 10 F | Roast & Toast | | |
| | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name Office s | ought | | | Office held | | |
| _ | Date | | Payee name | | | | | | |
| | 09/23/2024 | | Houston LGBTQ+ Caucus | | | | | | |
| _ | Amount (\$) | | Payee address; City; State; Zip (| ode | | | | | |
| | \$40.00 | | P.O. Box 66664 | couc | | | | | |
| | ψ+0.00 | | 1.0. 000 00004 | | | | | | |
| | | | Houston, TX 77266 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) | (b) | Description | | | | |
| | OF | | Contributions/Donations Made By | | Check if travel | outsi | de of Texas. Complete Schedule T. | | |
| | EXPENDITURE | | Candidate/Officeholder/Political Committee | | | | officeholder living expense | | |
| | | | | | Annual memb | oers | ship contribution | | |
| | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name Office se | ought | | | Office held | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|--|---|---|----|--------|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | - | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 7/22 Rpt: 10/26 | | Berg, Janice L. (The Honorable) | | | | 00081820 | | |
| 4 | Date 11/22/2024 | | Payee name It's Just Like Art LLC | | | | | | |
| 6 | Amount (\$) \$143.75 | | Payee address; City; State; 9033 Cullen Blvd Houston, TX 77051 | Zip Co | le | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Catering provided for National Adoption Day | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | candidate/Officeholder name Of | ffice sou | ht | | Office held | | |
| | Date | | Payee name | | | | | | |
| | 11/08/2024 | | Jason's Deli | | | | | | |
| | Amount (\$) \$249.33 | | Payee address; City; State; 5860 Westheimer Rd Houston, TX 77057 | Zip Co | le | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this scher Food/Beverage Expense | dule) | | n, TX, | de of Texas. Complete Schedule T. officeholder living expense | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Officeholder name Of | ffice sou | ht | | Office held | | |
| | Date | | Payee name | | | | | | |
| | 07/08/2024 | | Leaf & Grain | | | | | | |
| | Amount (\$) \$227.85 | | Payee address; City; State; 1200 McKinney St Suite 479 | Zip Co | le | | | | |
| | | | Houston, TX 77010 | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schere Food/Beverage Expense | dule) | | | de of Texas. Complete Schedule T. officeholder living expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | candidate/Officeholder name Of | ffice sou | ht | | Office held | | |
| | | _ | | _ | | _ | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|----------------|--|-------------|-------|-----------------|-------|---|-----------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / - al Corr | Fees Office Overhead/Rental Expense Transmitter Food/Beverage Expense Polling Expense Transmitter Gift/Awards/Memorials Expense Printing Expense Transmitter | | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel in District Travel Out of District OTHER (enter a category not listed abov | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | n Filers) |
| | Sch: 8/22 Rpt: 11/26 | | Berg, Janice L. (The Honorable) | | | | | 00081820 | |
| 4 | Date | 5 | Payee name | | | | | | |
| | 09/25/2024 | | Romano's Pizza | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; St | ate; Zip (| Code | | | | |
| | \$147.64 | | 1528 W Gray St | | | | | | |
| | | | | | | | | | |
| | | | Houston, TX 77019 | | | | | | |
| 8 | PURPOSE | <u> </u> | Category (See Categories listed at the top of this | | (b) | Description | | | |
| ľ | OF | | Food/Beverage Expense | s schedule) | (, | · · | outsi | ide of Texas. Complete Schedule T. | |
| | EXPENDITURE | | | | | Check if Austin | , тх, | , officeholder living expense | |
| | | | | | | Staff lunch | | | |
| | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office so | ought | | | Office held | |
| | | | | | | | | | |
| | Date | | Payee name | | | | | | |
| | 10/15/2024 | | Romano's Pizza | | | | | | |
| | Amount (\$) | | Payee address; City; St | ate; Zip (| Code | | | | |
| | \$96.07 | | 1528 W Gray St | | | | | | |
| | | | | | | | | | |
| | | | Houston, TX 77019 | | | | | | |
| _ | PURPOSE | (a) | Category (See Categories listed at the top of this | cobodulo) | (b) | Description | | | |
| | OF | | Food/Beverage Expense | s schedule) | | · | outsi | ide of Texas. Complete Schedule T. | |
| | EXPENDITURE | | | | | | , TX, | , officeholder living expense | |
| | | | | | | Staff lunch | | | |
| | | | | | | | | | |
| | Complete ONLY if direct | | andidate/Officeholder name | Office so | ought | | | Office held | |
| | expenditure to benefit C/OI | Η | | | | | | | |
| | Date | | Payee name | | | | | | |
| | 07/01/2024 | | Southwest Democrats | | | | | | |
| | Amount (\$) | | Payee address; City; St | ate; Zip (| Code | | | | |
| | \$10.00 | | P.O. Box 2053 | | | | | | |
| | | | | | | | | | |
| | | | Bellaire, TX 77402-2053 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this | s schedule) | (b) | Description | | | |
| | OF EXPENDITURE | | Contributions/Donations Made By | | | | | ide of Texas. Complete Schedule T. | |
| | EXPENDITORE | | Candidate/Officeholder/Political Co | mmittee | | | | , officeholder living expense | |
| | | | | | | Sustaining m | em | bership contribution | |
| | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office so | ought | | | Office held | |
| | | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|--|---|-----|--|---|---------------|--------|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment | | | Event Expense Loan Repay Fees Office Overt Food/Beverage Expense Polling Expe Gift/Awards/Memorials Expense Printing Exp Legal Services Salaries/Wa The Instruction Guide explains how to com | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 9/22 Rpt: 12/26 | | Berg, Janice L. (The Honorable) | | | | 00081820 | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 07/29/2024 | | Southwest Democrats | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Zip Cod | le | | | | | | | |
| | \$10.00 P.O. Box 2053 | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | Bellaire, TX 77402-2053 | | | | | | | | |
| 8 | PURPOSE | (a) | | (h) | Description | | | | | | |
| ľ | OF | (4) | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By | , (U, | | outsio | le of Texas. Complete Schedule T. | | | | |
| | EXPENDITURE | | Candidate/Officeholder/Political Committee | ł | | | officeholder living expense | | | | |
| | | | | | | eml | pership contribution | | | | |
| | | | | | | | | | | | |
| 9 | Complete ONLY if direct | (| Candidate/Officeholder name Office soug | ht | | | Office held | | | | |
| | expenditure to benefit C/OI | H | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 08/29/2024 | | Southwest Democrats | | | | | | | | |
| | | | | | | | | | | | |
| | Amount (\$) | | Payee address; City; State; Zip Cod | ie | | | | | | | |
| | \$10.00 | | P.O. Box 2053 | | | | | | | | |
| | | | | | | | | | | | |
| | | | Bellaire, TX 77402-2053 | | | | | | | | |
| | PURPOSE OF | (a) | | (b) r | Description | | | | | | |
| | EXPENDITURE | | Contributions/Donations Made By Candidate/Officeholder/Political Committee | ļ | | | le of Texas. Complete Schedule T. officeholder living expense | | | | |
| | | | Candidate/Onicenoide/Political Committee | Sustaining membership contribution | | | | | | | |
| | | | | | ouotaining me | | | | | | |
| | Complete ONLY if direct | | Landidate/Officeholder name Office soug | ht | | | Office held | | | | |
| | expenditure to benefit C/Oł | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 09/30/2024 | | Southwest Democrats | | | | | | | | |
| _ | | | | 1.0 | | | | | | | |
| | Amount (\$) | | Payee address; City; State; Zip Cod | ie | | | | | | | |
| | \$10.00 | | P.O. Box 2053 | | | | | | | | |
| | | | | | | | | | | | |
| | | | Bellaire, TX 77402-2053 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) | (b) | Description | | | | | | |
| | OF EXPENDITURE | | Contributions/Donations Made By | Į | | | de of Texas. Complete Schedule T. | | | | |
| | | | Candidate/Officeholder/Political Committee | ļ | | | officeholder living expense | | | | |
| | | | | | Sustaining me | em | pership contribution | | | | |
| | Operation Operation | | | I | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name Office soug | ht | | | Office held | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|--|---|-----|--|---|---|-------|-------------------------------------|--------|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment | | | Event Expense Loan Repay Fees Office Overh Food/Beverage Expense Polling Expe Gift/Awards/Memorials Expense Printing Exp Legal Services Salaries/Wag | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | : | 3 | Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 10/22 Rpt: 13/26 | | Berg, Janice L. (The Honorable) | | | | 00081820 | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 10/29/2024 | | Southwest Democrats | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Zip Code | е | | | | | | | |
| | \$10.00 P.O. Box 2053 | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | Bellaire, TX 77402-2053 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) | b) г | Description | | | \neg | | | |
| - | OF | | Contributions/Donations Made By | Γ | | utsic | de of Texas. Complete Schedule T. | | | | |
| | EXPENDITURE | | Candidate/Officeholder/Political Committee | Ē | Check if Austin, | TX, | officeholder living expense | | | | |
| | | | | S | Sustaining me | emt | bership contribution | | | | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | Candidate/Officeholder name Office sough | ht | | | Office held | | | | |
| | Date | | Payee name | | | | | | | | |
| | 11/29/2024 | | Southwest Democrats | | | | | | | | |
| | Amount (\$) | ┢ | Payee address; City; State; Zip Code | е | | | | - | | | |
| | \$10.00 | | P.O. Box 2053 | - | | | | | | | |
| | φ10.00 | | 1.0. Box 2000 | | | | | | | | |
| | | | Bellaire, TX 77402-2053 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) (I | b) [| Description | | | | | | |
| | OF EXPENDITURE | | Contributions/Donations Made By | Ē | | | de of Texas. Complete Schedule T. | | | | |
| | | | Candidate/Officeholder/Political Committee | | Austin, TX, officeholder living expense | | | | | | |
| | | | | 2 | sustaining me | errit | bership contribution | | | | |
| | | | | | | | 011111 | \neg | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name Office sough | nt | | | Office held | | | | |
| _ | Data | _ | D | | | | | = | | | |
| | Date | | Payee name | | | | | | | | |
| | 12/30/2024 | | Southwest Democrats | | | | | _ | | | |
| | Amount (\$) | | Payee address; City; State; Zip Code | е | | | | | | | |
| | \$10.00 | | P.O. Box 2053 | | | | | | | | |
| | | | | | | | | | | | |
| | | | Bellaire, TX 77402-2053 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) | b) [| Description | | | | | | |
| | OF EXPENDITURE | | Contributions/Donations Made By | Ē | | | de of Texas. Complete Schedule T. | | | | |
| | | | Candidate/Officeholder/Political Committee | L | | | officeholder living expense | | | | |
| | | | | 5 | bustaining me | emt | bership contribution | | | | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name Office sough | ht | | | Office held | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|---------------------|---|--|-------------------------------|-------|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h | Office Ove Polling Exp Printing Ex Salaries/W | pense /ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 11/22 Rpt: 14/26 | | Berg, Janice L. (The Honorable) | | | | 00081820 | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 08/19/2024 | | Southwest Democrats | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; | Zip Co | de | | | | | | |
| | \$500.00 | 00.00 P.O. Box 2053 | | | | | | | | | |
| | | | | | | | | | | | |
| | | | Bellaire, TX 77402-2053 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | | | | |
| | OF EXPENDITURE | | Contributions/Donations Made By | | | | de of Texas. Complete Schedule T. | | | | |
| | | | Candidate/Officeholder/Political Commi | ittee | | , TX, | officeholder living expense | | | | |
| | | | | | Contribution | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Officeholder name O | office sou | abt | | Office held | | | | |
| 5 | expenditure to benefit C/OI | | | | gnt | | Onice held | | | | |
| | Date | | Payee name | | | | | | | | |
| | 12/19/2024 | | Spaghetti Western | | | | | | | | |
| | Amount (\$) | | | Zip Co | do | | | | | | |
| | \$224.02 | | | Zip Cu | ue | | | | | | |
| | ΦΖΖ4. 0Ζ | | 1608 Shepherd Dr | | | | | | | | |
| | | | Houston, TX 77007 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | | | | |
| | OF EXPENDITURE | | Food/Beverage Expense | | | | de of Texas. Complete Schedule T. | | | | |
| | | | | | Staff holiday | | officeholder living expense | | | | |
| | | | | | Stan holiday | iun | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name O |)ffice sou | aht | | Office held | | | | |
| | expenditure to benefit C/OI | | | | 9 | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 10/11/2024 | | State Bar of Texas | | | | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | de | | | | | | |
| | \$150.00 | | 1414 Colorado Street | | | | | | | | |
| | | | | | | | | | | | |
| | | | Houston, TX 78701 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | | | | |
| | OF EXPENDITURE | | Fees | | | | de of Texas. Complete Schedule T. | | | | |
| | | | | | | | officeholder living expense | | | | |
| | | | | | State Bar Co | neg | je membership dues | | | | |
| | | L | | | ~ | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name O | office soug | ynı | | Office held | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|--|-----|--|--------------------|-----------------|-----|----------------|-------|---------------------------|----------------------------|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | | | | uipment & Related Expense | | |
| 1 | Total pages Schedule F1: | 2 | | Aprance | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| T | Sch: 12/22 Rpt: 15/26 | | Berg, Janice L. (The Honorable | e) | | | | 3 | 00081820 | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 08/19/2024 | | Sweetgreen | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Zip Code | | | | | | | | |
| | \$58.96 | | 820 Main St | | | | | | | | |
| | | | | | | | | | | | |
| | | | Houston, TX 77002 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top | of this sch | | (b) | Description | | | | |
| - | OF | | Food/Beverage Expense | OT THIS SUM | ieduie) | (, | · · | outsi | de of Texas. Compl | lete Schedule T. | |
| | EXPENDITURE | | Toodibovorago Expense | | | į | | | officeholder living e | | |
| | | | | | | | Staff lunch | | | | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | C | Dffice sou | ght | | | Office hel | d | |
| | Date | | Payee name | | | | | | | | |
| | 09/19/2024 | | Sweetgreen | | | | | | | | |
| - | Amount (\$) | ┝ | Payee address; City; | State [.] | ; Zip Co | dp | | | | | |
| | \$51.49 | | 820 Main St | State, | , <u>zip 00</u> | uc | | | | | |
| | ΨͿϫ;ϯϭ | | 020 Main St | | | | | | | | |
| | | | Houston, TX 77002 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top | of this sch | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Food/Beverage Expense | | | | | | de of Texas. Compl | | |
| | | | | | | | | , TX, | officeholder living e | expense | |
| | | | | | | | Staff lunch | | | | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | C | Office sou | ght | | | Office hel | d | |
| | Date | | Payee name | | | | | | | | |
| | 11/04/2024 | | Target | | | | | | | | |
| | | | - | Stato | ; Zip Co | do | | | | | |
| | Amount (\$) | | Payee address; City; 2580 Shearn St | Sidle, | , zip cu | ue | | | | | |
| | \$225.53 | | 2580 Shearn St | | | | | | | | |
| | | | | | | | | | | | |
| | | | Houston, TX 77007 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top | of this sch | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expens | e | | | | | de of Texas. Compl | | |
| | | | | | | | | | officeholder living e | expense | |
| | | | | | | | Office supplie | es | | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | C | Office sou | ght | | | Office hel | d | |
| | expenditure to benefit C/OF | - | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | | EXPENDITURE CATEGORI | | BOX 8(a) | | | | | | | |
|----------|---|------------------------|--|--|-----------------|-------|-----------------------|----------------------------|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Immittee Legal Services | Fees Office Overhead/Rental Expense Transpond Food/Beverage Expense Polling Expense Travel Gift/Awards/Memorials Expense Printing Expense Travel Legal Services Salaries/Wages/Contract Labor OTHE | | | | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID | (Ethics Commission Filers) | | | | |
| | Sch: 13/22 Rpt: 16/26 | | Berg, Janice L. (The Honorable) | | | | 00081820 | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 08/19/2024 | | Texas Center for the Judiciary | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; | Zip Co | le | | | | | | | |
| | \$240.00 | 40.00 1210 San Antonio | | | | | | | | | | |
| | | | Suite 800 | | | | | | | | | |
| | | | Austin, TX 78701 | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sched | 4.4-2 | (b) Description | | | | | | | |
| - | OF | | Contributions/Donations Made By | uue) | | outs | ide of Texas. Com | plete Schedule T. | | | | |
| | EXPENDITURE | | Candidate/Officeholder/Political Commit | ttee | Check if Austin | n, TX | , officeholder living | expense | | | | |
| | | | | | Donation | | | | | | | |
| | | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name Off | fice soug | ht | | Office he | eld | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 10/07/2024 | | Texas Center for the Judiciary | | | | | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | le | | | | | | | |
| | \$70.00 | | 1210 San Antonio | | | | | | | | | |
| | | | Suite 800 | | | | | | | | | |
| | | | Austin, TX 78701 | | | | | | | | | |
| | DUDDOCE | | | | | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this sched | dule) | (b) Description | outs | ide of Texas. Com | plete Schedule T. | | | | |
| | EXPENDITURE | | Fees | | | | , officeholder living | | | | | |
| | | | | | CLE registrat | tion | fee | | | | | |
| | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct | | Candidate/Officeholder name Off | fice sou | ht | | Office he | eld | | | | |
| | expenditure to benefit C/OI | Η | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 10/07/2024 | | Texas Center for the Judiciary | | | | | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | le | | | | | | | |
| | \$35.00 | | 1210 San Antonio | | | | | | | | | |
| | | | Suite 800 | | | | | | | | | |
| | | | Austin, TX 78701 | | | | | | | | | |
| | PURPOSE | (2) | | | (b) Description | | | | | | | |
| | OF | (4) | Category (See Categories listed at the top of this sched Fees | dule) | | outs | ide of Texas. Com | plete Schedule T. | | | | |
| | EXPENDITURE | | | | | | , officeholder living | | | | | |
| | | | | | CLE registrat | tion | i fee | | | | | |
| | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name Off | fice soug | ht | | Office he | eld | | | | |
| \vdash | | | | | | | | | | | | |
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| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|
| | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | | | | |
| 1 | | | | | | | | | | | |
| | Sch: 14/22 Rpt: 17/26 | Berg, Janice L. (The Honorable) 00081820 | | | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | | | |
| | 10/15/2024 | Texas Center for the Judiciary | | | | | | | | | |
| | Δ | | | | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | | |
| | \$35.00 | 1210 San Antonio | | | | | | | | | |
| | | Suite 800 | | | | | | | | | |
| | | Austin, TX 78701 | | | | | | | | | |
| | | | | | | | | | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | | | | | | | | | |
| | - | Check if Austin, TX, officeholder living expense | | | | | | | | | |
| | | CLE registration fee | | | | | | | | | |
| | | | | | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| | expenditure to benefit C/OI | 4 | | | | | | | | | |
| ⊨ | Data | | | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 10/21/2024 | Texas Center for the Judiciary | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$35.00 | 1210 San Antonio | | | | | | | | | |
| | | Suite 800 | | | | | | | | | |
| | | | | | | | | | | | |
| | | Austin, TX 78701 | | | | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | | | | | | | | | |
| | _/ | Check if Austin, TX, officeholder living expense | | | | | | | | | |
| | | CLE registration fee | | | | | | | | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| | expenditure to benefit C/OI | 1 | | | | | | | | | |
| ⊨ | Date | Davea nama | | | | | | | | | |
| | | Payee name | | | | | | | | | |
| | 11/07/2024 | Texas Center for the Judiciary | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$35.00 | 1210 San Antonio | | | | | | | | | |
| | | Suite 800 | | | | | | | | | |
| | | | | | | | | | | | |
| | | Austin, TX 78701 | | | | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | | | | | | | | | |
| | | Check if Austin, TX, officeholder living expense | | | | | | | | | |
| | | CLE registration fee | | | | | | | | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| | expenditure to benefit C/OI | | | | | | | | | | |
| ⊢ | | | | | | | | | | | |
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| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|--|--|--|
| _ | T (1 1 1 1 1 | | | | | | | | | | | |
| 1 | Total pages Schedule F1: | | | | | | | | | | | |
| | Sch: 15/22 Rpt: 18/26 | Berg, Janice L. (The Honorable) 00081820 | | | | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | | | | |
| | 11/07/2024 | Texas Center for the Judiciary | | | | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | | | |
| - | \$35.00 | 1210 San Antonio | | | | | | | | | | |
| | \$00,00 | | | | | | | | | | | |
| | | Suite 800 | | | | | | | | | | |
| | | Austin, TX 78701 | | | | | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | | |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | | | | | | | | | | |
| | EXIENDITORE | Check if Austin, TX, officeholder living expense | | | | | | | | | | |
| | | CLE registration fee | | | | | | | | | | |
| | | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | | | | | | |
| | Date | Payee name | | | | | | | | | | |
| | 11/12/2024 | Texas Center for the Judiciary | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | | |
| | \$65.00 | 1210 San Antonio | | | | | | | | | | |
| | | Suite 800 | | | | | | | | | | |
| | | Austin, TX 78701 | | | | | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | | |
| | OF | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | | | | | | | | | | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | | | | | | | |
| | | Purchase of 2024 Texas Bench Book | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | | | |
| | expenditure to benefit C/OI | 1 | | | | | | | | | | |
| | Date | Device name | | | | | | | | | | |
| | 11/25/2024 | Payee name Texas Center for the Judiciary | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | | |
| | \$35.00 | 1210 San Antonio | | | | | | | | | | |
| | | Suite 800 | | | | | | | | | | |
| | | Austin, TX 78701 | | | | | | | | | | |
| | PURPOSE | | | | | | | | | | | |
| | OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | | |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | | | | |
| | | CLE registration fee | | | | | | | | | | |
| | | | | | | | | | | | | |
| - | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | | | |
| | expenditure to benefit C/Oł | | | | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|--|---|--|---|---|----------------------|-------|---|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Cor Credit Card Payment | | | Event Expense Lo Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri Legal Services Sa The Instruction Guide explains how | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | | | | | |
| | Sch: 16/22 Rpt: 19/26 | | Berg, Janice L. (The Honorable) | | | | 00081820 | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 09/04/2024 | | Texas District Judges | | | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | | | |
| | \$101.06 P O Box 12066 | | | | | | | | | | | |
| | | | Austin, TX 78711 | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this schedule | (I |) Description | | | | | | | |
| | OF EXPENDITURE | | Contributions/Donations Made By | | | outsi | ide of Texas. Complete Schedule T. | | | | | |
| | EXPENDITORE | | Candidate/Officeholder/Political Committe | ee | | , TX, | , officeholder living expense | | | | | |
| | | | | | Donation | | | | | | | |
| _ | Complete ONIL V if direct | | Candidate/Officeholder name Offic | | .+ | | Office hold | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | andidate/Onicenoider name Onic | ce sougł | | | Office held | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 09/19/2024 | | Texas District Judges | | | | | | | | | |
| | Amount (\$) | | Payee address; City; State; Z | Zip Code | è | | | | | | | |
| | \$1,001.06 | | P O Box 12066 | | | | | | | | | |
| | | | Austin, TX 78711 | | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this schedule | ile) (I |) Description | | | | | | | |
| | OF EXPENDITURE | | Contributions/Donations Made By | | | | ide of Texas. Complete Schedule T. | | | | | |
| | | | Candidate/Officeholder/Political Committee Donation | | | | | | | | | |
| | | | | | Donation | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name Offic | ce sougł | nt | | Office held | | | | | |
| | expenditure to benefit C/OI | Н | | - | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 08/08/2024 | | Texas Family Law Foundation | | | | | | | | | |
| | Amount (\$) | | Payee address; City; State; Z | Zip Code | 9 | | | | | | | |
| | \$75.00 | | 14546 Brook Hollow Blvd. Suite 350 | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | San Antonio, TX 78232 | | | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this schedule | ile) (I |) Description | | | | | | | |
| | EXPENDITURE | | Contributions/Donations Made By | | | | ide of Texas. Complete Schedule T. , officeholder living expense | | | | | |
| | | | Candidate/Officeholder/Political Committe | ee | Donation | , 17, | , uncertoider hving expense | | | | | |
| | | | | | | | | | | | | |
| - | Complete ONLY if direct | L(| Candidate/Officeholder name Offic | ce sougł | nt | | Office held | | | | | |
| | expenditure to benefit C/OI | | | - 3- | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|---|--------------------------------------|---|--------------------|---|---|-------------------------|--|----------------------------|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | ommittee | EXPENDITURE (Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide | l oense l | Loan Repay Office Overl Polling Expe Printing Exp Salaries/Wa | ment/Reimbursement lead/Rental Expense ense ense ges/Contract Labor | Trans Trave Trave | portation E I in District I Out of Dis | | | | |
| 1 | Total pages Schedule F1: | | | | | | 3 Filer | חו | (Ethics Commission Filers) | | | |
| 1 | | | | | | | | | | | | |
| | Sch: 17/22 Rpt: 20/26 | Berg, Jar | ice L. (The Honorab | ne) | | | 000 | 81820 | | | | |
| 4 | Date | Payee nan | ne | | | | | | | | | |
| | 07/02/2024 | The Beac | on Agency | | | | | | | | | |
| 6 | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | | |
| ľ | \$35.00 | | | State, | | | | | | | | |
| | | | | | | | | | | | | |
| | Ste 12230 | | | | | | | | | | | |
| | | Houston, | TX 77002 | | | | | | | | | |
| 8 | PURPOSE |) Category | (See Categories listed at the to | on of this cohod | | b) Description | | | | | | |
| | OF | | ig Expense | op of this sched | uie) | | outside of T | exas. Com | plete Schedule T. | | | |
| | EXPENDITURE | | | | | Check if Austir | n, TX, officeh | older living | j expense | | | |
| | | | | | | Campaign w | ebsite m | aintena | ance | | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | Candidate/C | Officeholder name | Off | fice soug | ht | | Office he | əld | | | |
| | Date | Payee nan | ne | | | | | | | | | |
| | 08/02/2024 | The Beac | on Agency | | | | | | | | | |
| - | Amount (\$) | Payee add | | State [.] | Zip Cod | Ω | | | | | | |
| | ., | | - | Olule, | 210 000 | 6 | | | | | | |
| | \$35.00 | 945 McKi | - | | | | | | | | | |
| | | Ste 1223 |) | | | | | | | | | |
| | | Houston, | TX 77002 | | | | | | | | | |
| | PURPOSE |) Category | (See Categories listed at the to | on of this schod | | b) Description | | | | | | |
| | OF | | ig Expense | | | | outside of T | exas. Com | plete Schedule T. | | | |
| | EXPENDITURE | , 10.1 01 1101 | .g _//poneo | | | Check if Austir | n, TX, officeh | older living | j expense | | | |
| | | | | | | Campaign w | ebsite m | aintena | ance | | | |
| | | | | | | | | | | | | |
| ⊢ | Complete ONLY if direct | Candidate/C | Officeholder name | Off | fice soug | ht | | Office he | eld | | | |
| | expenditure to benefit C/Oł | | | 0.1 | | | | 0 | | | | |
| | | | | | | | | | | | | |
| | Date | Payee nan | | | | | | | | | | |
| | 09/03/2024 | The Beac | on Agency | | | | | | | | | |
| | Amount (\$) | Payee add | ress; City; | State; | Zip Cod | e | | | | | | |
| | \$35.00 | 945 McKi | nnev St. | | | | | | | | | |
| | | Ste 1223 | - | | | | | | | | | |
| | | | | | | | | | | | | |
| | | Houston, | TX 77002 | | | | | | | | | |
| | PURPOSE |) Category | (See Categories listed at the to | op of this sched | lule) (| b) Description | | | | | | |
| | OF EXPENDITURE | Advertisir | ig Expense | | | Check if travel | outside of T | exas. Com | plete Schedule T. | | | |
| | LAFENDITORE | | | | | Check if Austir | | | | | | |
| | | | | | | Campaign w | ebsite m | aintena | ance | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | Candidate/C | Officeholder name | Off | fice soug | ht | | Office he | eld | | | |
| | expenditure to benefit C/OI | | | | - | | | | | | | |
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| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Overhead Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | V/Reimbursement (Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Travel Out of District Contract Labor OTHER (enter a category not listed above) | | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | EII ER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | | | | |
| 1 | Sch: 18/22 Rpt: 21/26 | Berg, Janice L. (The Honorable) | 00081820 | | | | | | | | | |
| | SUII. 10/22 Rpl. 21/20 | Berg, Janice L. (The Honorable) | 00081820 | | | | | | | | | |
| 4 | Date | Payee name | | | | | | | | | | |
| | 10/02/2024 | The Beacon Agency | | | | | | | | | | |
| 6 | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | | |
| | \$35.00 | 945 McKinney St. | | | | | | | | | | |
| | Ste 12230 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | Houston, TX 77002 | | | | | | | | | | |
| 8 | PURPOSE | C) (ere emigene mene ere op er me emiere) | Description | | | | | | | | | |
| | OF EXPENDITURE | Advertising Expense | Check if travel outside of Texas. Complete Schedule T. | | | | | | | | | |
| | - | | Check if Austin, TX, officeholder living expense | | | | | | | | | |
| | | | Campaign website maintenance | | | | | | | | | |
| | | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | | | |
| | Date | Payee name | | | | | | | | | | |
| | 11/04/2024 | The Beacon Agency | | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | | |
| | \$35.00 | 945 McKinney St. | | | | | | | | | | |
| | ψ55.00 | • | | | | | | | | | | |
| | | Ste 12230 | | | | | | | | | | |
| | | Houston, TX 77002 | | | | | | | | | | |
| | PURPOSE | Category (See Categories listed at the top of this schedule) (b) | Description | | | | | | | | | |
| | OF EXPENDITURE | Advertising Expense | Check if travel outside of Texas. Complete Schedule T. | | | | | | | | | |
| | | | Check if Austin, TX, officeholder living expense | | | | | | | | | |
| | | | Campaign website maintenance | | | | | | | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | | | | | | |
| | expenditure to benefit C/Oł | | | | | | | | | | | |
| | Date | Payee name | | | | | | | | | | |
| | 12/02/2024 | The Beacon Agency | | | | | | | | | | |
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| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | | |
| | \$35.00 | 945 McKinney St. | | | | | | | | | | |
| | | Ste 12230 | | | | | | | | | | |
| | | Houston, TX 77002 | | | | | | | | | | |
| | PURPOSE | Category (See Categories listed at the top of this schedule) (b) | Description | | | | | | | | | |
| | OF | Advertising Expense | Check if travel outside of Texas. Complete Schedule T. | | | | | | | | | |
| | EXPENDITURE | | Check if Austin, TX, officeholder living expense | | | | | | | | | |
| | | | Campaign website maintenance | | | | | | | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | | | | | | |
| | expenditure to benefit C/OI | Ŭ | | | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | | |
|---|---|----------|--|------------|---|-----------------------------|--------|---|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide ex | e | Office Over Polling Exp Printing Exp Salaries/Wa | ense Iges/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) | | | | | |
| | Sch: 19/22 Rpt: 22/26 | | Berg, Janice L. (The Honorable) | | | | | 00081820 | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | | |
| | 11/22/2024 | | Thomas, Ben | | | | | | | | | | |
| 6 | Amount (\$) | I | Payee address; City; State; Zip Code | | | | | | | | | | |
| | \$31.25 2310 Main St #223 | | | | | | | | | | | | |
| | | | Houston, TX 77002 | | | | | | | | | | |
| _ | DUDDOCE | <u> </u> | | | | | | | | | | | |
| 8 | PURPOSE OF | | Category (See Categories listed at the top of | this sched | dule) | b) Description | outsi | ide of Texas. Complete Schedule T. | | | | | |
| | EXPENDITURE | | Event Expense | | | | | , officeholder living expense | | | | | |
| | | | | | | Balloon art fo | or N | lational Adoption Day | | | | | |
| | | | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Of | fice soug | ht | | Office held | | | | | |
| | Date | | Payee name | | | | | | | | | | |
| | 09/04/2024 | · | Thomson Reuters | | | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State: | Zip Coo | e | | | | | | | |
| | \$264.13 | | 6160 Warren Parkway, Suite 700 | | • | | | | | | | | |
| | | | , | | | | | | | | | | |
| | | | Frisco, TX 75034 | | | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of | this sched | dule) | b) Description | | | | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | | | | ide of Texas. Complete Schedule T. | | | | | |
| | - | | | | | | η, TX, | , officeholder living expense | | | | | |
| | | | | | | Subscription | | | | | | | |
| | | | andidate (Office helder recree | 0 | | b t | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | UI | fice soug | m | | Office held | | | | | |
| | | | | | | | | | | | | | |
| | Date | | Payee name Freeboards Cleister | | | | | | | | | | |
| | 10/30/2024 | | Treebeards Cloister | | | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | Zip Coo | е | | | | | | | |
| | \$200.26 | | 1117 Texas St | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | Houston, TX 77002 | | | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of | this sched | dule) | b) Description | | | | | | | |
| | OF EXPENDITURE | | Food/Beverage Expense | | | | | ide of Texas. Complete Schedule T. | | | | | |
| | | | | | | | ı, TX | , officeholder living expense | | | | | |
| | | | | | | Staff lunch | | | | | | | |
| | 0 | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | andidate/Officeholder name | Of | fice soug | nt | | Office held | | | | | |
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| | | | EXPENDITURE CATEGO | ORIES FOR | R BC | OX 8(a) | | | | | |
|---|--|--|--|--|-----------------------------------|------------------------|-------|--|--------------------------|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explain: | Office Ove Polling Ex Printing E Salaries/V | erhea cpense xpens Vages | se s/Contract Labor | | Travel in District Travel Out of District | ment & Related Expense | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (E | thics Commission Filers) | | |
| | Sch: 20/22 Rpt: 23/26 | | Berg, Janice L. (The Honorable) | | | | | 00081820 | , | | |
| 4 | Date | 5 | Payee name United States Post Office | | | | | | | | |
| | 10/16/2024 | | | | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | | |
| | \$170.00 1900 West Gray St | | | | | | | | | | |
| | | | Houston, TX 77019 | | | | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the top of this se | chedule) | (b) | Description | | | | | |
| | EXPENDITURE | | Office Overhead/Rental Expense | | | | | de of Texas. Complete | | | |
| | | | | | | Post office bo | | officeholder living exp | lense | | |
| | | | | | | | | chewa | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name | Office sou | l ıght | | | Office held | | | |
| | Date | | Payee name | | | | | | | | |
| | 12/23/2024 | | Zoom Video Communications, Inc. | | | | | | | | |
| | Amount (\$) | ┝ | Payee address; City; Stat | e; Zip Co | ode | | | | | | |
| | \$34.10 | | 55 Almaden Blvd | · • | | | | | | | |
| | +• | | 6th Floor | | | | | | | | |
| | | | | | | | | | | | |
| | | | San Jose, CA 95113 | | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this se | chedule) | (b) | Description | outoi | de of Toylog, Complete | | | |
| | EXPENDITURE | | Office Overhead/Rental Expense | | | | | tside of Texas. Complete Schedule T. X, officeholder living expense | | | |
| | | | | | | Online meeti | | | | | |
| | | | | | | | J | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office sou | ight | | | Office held | | | |
| - | Date | r | Payee name | | | | | | | | |
| | 07/22/2024 | | Zoom Video Communications, Inc. | | | | | | | | |
| _ | Amount (\$) | | | e; Zip Co | ndo | | | | | | |
| | \$34.10 | | 55 Almaden Blvd | e, zip co | Jue | | | | | | |
| | ψ54.10 | | | | | | | | | | |
| | | | 6th Floor | | | | | | | | |
| | | | San Jose, CA 95113 | | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this se | chedule) | (b) | Description | | | | | |
| | EXPENDITURE | | Office Overhead/Rental Expense | | | | | de of Texas. Complete officeholder living exp | | | |
| | | | | | | Online meeti | | | | | |
| | | | | | | 2 | .9. | | | | |
| - | Complete ONLY if direct | L | Candidate/Officeholder name | Office sou | l Iaht | | | Office held | | | |
| | expenditure to benefit C/OI | | | 51100 300 | ·yin | | | | | | |
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| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|--|---|--|--|---------|----------------|---|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment | | | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 21/22 Rpt: 24/26 | | Berg, Janice L. (The Honorable) | | | | 00081820 | | |
| 4 | Date | 5 | Payee name | | | | | | |
| | 08/22/2024 | Zoom Video Communications, Inc. | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | |
| | \$34.10 | 55 Almaden Blvd | | | | | | | |
| | | | 6th Floor | | | | | | |
| | | | San Jose, CA 95113 | | | | | | |
| 8 | PURPOSE | (0) | | | | | | | |
| ° | OF | (a) | Category (See Categories listed at the top of this schedule | e) (| b) Description | outsi | ide of Texas. Complete Schedule T. | | |
| | EXPENDITURE | | Office Overhead/Rental Expense | | | | , officeholder living expense | | |
| | | | | | Online meeti | | | | |
| | | | | | | | | | |
| 9 | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | Date | | Payee name | | | | | | |
| | 09/23/2024 | | Zoom Video Communications, Inc. | | | | | | |
| | Amount (\$) | | Payee address; City; State; Zi | ip Cod | 9 | | | | |
| | \$34.10 | | 55 Almaden Blvd | • | | | | | |
| | +• ···=• | | 6th Floor | | | | | | |
| | | | | | | | | | |
| | | | San Jose, CA 95113 | | | | | | |
| PURPOSE OF EXPENDITURE | | | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online meeting software | | | | officeholder living expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name Office | e sougl | nt | | Office held | | |
| | Date | | Payee name | | | | | | |
| | 10/22/2024 | | Zoom Video Communications, Inc. | | | | | | |
| | Amount (\$) | | Payee address; City; State; Zi | ip Cod | 9 | | | | |
| | \$34.10 | | 55 Almaden Blvd | | | | | | |
| | ¢0 1120 | | | | | | | | |
| | 6th Floor | | | | | | | | |
| | San Jose, CA 95113 | | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this schedule | e) (I | b) Description | | | | |
| | EXPENDITURE | | Office Overhead/Rental Expense | | | , TX, | ide of Texas. Complete Schedule T. , officeholder living expense SOftWare | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Officeholder name Office | e sougl | nt | | Office held | | |
| | | | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) |
|---|---|--|
| | orean ouror ayment | The Instruction Guide explains how to complete this form. |
| 1 | Total pages Schedule F1: Sch: 22/22 Rpt: 25/26 | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Berg, Janice L. (The Honorable) 00081820 |
| 4 | Date 11/22/2024 | 5 Payee name Zoom Video Communications, Inc. |
| 6 | Amount (\$) \$34.10 | 7 Payee address; City; State; Zip Code 55 Almaden Blvd 6th Floor San Jose, CA 95113 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online meeting software |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |

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

SCHEDULE K

| | The Instruc | ages Schedule K: /1 Rpt: 26/26 | | | | |
|---|--------------|-----------------------------------|---|---------------------------|--|---------------|
| 2 | FILER NAME | Filer ID | (Ethics Commission Filers) | | | |
| | Berg, Janice | L. | 00081 | | | |
| 4 | Date | 5 | Name of person from whom amount is received | | | 8 Amount (\$) |
| | 12/31/2024 | | Berg, Janice | | | \$620.00 |
| | | 6 | Address of person from whom amount is received; City; State; Zip Code | | | |
| | | | | | | |
| | | | | | | |
| | | | Houston, TX 77256 | | | |
| | | 7 | al contr | ibution returned to filer | | |
| | | | Reimbursement of PAC contribution overages | | | |
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