### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 1

The JC/OH Instructior	Guide explains how to complete this f	orm. 1 Filer ID (Ethics Commission Filers) 00081820		2 Total pages fi	led: L6
3 CANDIDATE /	MS / MRS / MR FIRST		MI		
OFFICEHOLDER	Ms. Janice L			OFFICE	
NAME				Date Received	
				ELECTRONIC	ALLY FILED
	NICKNAME LAST		SUFFIX	01/15/2020	
	Berg				
	_		710 0005	Date Hand-delivered o	v Data Destmarked
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #	; CITY;	ZIP CODE	Date Hand-delivered C	n Date Postmarkeu
MAILING	5161 San Felipe St			Receipt #	Amount
ADDRESS	Ste. 320-176			Receipt #	Amount
Change of Address	Houston, TX 77056			Data Data and	
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST			MI	
NAME	Ms. Paula				
	NICKNAME LAST			SUFFIX	
	Arnold				
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLE	ASE); APT / SUITE	#; CITY;	ST	ATE; ZIP CODE
TREASURER	403 Cordell			0.7	
ADDRESS					
(Residence or Business)					
	Houston, TX 77009				
7 CAMPAIGN	AREA CODE PHONE NUMBE				
TREASURER		R EXTENSION			
PHONE	(713) 962-1905				
8 REPORT TYPE	X January 15 30th da			15th day after ca	mpaign traceuror
	X January 15 30th da	y before election Runoff		appointment (offi	mpaign treasurer ceholder only)
	July 15 Sth day	before election Exceeded	\$500 limit	Final Report (Atta	ach C/OH-FR)
				<b>_</b>	
9 PERIOD	Month Day Year	Мс	onth Day	Year	
COVERED	07/01/2019	THROUGH	12/31/201		
				-	
10 ELECTION	ELECTION DATE	ELECT	ION TYPE		
	Month Day Year			Other	
			1011		
		General	ecial		
11 OFFICE	OFFICE HELD (if any)	12 OFF	ICE SOUGHT	(if known)	
	Family District Court Judge District	247 Harris			
		GO TO PAGE 2			
Forms provided by Te	exas Ethics Commission w	ww.ethics.state.tx.us		Ve	rsion V1.1.3a6aaf7

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

FORM JC/OH COVER SHEET PG 2 2 of 16

L

13 C / OH NAME	Berg, Janice L. (Ms.)		14 Filer ID 00081820	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	the candidate's or offi	committees to support the ceholder's knowledge or notice of such expenditures.					
Additional Pages		COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN TREASURER ADDRESS						
16 CONTIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER 1 ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	<b>\$</b> 0.00			
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN:	S)	\$ 0.00			
EXPENDITURE TOTALS	EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED						
	<b>\$</b> 4,268.43						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 67,724.91			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00			
17 AFFADAVIT		l swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
		Ms	Janice L. Berg				
			Candidate or Officeh	older			
AFFIX NO	TARY STAMP / SEAL AB	DVE					
		aid	, this the	day			
of	, 20, to ca	ertify which, witness my hand and seal of office.					
Signature of offic	cer administering oath	Printed name of officer administering oath	Title of offic	er administering oath			
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V1.1.3a6aaf7			

SUBTOTALS - JC/OH	(	FORM JC/OH COVER SHEET PG 3 3 of 16
18 FILER NAME Berg, Janice L. (Ms.)	19 Filer ID 00081820	(Ethics Commission Filers)
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		\$
3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4. SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 4,268.43
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	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 Expen nmittee Legal Services The Instruction Guide e		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract	Expense t Labor		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 1/13 Rpt: 4/16		Berg, Janice L. (Ms.)						00081820	
4	Date	5	Payee name							
	12/31/2019		Amegy Bank of Texas							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le				
	\$2.00		P.O. Box 27459							
			Houston, TX 77227-7459							
8	PURPOSE	(a)		of this cab		( <b>b)</b> Descri	intion			
-	OF	()	Category (See Categories listed at the top of Fees	or this sch	ieuuie)			outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE					Che	eck if Austin,	, тх,	officeholder living	g expense
						Bank	fee			
9	Complete <u>ONLY</u> if direct		Candidate/Officeholder name	C	Office sou	ht			Office he	eld
	expenditure to benefit C/OI	1								
	Date		Payee name							
	11/29/2019		Amegy Bank of Texas							
-	Amount (\$)		Payee address; City;	State:	; Zip Coo	le				
	\$2.00		P.O. Box 27459	o tato,	, <u> </u>					
	φ2.00		1.0.00021400							
			Houston, TX 77227-7459							
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sch	edule)	(b) Descri	iption			
	OF EXPENDITURE		Fees		,	Che	eck if travel o	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITORE							, TX,	officeholder living	) expense
						Bank	fee			
	Complete <u>ONLY</u> if direct		Candidate/Officeholder name	C	Office soug	ht			Office he	eld
	expenditure to benefit C/OI	·								
	Date		Payee name							
	10/31/2019		Amegy Bank of Texas							
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le				
	\$2.00		P.O. Box 27459							
			Houston, TX 77227-7459							
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sch	edule)	(b) Descri	iption			
	OF EXPENDITURE		Fees							plete Schedule T.
								, TX,	officeholder living	j expense
						Bank	tee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht			Office he	eld
		'								

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	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 Expens nmittee Legal Services The Instruction Guide ex		Office Over 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: 2/13 Rpt: 5/16		Berg, Janice L. (Ms.)					00081820
4	Date 09/30/2019	5	Payee name Amegy Bank of Texas					
6	Amount (\$)	7	Payee address; City;	Stato	Zip Co			
J	\$2.00	,	P.O. Box 27459 Houston, TX 77227-7459	State,	, zip cot			
8	PURPOSE	(2)	Cotogon			(b) Description		
0	OF EXPENDITURE	(a)	Category (See Categories listed at the top o Fees	of this sch	edule)			side of Texas. Complete Schedule T. K, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ght		Office held
	Date		Payee name					
	08/30/2019		Amegy Bank of Texas					
	Amount (\$)		Payee address; City;	State;	Zip Co	de		
	\$2.00		P.O. Box 27459 Houston, TX 77227-7459					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top o Fees	of this sch	edule)			side of Texas. Complete Schedule T. K, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght		Office held
	Date		Payee name					
	08/31/2019		Amegy Bank of Texas					
-	Amount (\$)		Payee address; City;	State:	; Zip Coo	de		
	\$2.00		P.O. Box 27459		·			
			Houston, TX 77227-7459					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top o Fees	of this sch	edule)			side of Texas. Complete Schedule T. K, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght		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     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       -     Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 3/13 Rpt: 6/16	Berg, Janice L. (Ms.) 00081820						
4	Date	5 Payee name						
	07/05/2019	Carrabbas Restaurant						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$192.25	3115 Kirby Dr						
		Houston, TX 77098						
_	DUDDOOD							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.						
		Staff luncheon						
0	Complete ONIL V if direct	Candidata/Office halder name						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	08/14/2019	Dough Pizzeria Napoletana						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$28.27	6989 Blanco Rd						
		San Antonio, TX 78216						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITORE	Check if Austin, TX, officeholder living expense						
		Luncheon with judges						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
	Date	Payee name						
	11/21/2019	El Tiempo Catering						
-	Amount (\$)	Payee address; City; State; Zip Code						
	\$240.66	322 Westheimer Rd.						
	\$ <u>2</u> 10100							
		Houston, TX 77006						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Staff luncheon						
		Candidata/Office halder name						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
	·							

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
_						
1	Total pages Schedule F1:					
	Sch: 4/13 Rpt: 7/16	Berg, Janice L. (Ms.) 00081820				
4	Date 10/24/2019	5 Payee name Family Court's Benevolent Fund				
L						
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 201 Caroline				
	\$100.00					
		Floor 17				
		Houston, TX 77002				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Contribution				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	12/22/2019	Family Court's Benevolent Fund				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$100.00	201 Caroline				
		Floor 17				
		Houston, TX 77002				
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Gift/Awards/Memorials Expense				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Contribution				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	07/22/2019	Frank's Pizza				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$39.75	417 Travis St.				
		Houston, TX 77002				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Food/Beverage Expense       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense				
		Staff luncheon				
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
-						

		EXPENDITURE	CATEGORIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	Office Ove Polling Exp opense Printing Exp	oense 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:		••••		<b>3</b> Filer ID (Ethics Commission Filers)		
-	Sch: 5/13 Rpt: 8/16	Berg, Janice L. (Ms.)			00081820		
4	Date	ayee name					
	07/01/2019	Google Inc					
6	Amount (\$)	Payee address; City;	State; Zip Co	le			
	\$6.40	.600 Amphitheatre Pkwy					
		Iountain View, CA 94043					
8	PURPOSE	Category (See Categories listed at the	top of this schedule)	<b>b)</b> Description			
	OF EXPENDITURE	Office Overhead/Rental Expe	ense		outside of Texas. Complete Schedule T.		
				Google suite	n, TX, officeholder living expense		
				Google suite	Subscription		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ht	Office held		
	Date	Payee name					
	08/01/2019	Soogle Inc					
	Amount (\$)	Payee address; City;	State; Zip Co				
	\$6.40	.600 Amphitheatre Pkwy					
	Φ0.40	.000 Amphilitealle Prwy					
		Iountain View, CA 94043					
	PURPOSE	Category (See Categories listed at the	top of this schedule)	<b>b)</b> Description			
	OF EXPENDITURE	Office Overhead/Rental Expe	ense		outside of Texas. Complete Schedule T.		
				Google suite	n, TX, officeholder living expense		
				Google suite	subscription		
	Complete ONIL V if direct	ndidate/Officeholder name	Office cour	ht	Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Indidate/Onicenoider name	Office sou	nı	Office held		
	Date	Payee name					
	09/01/2019	Google Inc					
	Amount (\$)	Payee address; City;	State; Zip Co	le			
	\$6.40	.600 Amphitheatre Pkwy					
		lountain View, CA 94043					
	PURPOSE	Category (See Categories listed at the	top of this schedule)	<b>b)</b> Description			
	OF	Office Overhead/Rental Expe			outside of Texas. Complete Schedule T.		
	EXPENDITURE	·			I, TX, officeholder living expense		
				Google suite	subscription		
	Complete ONLY if direct	ndidate/Officeholder name	Office sou	ht	Office held		
L	expenditure to benefit C/OH						

		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/Reinbursement       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:	PILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 6/13 Rpt: 9/16	Berg, Janice L. (Ms.)	00081820				
4	Date	Payee name					
	10/01/2019	Google Inc					
6	Amount (\$)	Payee address; City; State; Zip Code					
	\$6.40	1600 Amphitheatre Pkwy					
		Mountain View, CA 94043					
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
		Google suite s					
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	11/01/2019	Google Inc					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$6.40	1600 Amphitheatre Pkwy					
		Mountain View, CA 94043					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense subscription				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/Oł						
	Date	David 1997					
	12/01/2019	Payee name Google Inc					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$6.40	1600 Amphitheatre Pkwy					
		Mountain View, CA 94043					
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense	utside of Texas. Complete Schedule T.				
			TX, officeholder living expense				
		Google suite s	Sudscription				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

			EXPENDITURE CATEGO	RIES FOR	R BO	X 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	unting/Banking         Fees         Office Overhead/Rental Expense           ulting Expense         Food/Beverage Expense         Polling Expense           ibutions/ Donations Made By -         Giff/Awards/Memorials Expense         Printing Expense           andidate/Officeholder/Political Committee         Legal Services         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)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 7/13 Rpt: 10/16		Berg, Janice L. (Ms.)					00081820
4	Date	5	Payee name					
	07/22/2019		Harris County Democratic Party					
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de			
-	\$35.00		4619 Lyons Avenue	, 1				
			2					
			Houston, TX 77020					
8	PURPOSE	(a)			(h)	Description		
ľ	OF	(4)	Category (See Categories listed at the top of this sc Contributions/Donations Made By	hedule)	(0)	_	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Political Comr	nittee		Check if Austin,	, TX,	officeholder living expense
						Donation		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held
	Date		Payee name					
	08/20/2019		Harris County Democratic Party					
	Amount (\$)		Payee address; City; State	; Zip Co	de			
	\$35.00		4619 Lyons Avenue	, 1				
			Houston, TX 77020					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description		
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Comr	nittoo				de of Texas. Complete Schedule T. officeholder living expense
			Candidate/Onicenoide//Folitical Com	liillee		Donation	,,	
	Complete ONLY if direct	L(	Candidate/Officeholder name	Office sou	ght			Office held
	expenditure to benefit C/OF	Η						
	Date		Payee name					
	09/20/2019		Harris County Democratic Party					
-	Amount (\$)		Payee address; City; State	; Zip Co	de			
	\$35.00		4619 Lyons Avenue					
			-					
			Houston, TX 77020					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description		
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Comr	nittoo				de of Texas. Complete Schedule T. officeholder living expense
			Candidate/Onicenoide//Political Com	iiilee		Donation	, 17,	
-	Complete ONLY if direct	L(	Candidate/Officeholder name	Office sou	ght			Office held
	expenditure to benefit C/OF				J			
-								

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/Reinbursement Fees Office Overhaed/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: 8/13 Rpt: 11/16		Berg, Janice L. (Ms.)					00081820
4	Date	5	Payee name					
	10/21/2019		Harris County Democratic Party					
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de			
	\$35.00		4619 Lyons Avenue					
			Houston, TX 77020					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description		
	OF EXPENDITURE		Contributions/Donations Made By			_	outsi	de of Texas. Complete Schedule T.
	EXPENDITORE		Candidate/Officeholder/Political Comm	nittee			, TX,	officeholder living expense
						Donation		
_								orr
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	gnt			Office held
	Date		Payee name					
	11/20/2019		Harris County Democratic Party					
	Amount (\$)		Payee address; City; State	; Zip Co	de			
	\$35.00		4619 Lyons Avenue					
			Houston, TX 77020					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description		
	OF EXPENDITURE		Contributions/Donations Made By					de of Texas. Complete Schedule T.
			Candidate/Officeholder/Political Comm	nttee		Donation	, IX,	officeholder living expense
						Donation		
	Complete ONLY if direct		Candidate/Officeholder name 0	Office sou	aht			Office held
	expenditure to benefit C/OF				9			
_	Date		Payee name					
	12/20/2019		Harris County Democratic Party					
-	Amount (\$)		Payee address; City; State	; Zip Co	de			
	\$35.00		4619 Lyons Avenue	, I				
			Houston, TX 77020					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description		
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Comm	vittoo				de of Texas. Complete Schedule T. officeholder living expense
			Candidate/Onicenoide//Political Comm	nilee		Donation	, 17,	
-	Complete ONLY if direct	L(	Candidate/Officeholder name 0	Office sou	ght			Office held
	expenditure to benefit C/OF				- ·			

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Loan Repayment/Reimbursement Office Overhead/Rental Expense ense Polling 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: 9/13 Rpt: 12/16		Berg, Janice L. (Ms.)					00081820
4	Date	5	Payee name					
	11/13/2019		Johnston Campaigns					
6	Amount (\$)	7	, <u>,</u>	e; Zip Co	de			
	\$1,200.00		601 Enterprise Ave					
			#8110					
			League City, TX 77573					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description		
	OF		Printing Expense	fieldie)	. ,		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense
						Holiday card	ma	iler
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght			Office held
	Date		Payee name					
	07/09/2019		Night Court					
_	Amount (\$)		Payee address; City; State	; Zip Co	de			
	\$1,000.00		7503 Shadyvilla Ln	· · · ·				
	\$1,000.00		rood onadyvina En					
			Houston, TX 77055					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this so Advertising Expense	hedule)	(b)			de of Texas. Complete Schedule T. , officeholder living expense
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			Office held					
	Date		Payee name					
	11/08/2019		Niko Niko's					
	Amount (\$)		Payee address; City; State	e; Zip Co	de			
	\$469.70		2520 Montrose					
			Houston, TX 77043					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description	·	de ef Teuros, Complete Celestula T
	EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T. officeholder living expense
						Judge's lunch		
						saage 5 luiter	.00	
	Complete ONL V if direct	Ľ	Candidate/Officeholder name	Office sou	abt			Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			Unice Sou	ynt			
-								

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     Polling Expense       Gitt/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:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)	
	Sch: 10/13 Rpt: 13/16	Berg, Janice L. (Ms.)	00081820	
4	Date	Payee name		
	07/31/2019	Pepper Twins		
6	Amount (\$) \$117.51	Payee address; City; State; Zip Code 315 Fairview St Houston, TX 77006		
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense rn luncheon	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	11/05/2019	Sam's Club		
	Amount (\$) \$171.68	Payee address; City; State; Zip Code 13600 East Fwy Houston, TX 77015		
	PURPOSE OF EXPENDITURE	<ul> <li>a) Category (See Categories listed at the top of this schedule)</li> <li>b) Description</li> <li>check if travel of Check if travel of the context of</li></ul>	outside of Texas. Complete Schedule T. TX, officeholder living expense nents	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	07/18/2019	Texas Center for the Judiciary		
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 1210 San Antonio Suite 800 Austin, TX 78701		
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1		
	Sch: 11/13 Rpt: 14/16	Berg, Janice L. (Ms.) 00081820
4	Date	5 Payee name
	07/01/2019	The Beacon Agency
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	945 McKinney St.
		Ste 12230
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Web design
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/01/2019	The Beacon Agency
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	945 McKinney St.
		Ste 12230
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXFENDITORE	Check if Austin, TX, officeholder living expense
		Web design
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/01/2019	The Beacon Agency
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	945 McKinney St.
		Ste 12230
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Web design
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oł	

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
1		
	Sch: 12/13 Rpt: 15/16	Berg, Janice L. (Ms.) 00081820
4	Date	5 Payee name
	10/01/2019	The Beacon Agency
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ		
	\$35.00	945 McKinney St.
		Ste 12230
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Web design
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
-	expenditure to benefit C/OI	
	Date	Payee name
	11/01/2019	The Beacon Agency
_	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	945 McKinney St.
		Ste 12230
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Web design
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
_		
	Date	Payee name
	12/01/2019	The Beacon Agency
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	945 McKinney St.
		Ste 12230
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Web design
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	

		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     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Poling Expense     Travel in District       -     Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District       Committee     Legal Services     Salaries/Wages/Contract Labor     OTHER (enter a category not listed above)
	-	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/13 Rpt: 16/16	Berg, Janice L. (Ms.) 00081820
4	Date	5 Payee name
	09/06/2019	Treebeards Cloister
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.21	1117 Texas St
	+00.22	
		Houston, TX 77002
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense
		Staff luncheon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ĵ	expenditure to benefit C/OI	