#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081820 19 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Janice L. NAME Date Received **ELECTRONICALLY FILED** 07/15/2020 NICKNAME LAST **SUFFIX** Berg CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 5161 San Felipe St MAILING Amount Receipt # **ADDRESS** Ste. 320-176 Houston, TX 77056 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Paula NAME NICKNAME LAST **SUFFIX** Arnold STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** 102 Windcrest Ct. **ADDRESS** (Residence or Business) Jersey Village, TX 77064 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 962-1905 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) Х PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2020 06/30/2020 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Family District Court Judge District 247 Harris

Forms provided by Texas Ethics Commission

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Version V1.1.e1c4133e

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	Berg, Janice L. (Ms.		<b>14</b> Filer ID (00081820	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTIBUTION TOTALS	LOANS, OR GU	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ARANTEES OF LOANS), UNLESS ITEMIZED	ΓHAN PLEDGES,	\$ 0.00
		TICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	2)	\$ 0.00
EXPENDITURE TOTALS	,	AL EXPENDITURES OF \$100 OR LESS, UNLESS	•	\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 3,286.96
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY OF THE	\$ 64,590.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFADAVIT				-
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		Ms.	Janice L. Berg	
		Signature of	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
		aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of officer	administering oath

### FORM JC/OH **SUBTOTALS - JC/OH COVER SHEET PG 3** 3 of 19 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00081820 Berg, Janice L. (Ms.) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ 3. SCHEDULE E(J): LOANS (JUDICIAL) \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 3,061.20 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 225.76 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made Ry - Giff(Alwards/Me)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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: 1/14 Rpt: 4/19	Berg, Janice L. (Ms.)	00081820
4	Date	5 Payee name	
	01/31/2020	Amegy Bank of Texas	
6	Amount (\$) \$2.00	7 Payee address; City; State; Zip Code P.O. Box 27459	
		Houston, TX 77227-7459	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	· · · · · · · · · · · · · · · · · · ·	l outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aust	in, TX, officeholder living expense
		Bank fee	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/28/2020	Amegy Bank of Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.00	P.O. Box 27459	
	Ψ2.00	F.O. DOX 21439	
		Houston, TX 77227-7459	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 003	l outside of Texas. Complete Schedule T.
	-	📙	in, TX, officeholder living expense
		Bank fee	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/31/2020	Amegy Bank of Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.00	P.O. Box 27459	
	Ψ2.00	F.O. DOX 21439	
		Houston, TX 77227-7459	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 CC3	l outside of Texas. Complete Schedule T.
	LXI LINDITORL		in, TX, officeholder living expense
		Bank fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 2/14 Rpt: 5/19	Berg, Janice L. (Ms.) 00081820
4	Date	5 Payee name
	04/30/2020	Amegy Bank of Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	P.O. Box 27459
		Houston, TX 77227-7459
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Bank fee
		Bank 100
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Davisa nama
	05/29/2020	Payee name
L		Amegy Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	P.O. Box 27459
		Houston, TX 77227-7459
	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  Bank fee
		Built lee
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payee name
	06/30/2020	Amegy Bank of Texas
L	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	P.O. Box 27459
	Ψ2.00	F.O. Box 21409
		Heursten, TV 77007 7450
		Houston, TX 77227-7459
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Bank fee
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
Г		
1		

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 3/14 Rpt: 6/19	Berg, Janice L. (Ms.) 00081820
4	Date	5 Payee name
	02/06/2020	Area 5 Democrats
	02/00/2020	Alea 3 Democrais
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.00	3800 Spencer Highway Suite L
		Pasadena, TX 77504
_	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeriolder/Political Committee Donation
		Donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit 6/61	•
	Date	Payee name
	04/24/2020	Area 5 Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.00	3800 Spencer Highway Suite L
	Ψ100.00	5555 Spender riighway Sake E
		Pasadena, TX 77504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/09/2020	Casa De Camera
-	Amount (\$)	Payee address; City; State; Zip Code
	\$297.69	8606 McAvoy Dr.
	φ291.09	Occombined Way DI.
		Houston, TX 77074
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Official portrait and staff photos
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

Advertising Expense Et Accounting/Banking Fronsulting Expense Fronsulting Expense Contributions/ Donations Made By - Google Contributions/ Official College Contributions (Official College Contributions)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/14 Rpt: 7/19	Berg, Janice L. (Ms.) 00081820
4	Date	5 Payee name
	03/12/2020	Champ Burger LLP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.67	304 Sampson St
		Houston, TX 77003
8	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.  Check if Austin, TX, officeholder living expense
		Staff luncheon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/04/2020	Chick-Fil-A
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.89	13720 East Fwy
		Houston, TX 77015
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Breakfast for jury
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/08/2020	Choir Robe Creations
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	3804 Poplar St
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Houston, TX 77087
	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
		Judicial robe alteration
	0 1 0 0 0 0 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 5/14 Rpt: 8/19	Berg, Janice L. (Ms.) 00081820
4	Date	5 Payee name
	02/05/2020	Dannay's Donuts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.63	7599 Garth Rd
		Baytown, TX 77523
8	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.
		Check if Austin, TX, officeholder living expense  Staff and jury breakfast
		Stan and July Breaklast
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	
	Date	Payee name
	01/01/2020	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 Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Google Suite subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
_		
	Date	Payee name
	02/01/2020	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
		Check if Austin, TX, officeholder living expense
		Google Suite subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to com	plete t	his form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (	Ethics Commission Filers)
	Sch: 6/14 Rpt: 9/19	Berg, Janice L. (Ms.)		00081820	
4	Date	5 Payee name		<b>'</b>	
	03/01/2020	Google Inc			
6	Amount (\$)	7 Payee address; City; State; Zip Code	e		
	\$6.40	1600 Amphitheatre Pkwy			
		Mountain View, CA 94043			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>b)</b> De	scription	
	OF EVENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Comple	te Schedule T.
	EXPENDITURE	·		Check if Austin, TX, officeholder living ex	pense
			Go	oogle Suite subscription	
_					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough	ht	Office held	
	•				
	Date	Payee name			
	04/01/2020	Google Inc			
	Amount (\$)	Payee address; City; State; Zip Code	е		
	\$6.40	1600 Amphitheatre Pkwy			
		Mountain View, CA 94043			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)		scription	
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Comple Check if Austin, TX, officeholder living ex	
				oogle Suite subscription	pense
				rogio Canto Gasconpaon	
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held	
	expenditure to benefit C/O				
	Date	Payee name			
	05/01/2020	Google Inc			
	Amount (\$)	Payee address; City; State; Zip Code	e		
	\$6.40	1600 Amphitheatre Pkwy			
	40.10	2000 /			
		Mountain View, CA 94043			
	PURPOSE		h) Do	agription	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Scription  Check if travel outside of Texas. Comple	te Schedule T.
	EXPENDITURE	Office Overrieda/Nerital Expense		Check if Austin, TX, officeholder living ex	pense
			Go	oogle Suite subscription	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held	
	experientale to beliefft C/Of	,			

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 7/14 Rpt: 10/19	Berg, Janice L. (Ms.) 00081820
4	Date	5 Payee name
	06/01/2020	Google Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.40	1600 Amphitheatre Pkwy
		Markin No. 04.04040
Ļ		Mountain View, CA 94043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Toyas Complete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Google Suite subscription
L		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	01/21/2020	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	4619 Lyons Avenue
		H
		Houston, TX 77020
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Contains a Check if travel outside of Texas Complete Schedule Texas
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation
L		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OF	1
	Date	Payee name
	02/20/2020	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	4619 Lyons Avenue
		Houston, TX 77020
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
L	·	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3	
	Sch: 8/14 Rpt: 11/19	Berg, Janice L. (Ms.)	00081820
4	Date	5 Payee name	
L	03/20/2020	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		ide of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Bonations wade by	, officeholder living expense
		Donation	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	04/20/2020	Harris County Democratic Party	
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.00	4619 Lyons Avenue	
	Ψ30.00		
		Houston TV 77020	
		Houston, TX 77020	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	ide of Taura Committee Cabe 1 1 T
	EXPENDITURE	Contributions/Bonations wade by	ide of Texas. Complete Schedule T. , officeholder living expense
		Candidate/Officeholder/Political Committee	, omeendaer living expense
		Donation	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	Cilido Hold
$\vdash$	Data		
	Date	Payee name	
	05/20/2020	Harris County Democratic Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.00	4619 Lyons Avenue	
		Houston, TX 77020	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	ide of Texas. Complete Schedule T.
	LAI LINDITURE		, officeholder living expense
		Donation	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiorare to benefit C/OI	п	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	$\dashv$
_	Sch: 9/14 Rpt: 12/19	Berg, Janice L. (Ms.)  00081820	
4	Date	5 Payee name	
	06/22/2020	Harris County Democratic Party	
6	Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 4619 Lyons Avenue	
		Houston, TX 77020	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation	
_	Commission ONII V if alice at	Condidate/Officeholder name Office country	_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/04/2020	Harris County Democratic Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,250.00	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	
	LXI LINDITORL	Candidate/Officeholder/Political Committee	
		Event sponsorship	
			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
L	06/20/2020	Harris County District Courts Benevolent Fund	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.00	201 Caroline St	
		Houston, TX 77002	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
	-	Check if Austin, TX, officeholder living expense Flower fund	
		1 lower failu	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	

### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/14 Rpt: 13/19	Berg, Janice L. (Ms.) 00081820
4	Date	5 Payee name
	01/08/2020	Houston Bar Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	1111 Bagby St.
		#200
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Luncheon
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/Oi	
	Date	Payee name
	01/04/2020	Parcel Plus 131
	Amount (\$)	Payee address; City; State; Zip Code
	\$195.00	5161 San Felipe St #320
		Houston, TX 77056
	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
		Post office box
		, 66, 6,11,60 36,7,
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/27/2020	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.61	13600 East Fwy
	Ψ200.01	10000 East 1 wy
		Houston, TX 77015
	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.
	-	Check if Austin, TX, officeholder living expense
		Snacks for jury
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

The Instruction Guide explains how to cor	mplete this form.
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Berg, Janice L. (Ms.)	00081820
5 Payee name	<u>'</u>
Sam's Club	
7 Payee address; City; State; Zip Coo	ode
13600 East Fwy	
Houston, TX 77015	
(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
	Supplies for staff break room
Candidate/Officeholder name Office sour	aht Office held
	gnt Office neid
1	
1 ' ' '	ode
13349 East Fwy	
Houston, TX 77015	
(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
	Breakfast for jury
	. ,
Candidate/Officeholder name Office sout	ght Office held
Н	
Pavee name	
Southwest Democrats	
Pavee address: City: State: Zip Co	ode
P.O. Box 2053	
Bellaire, TX 77402-2053	
Bellaire, TX 77402-2053	(h) Description
(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.
·	
(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Office sou	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Membership
(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Membership
(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Office sou	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Membership
	Berg, Janice L. (Ms.)  5  Payee name     Sam's Club  7  Payee address; City; State; Zip Co.     13600 East Fwy      Houston, TX 77015  (a) Category (See Categories listed at the top of this schedule)     Food/Beverage Expense  Candidate/Officeholder name     Shipley Do-Nuts  Payee name     Shipley Do-Nuts  Payee address; City; State; Zip Co.     13349 East Fwy  Houston, TX 77015  (a) Category (See Categories listed at the top of this schedule)     Food/Beverage Expense  Candidate/Officeholder name     Office south  Payee name     Southwest Democrats  Payee address; City; State; Zip Co.

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 12/14 Rpt: 15/19	Berg, Janice L. (Ms.)  00081820						
4	Date	5 Payee name						
	01/01/2020	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	Office Overhead/Rental Expense						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Web design						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	02/01/2020	The Beacon Agency						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$35.00	945 McKinney St.						
		Ste 12230						
		Houston, TX 77002						
	DUDDOCE							
	PURPOSE OF	(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.						
	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 expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	03/01/2020	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						
		The design						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
	•							

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel out frict

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Legal S	ards/Memorials Expensions ervices Instruction Guide ex	Salaries/\	Wages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAMF					3	Filer ID	(Ethics Commission Filers)	_
	Sch: 13/14 Rpt: 16/19	Berg, Janice L. (Ms.)							00081820		
4	Date	5	Payee name								
	04/01/2020	-	The Beacon Age	ncy							
6	Amount (\$)	7	Payee address;	City;	State; Zip Co	ode					
	\$35.00	945 McKinney St.									
		;	Ste 12230								
			Houston, TX 770	02							
8	PURPOSE	(a) (	Category (See Cate	nories listed at the ton o	of this schedule)	(b)	Description				_
	OF		Office Overhead			<b> `</b> ´		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			,			_	, TX,	officeholder living	j expense	
							Web design				
9	Complete ONLY if direct expenditure to benefit C/OH		andidate/Officehol	ler name	Office sou	ıght			Office he	eld	
	poa.taro to boriont 0/01										
	Date		Payee name								
	05/01/2020	-	The Beacon Age	ncy							
	Amount (\$)	ı	Payee address;	City;	State; Zip Co	ode					
	\$35.00	(	945 McKinney St								
		;	Ste 12230								
			Houston, TX 770	02							
	PURPOSE OF		Category (See Cate			(b)	Description				
	EXPENDITURE	(	Office Overhead	Rental Expense	е		<b>=</b>		de of Texas. Com officeholder living		
							Web design	, ,,,,	omeeneder avang	, oxponed	
	Complete ONLY if direct		andidate/Officehol	ler name	Office sou	ıght			Office he	eld	_
	expenditure to benefit C/OI	H 									
	Date	Ī	Payee name								
L	06/01/2020	L <sup>-</sup>	The Beacon Age	ncy		_					
	Amount (\$)		Payee address;	City;	State; Zip Co	ode					
	\$35.00	9	945 McKinney St								
		;	Ste 12230								
			Houston, TX 770	02							
	PURPOSE	(a) (	Category (See Cate	pories listed at the ton o	of this schedule)	(b)	Description				_
	OF EXPENDITURE		Office Overhead				Check if travel of		de of Texas. Com		
	LAFENDITURE			-				, TX,	officeholder living	g expense	
							Web design				
	Commission ONU Wife allows	$\check{\Gamma}$	andidate/Officel	lau	0#:	ا داده			O#: 1	- Lal	_
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							eiu				
											_

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Poli	Food/Beverage Expense Polling Expense Polling Expense de By - Gift/Awards/Memorials Expense Printing Expense olitical Committee Legal Services Salaries/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1 Sch: 14/14 Rpt: 17/19		3 Filer ID (Ethics Commission Filers) 00081820
4 Date	5 Payee name	1
01/30/2020	Villa Arcos	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$78.00	3009 Navigation Blvd	
	Houston, TX 77003	
8 PURPOSE OF EXPENDITURE	1 Courbeverage Expense	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense Or jury
Complete ONLY if direct expenditure to benefit C/	ct Candidate/Officeholder name Office sought C/OH	Office held

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/2 Rpt: 18/19 Berg, Janice L. (Ms.) 00081820 Date Payee name 04/20/2020 BestBuyTexas.com Amount (\$) Payee address; City; State; Zip Code \$64.94 920 Bugg Lane Reimbursement from political contributions Х intended San Marcos, TX 78666 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Teleconferencing equipment Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/20/2020 BestBuyTexas.com Amount (\$) Payee address; City; State; Zip Code \$64.94 920 Bugg Lane Reimbursement from political contributions Χ San Marcos, TX 78666 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Teleconferencing equipment Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 04/21/2020 Zoom Video Communications, Inc. Payee address; City; State; Zip Code Amount (\$) \$31.96 55 Almaden Blvd 6th Floor Reimbursement from Χ political contributions intended San Jose, CA 95113

**PURPOSE** 

OF

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit

C/OH

Description

Office sought

Videoconferencing platform

Category (See Categories listed at the top of this schedule)

Office Overhead/Rental Expense

Candidate/Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office held

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 2/2 Rpt: 19/19 Berg, Janice L. (Ms.) 00081820 Date Payee name 05/22/2020 Zoom Video Communications, Inc. Amount (\$) Payee address; State; Zip Code City; 55 Almaden Blvd \$31.96 6th Floor Reimbursement from political contributions Х intended San Jose, CA 95113 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Videoconferencing platform Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/22/2020 Zoom Video Communications, Inc. Amount (\$) Payee address; City; State; Zip Code \$31.96 55 Almaden Blvd 6th Floor Reimbursement from political contributions Х San Jose, CA 95113 intended **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Videoconferencing platform Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH