#### 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 17 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Janice L. NAME Date Received **ELECTRONICALLY FILED** 01/14/2021 NICKNAME LAST **SUFFIX** Berg CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 5161 San Felipe St MAILING Receipt # Amount **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 **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE 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 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2020 12/31/2020 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

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 17

13 C / OH NAME	Berg, Janice L. (Ms.)	)		<b>14</b> Filer ID 00081820	(Ethics Com	mission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of candidate / officeholder. consent. Candidates and	the candidate's or office	eholder's kno	wledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	E				
_	GENERAL	0014447755 400	D-00				
	SPECIFIC	COMMITTEE ADD	KESS				
	J. SPECIFIC						
		COMMITTEE CAM	PAIGN TREASURER NAME				
		COMMITTEE CAM	PAIGN TREASURER ADDRES	SS			
16 CONTIBUTION TOTALS			ONTRIBUTIONS(OTHER THAN CONTRIBUTIONS MADE ELEC		\$	0.00	
		ICAL CONTRIBU		2)	\$	0.00	
EXPENDITURE TOTALS  (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES					\$	0.00	
						1 571 60	
 					\$	1,571.60	
CONTRIBUTION BALANCE		. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD					
OUTSTANDING LOAN TOTALS		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD					
<b>17</b> AFFADAVIT			l 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	lder		
AFFIX NO	TARY STAMP / SEAL AB	OVE					
				, this the		_ day	
of	, 20, to co	ertify which, witness	my hand and seal of office.				
Signature of offi	cer administering oath	Printed name	of officer administering oath	Title of office	r administerii	ng oath	

#### FORM JC/OH **SUBTOTALS - JC/OH COVER SHEET PG 3** 3 of 17 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 879.84 \$ 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 \$ 691.76 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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Sala	-	ges/Co	ontract Labor		OTHER (enter a	strict i category not listed abo	ove)
	- Croak Gara Faymon			The Instruction Gu	uide explains how t	o com	plete	this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 1/11 Rpt: 4/17		Berg, Janice	e L. (Ms.)						00081820		
4	Date	5	Payee name									
	07/20/2020		Acuity Sche	duling								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code	9					
	\$25.00		PO Box 466	8 #64465								
			New York, N	IY 10163-4668								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedule)	(k	<b>)</b> D	escription				
	OF EXPENDITURE			nead/Rental Exp				Check if travel or	utsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE							_		officeholder living	g expense	
							S	cheduling se	ervi	ice		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office	sough	nt			Office h	eld	
	experialitate to beliefit eroi	'										
	Date		Payee name									
	08/19/2020		Acuity Sche	duling								
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code	9					
	\$25.00		PO Box 466	8 #64465								
			New York, N	IY 10163-4668								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedule)	(k	<b>)</b> D	escription				
	OF EXPENDITURE			nead/Rental Exp				₫			plete Schedule T.	
							Ĺ	_		officeholder living	g expense	
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_	Computate ONLY if diseast	Ļ	Condidate/Offic		O#iaa					Office le	ماط	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	cenoider name	Опісе	sough	π			Office h	eia	
		_										
	Date		Payee name									
	09/21/2020		Acuity Sche	duling								
	Amount (\$)		Payee addres	•	State; Zip	Code	9					
	\$25.00		PO Box 466	8 #64465								
			New York, N	IY 10163-4668								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedule)	(k	<b>)</b> D	escription				
	OF EXPENDITURE			nead/Rental Exp							plete Schedule T.	
	LXI LINDITORL						Ĺ	_		officeholder living	g expense	
							5	cheduling se	ervi	ice		
	Commiste Chilly " "	L_	Daniel - t. (Offi	- a la a l al c	0.00					Ott	ald	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enolaer name	Office	sough	ΙŢ			Office h	eid	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	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: 2/11 Rpt: 5/17	Berg, Janice L. (Ms.) 00081820
4	Date	5 Payee name
	10/19/2020	Acuity Scheduling
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.65	PO Box 4668 #64465
		New York, NY 10163-4668
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Scheduling service
		Softedding Service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Date	Payee name
	11/19/2020	,
		Acuity Scheduling
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.65	PO Box 4668 #64465
		New York, NY 10163-4668
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Scheduling service
		Scrieduling Service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	12/21/2020	Acuity Scheduling
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.65	PO Box 4668 #64465
		New York, NY 10163-4668
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Scheduling service
		Scrieduling Service
_	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 -

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

	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: 3/11 Rpt: 6/17	Berg, Janice L. (Ms.) 00081820
4	Date	5 Payee name
	10/23/2020	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.57	P.O. Box 81226
		Seattle, WA 98108
8	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
		Office supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	07/01/2020	Google Inc
H	Amount (\$)	Payee address; City; State; Zip Code
	\$6.40	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	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
		Google Suite subscription
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/01/2020	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
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
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### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 4/11 Rpt: 7/17	Berg, Janice L. (Ms.) 00081820	
4	Date	5 Payee name	_
	09/01/2020	Google Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$6.40	1600 Amphitheatre Pkwy	
		Mountain View, CA 94043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Google Suite subscription	
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
_	·		_
	Date	Payee name	
	10/01/2020	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	
		Coogle Suite Subscription	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
_	Date	Dayso nama	_
	11/01/2020	Payee name Google Inc	
		<u> </u>	
	Amount (\$) \$6.40	Payee address; City; State; Zip Code	
	Φ0.40	1600 Amphitheatre Pkwy	
		M	
		Mountain View, CA 94043	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental 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	
		Google Suite subscription	
Г	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 Comm

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal manage Calculula E4.	O FILED MANE
1	Total pages Schedule F1: Sch: 5/11 Rpt: 8/17	2 FILER NAME Berg, Janice L. (Ms.)  3 Filer ID (Ethics Commission Filers) 00081820
4	Date	5 Payee name
-		
	12/01/2020	Google Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.40	1600 Amphitheatre Pkwy
		,
		Mountain View, CA 94043
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
		Google Suite subscription
		Coogle Suite Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Data	Para sara
	Date	Payee name
	07/20/2020	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	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Oi	1
	Date	Payee name
	08/20/2020	Harris County Democratic Party
	00/20/2020	
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	4619 Lyons Avenue
		Houston, TV 77020
		Houston, TX 77020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing 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: 6/11 Rpt: 9/17	Berg, Janice L. (Ms.) 00081820
4	Date	5 Payee name
	09/20/2020	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 EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/20/2020	Harris County Democratic Party
_	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	4619 Lyons Avenue
	Ψ33.00	4013 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  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
	Operation ONLY if allowed	On alidate (Office helder game)
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	11/20/2020	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
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
l		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 7/11 Rpt: 10/17	Berg, Janice L. (Ms.) 00081820
4	Date	5 Payee name
	12/20/2020	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 EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Bollation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	07/14/2020	Texas Center for the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1210 San Antonio
		Suite 800
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	-	Candidate/Officeholder/Political Committee
		Donation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name Toyon Young Domocrate
	08/26/2020	Texas Young Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	PO Box 82825
		Austin, TX 78708
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Dollation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe 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)
Ĺ	Sch: 8/11 Rpt: 11/17	Berg, Janice L. (Ms.)  00081820
4	Date	5 Payee name
	07/27/2020	Texas Young Democrats
6	Amount (\$) \$10.00	7 Payee address; City; State; Zip Code PO Box 82825
	420.00	
		Austin, TX 78708
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/28/2020	Texas Young Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	PO Box 82825
		Austin, TX 78708
	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
		20.14.10.1
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/28/2020	Texas Young Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	PO Box 82825
		Austin, TX 78708
	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/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
		20. maiori
	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 Committee
Credit Card Baymont

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Salaries/	Wage	s/Contract Labor		OTHER (enter a	strict category not listed above)	
		_			ide explains how to co	ompi	ete this form.	_			_
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 9/11 Rpt: 12/17		Berg, Janice	e L. (Ms.)					00081820		
4	Date	5	Payee name								
	07/01/2020		The Beacon	Agency							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode					
	\$35.00		945 McKinn	ey St.							
			Ste 12230								
			Houston, TX	( 77002							
8	PURPOSE	(a)	Category (Se	e Categories listed at th	e ton of this schedule)	(b)	Description				_
	OF EXPENDITURE			nead/Rental Exp			Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			•			Check if Austin,	, TX,	officeholder living	g expense	
							Web design				
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Office so	ught			Office he	eld	
	experionale to belief C/O										
	Date		Payee name								
	08/01/2020		The Beacon	Agency							
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$35.00		945 McKinn	ey St.							
			Ste 12230								
			Houston, TX	77002							
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Exp	ense		<b>=</b>			plete Schedule T.	
							Web design	, TX,	officeholder living	g expense	
							web design				
	Complete ONLY if direct	<u> </u>	Candidate/Offic	Seholder name	Office so	ıaht			Office he	ald	_
	expenditure to benefit C/O		Janaidate/Onic	scholder name	Office 300	agrit			Office In	ciu	
-	Data	_									_
	Date 09/01/2020		Payee name	Agonov							
			The Beacon								_
	Amount (\$)		Payee addres	•	State; Zip C	ode					
	\$35.00		945 McKinn	ey St.							
			Ste 12230								
			Houston, TX	77002							
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Exp	ense					plete Schedule T.	
							ш	, TX,	officeholder living	g expense	
							Web design				
	Complete ONLY if direct	Ļ	Condidate /Offi	oppolder (5 5 7 5	O#:	la <sub>pt</sub>			Office	ald	_
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	zenoluer name	Office so	ugrit			Office h	eiu	
	· 										_

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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 co	mple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/11 Rpt: 13/17		Berg, Janice L. (Ms.)		00081820
4	Date	5	Payee name		•
	10/01/2020		The Beacon Agency		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$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	<u> </u> `´	Office Overhead/Rental Expense	. ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		·		Check if Austin, TX, officeholder living expense
					Web design
				<u> </u>	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ıght	Office held
L					
	Date		Payee name		
	11/01/2020		The Beacon Agency		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
l	\$35.00		945 McKinney St.		
l			Ste 12230		
l			Houston, TX 77002		
Г	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense  Web design
l					web design
-	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	laht I	Office held
l	expenditure to benefit C/O		Sandidate, Cindendate Harne	·g···	Cince Hold
⊨	Date	Π	Dayon nama		
	12/01/2020		Payee name The Beacon Agency		
┝				ndo.	
l	Amount (\$) \$35.00		Payee address; City; State; Zip Co 945 McKinney St.	Jue	
l	Ψ33.00		Ste 12230		
			Houston, TX 77002		
l	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
					Web design
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/O	Н			

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
nse Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wagnes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to co	Ü	ete this form.	OTTIEN (enter a ci	alegory not iisled above)
1	Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
	Sch: 11/11 Rpt: 14/17	Berg, Janice L. (Ms.)			00081820	
4	Date	5 Payee name				
	12/22/2020	Zoom Video Communications, Inc.				
6	Amount (\$)	7 Payee address; City; State; Zip Co	de			
	\$31.96	55 Almaden Blvd				
		6th Floor				
		San Jose, CA 95113				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Office Overhead/Rental Expense			outside of Texas. Compl	
				_	TX, officeholder living encing platform	xpense
				videoconiere	ricing platform	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht		Office hel	
	expenditure to benefit C/OI	dandidate/officeriolder flame	giit		Office field	u .
_	Date	Payee name				
	11/23/2020	Zoom Video Communications, Inc.				
_	Amount (\$)	Payee address; City; State; Zip Co	do			
	\$31.96	55 Almaden Blvd	ue			
	Ψ31.30	6th Floor				
	DUDDOGE	San Jose, CA 95113	(1-)			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(a)	Description  Check if travel of	outside of Texas. Compl	ete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense		$\Box$	TX, officeholder living e	
				Videoconfere	ncing platform	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office hel	d
	expenditure to benefit C/OI	1				
l						

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

(Ethics Commission Filers)

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event 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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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 Sch: 1/3 Rpt: 15/17 Berg, Janice L. (Ms.) 00081820 Date Payee name 09/24/2020 Harris County Democratic Party 6 Amount (\$) Payee address; State; Zip Code City; \$500.00 4619 Lyons Avenue Reimbursement from political contributions intended Х Houston, TX 77020

8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held					
	Date	Payee name						
	12/22/2020	Zoom Video Communications, Inc.						
	Amount (\$)	Payee address; City; State; Zip C	ode					
	\$31.96	55 Almaden Blvd						
	Reimbursement from political contributions	6th Floor						
	intended	San Jose, CA 95113						
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense					
			Videoconferencing platform					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held					
	Date	Payee name						
	11/23/2020	Zoom Video Communications, Inc.						
	Amount (\$)	Payee address; City; State; Zip C	ode					
	\$31.96	55 Almaden Blvd						
	Reimbursement from political contributions	6th Floor						
	intended	San Jose, CA 95113						
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.					
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense					
			Videoconferencing platform					

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit

C/OH

Office sought

Office held

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

## **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/Political Committee Credit Card Payment			Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services  Folling Expense Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.				Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule G: Sch: 2/3 Rpt: 16/17	2 FILER NAM Berg, Jan	ME ice L. (Ms.)			ı	Filer ID (Ethics Commission Filers) 00081820		
4	Date	<b>5</b> Payee nam	ne			<u> </u>			
	10/22/2020		eo Communications, Inc.						
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$31.96	55 Almad	en Blvd						
	Reimbursement from political contributions intended	6th Floor							
		San Jose	, CA 95113						
8	PURPOSE	(a) Category	(See Categories listed at the top of this sc	hedule)	(b) Description	Che	eck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Office Ov	erhead/Rental Expense			_	eck if Austin, TX, officeholder living expense		
					Videoconferencir	ng pl	latform		
Ļ									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held							
	Date	Payee nam	ne						
	09/22/2020	Zoom Vid	eo Communications, Inc.						
	Amount (\$) Payee address; City; State; Zip Code								
	\$31.96	55 Almad	en Blvd						
	Reimbursement from political contributions	6th Floor							
	intended	San Jose	, CA 95113						
	PURPOSE OF		(See Categories listed at the top of this so	hedule)	Description	_	eck if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Office Ov	erhead/Rental Expense		L Videoconferencir	_	eck if Austin, TX, officeholder living expense		
					Videocomerencii	ng pi	ationii		
	Complete ONLY if direct expenditure to benefit C/OH	I Candidate/Offic	ceholder name		Office sought		Office held		
	Date	Payee nam	ne						
	07/22/2020	Zoom Video Communications, Inc.							
	Amount (\$)	Payee add	ress; City; State	e; Zip Co	ode				
	\$31.96	55 Almad	en Blvd						
	Reimbursement from political contributions intended	6th Floor							
		San Jose	, CA 95113						
	PURPOSE OF	1 ,	(See Categories listed at the top of this so	hedule)	Description	=	eck if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Office Overhead/Rental Expense			Check if Austin, TX, officeholder living expense  Videoconferencing platform				
					Videocomerencii	ng pi	iduomi		
	expenditure to benefit	I Candidate/Offic	ceholder name		Office sought		Office held		
	C/OH								

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event 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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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) Berg, Janice L. (Ms.) Sch: 3/3 Rpt: 17/17 00081820 Date Payee name 08/24/2020 Zoom Video Communications, Inc. 6 Amount (\$) Payee address; State; Zip Code City; 55 Almaden Blvd \$31.96 6th Floor Reimbursement from political contributions intended Х San Jose, CA 95113 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 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