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 38 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Janice L. NAME Date Received **ELECTRONICALLY FILED** 01/18/2022 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| 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** 07/01/2021 12/31/2021 10 ELECTION **ELECTION DATE ELECTION TYPE**

11 OFFICE

Day

11/08/2022

OFFICE HELD (if any)

Year

Family District Court Judge District 247

Month

Primary

χ General

Runoff

Special

12 OFFICE SOUGHT (if known)

Other

Family District Court Judge District 247

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 38

13 C / OH NAME	Berg, Janice L. (The	Honorable)	14 Filer ID (I 00081820	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this information	the candidate's or office	holder's knowledge or		
Additional Pages	COMMITTEE TYPE COMMITTEE NAME					
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS			
46 CONTRIBUTION	1 TOTAL INITEM	IZED DOLIFICAL CONTRIBUTIONS OF USE DATA	N. D. EDGES, LOANS			
16 CONTRIBUTION TOTALS	OR GUARANTE	IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00		
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 46,950.00		
EXPENDITURE TOTALS	`	IZED POLITICAL EXPENDITURES		\$ 20.89		
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 16,887.11		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$ 140,579.12		
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 AFFIDAVIT						
		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.				
		The Hon	orable Janice L. Berg			
		Signature o	f Candidate or Officehold	der		
AFFIX NOT	TARY STAMP / SEAL AB	OVE				
Sworn to and subsc	cribed before me, by the s	aid	, this the	day		
of	, 20, to co	ertify which, witness my hand and seal of office.				
Signature of office	er administering oath	Printed name of officer administering oath	Title of officer	administering oath		

SUBTOTALS - JC/OH

FORM JC/OH **COVER SHEET PG 3**

					3 0f 38
	ER NAM	ice L. (The Honorable)	19 Filer ID 00081820	(Ethi	cs Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	43,714.16
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	3,235.84
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	16,887.11
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
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 C	F C/OH	\$	
11	. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	33.00
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1 Total pages Schedule A(J)1: Sch: 1/13 Rpt: 4/38		
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Berg, Janice	Janice L. (The Honorable)		00081820	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Arfa, Kenneth 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$100.00		
		Houston, TX 77096			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
	Physician			Psychiatrist	
10	Contributor's Self	employer/law firm		11 Law firm of contributor's s	pouse (if any)
12		a a shild law firm of parant(a) (if any)		
12	i Contributor i	s a child, law firm of parent(s) (ii any)		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	12/31/2021	Arnold, Paula			\$500.00
		Contributor address; City;	State; Zip Code		··· <mark> </mark>
		,	, ,		
		Houston, TX 77064			
	Contributor's	Principal Occupation		Contributor's Job Title	1
	Not Employe	ed		Not Employed	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	Not Employe	ed		Law office of Theo Pins	son
	If contributor i	s a child, law firm of parent(s) (if any)		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	12/31/2021	Berg, David	_		\$2,500.00
		Contributor address; City;	State; Zip Code		
		Houston, TX 77002			
		Principal Occupation		Contributor's Job Title	
	Lawyer/write			Partner	
		employer/law firm		Law firm of contributor's s	pouse (if any)
	Berg & Andr				
	If contributor i	s a child, law firm of parent(s) (if any)		
L					

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 2/13 Rpt: 5/38
2	FILER NAME Berg, Janice	LER NAME erg, Janice L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081820
4	Date 08/03/2021			7	Amount of Contribution (\$) \$500.00	
		Houston, TX 77024				
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Attorney		
10	Contributor's of The Clark La	employer/law firm aw Firm PC		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/31/2021 Clevenger, George Contributor address; City; State; Zip Code				\$500.00	
		Spring, TX 77379				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	self	employer/law firm		Law firm of contributor's sp	oous	se (If any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	12/09/2021	Fritsch, Kelly	_			\$1,500.00
		Contributor address; City; Houston, TX 77007	State; Zip Code			
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Lawyer			Lawyer		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Kelly L. Frits	ch, P.C.				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

MONET	ARY POLITICAL CO	NTRIBUTIC	ONS		SCHEDULE A	A(J)1
The Instru	The Instruction Guide explains how to complete this form.					:
2 FILER NAME Berg, Janice	FILER NAME Berg, Janice L. (The Honorable)			3 Filer ID 000818	(Ethics Commission 320	on Filers)
4 Date 12/09/2021			7 Amount	of Contribution (\$)	\$1,500.00	
	Houston, TX 77056					
8 Contributor's F	Principal Occupation		9 Contributor's Job Title			
10 Contributor's 6	employer/law firm		11 Law firm of contributor's sp	ouse (if any))	
12 If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount	of Contribution (\$)	
12/14/2021					· · ·	\$1,500.00
	Houston, TX 77056					
Contributor's F	Principal Occupation		Contributor's Job Title			
Contributor's e	employer/law firm		Law firm of contributor's sp	ouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)	'				
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount	of Contribution (\$)	
12/09/2021	Heintschel, Jeffrey					\$1,500.00
Contributor address; City; State; Zip Code Fayetteville, TX 78940						
Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>		
Attorney			Attorney			
Contributor's 6	employer/law firm		Law firm of contributor's sp	ouse (if any))	
Law Office o	f Jeff Heintschel					
If contributor is	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 4/13 Rpt: 7/38
2	FILER NAME Berg, Janice	FILER NAME Berg, Janice L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081820
4	Date 12/31/2021			7	Amount of Contribution (\$) \$500.00	
		Houston, TX 77027				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Partner		
10		employer/law firm		11 Law firm of contributor's sp	oou	se (if any)
40		f Reginald A. Hirsch	: \	SchlangerSilver		
12	i ii contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/09/2021 Hudson, Lynne Contributor address; City; State; Zip Code				\$1,500.00	
		Houston, TX 77056				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oou	se (if any)
	Hudson Law					
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	08/24/2021	Jenkins & Kamin, LLP				\$500.00
		Contributor address; City; Houston, TX 77046	State; Zip Code			
_	Contributor's I	Principal Occupation		Contributor's Job Title		
	Continuators	-micipal Occupation		Contributor's 30b Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
The Instru	ction Guide explains ho	ow to complete this	form.	1 Total pages Schedule A(J)1: Sch: 5/13 Rpt: 8/38
2 FILER NAME	FILER NAME			3 Filer ID (Ethics Commission Filers)
Berg, Janice	L. (The Honorable)			00081820
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/09/2021	John E. Van Ness, PC			\$1,500.00
	6 Contributor address; City;	State; Zip Code		
	Houston, TX 77098			
8 Contributor's F	Principal Occupation		9 Contributor's Job Title	
10 Contributor's 6	employer/law firm		11 Law firm of contributor's s	pouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/31/2021 Kamin, Lynn		\$500.00		
	Contributor address; City;	State; Zip Code		
	Houston, TX 77046			
Contributor's F	I Principal Occupation		Contributor's Job Title	. L
Attorney			Attorney	
Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
Jenkins & Ka	amin, LLP			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$)
12/31/2021	Kessler, Jonathan			\$100.00
	Contributor address; City;	State; Zip Code		
	Rockville, MD 20850			
Contributor's F	Principal Occupation		Contributor's Job Title	
Privacy Spe	cialist		Privacy Specialist	
	employer/law firm		Law firm of contributor's s	pouse (if any)
TechOp Solu				
If contributor is	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 6/13 Rpt: 9/38
2	FILER NAME Berg, Janice	L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081820
4	Date 12/09/2021			7	Amount of Contribution (\$) \$2,500.00	
		Pearland, TX 77584				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's 6 Slate & Asso	employer/law firm ociates		11 Law firm of contributor's sp	oous	e (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/09/2021 Law Office of Dannielle Simms, PLLC Contributor address; City; State; Zip Code				\$1,500.00	
	Contributor's	Houston, TX 77036		Contributor's Job Title		
	Continuators	Principal Occupation		Continuator \$ 300 Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/30/2021 Melman, Samantha Contributor address; City; State; Zip Code Houston, TX 77096				\$250.00	
-	Contributor's F	Principal Occupation		Contributor's Job Title		
	Not Employe			Not Employed		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Not Employe	ed				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1 Total pages Schedule A(J)1: Sch: 7/13 Rpt: 10/38
2	FILER NAME	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Berg, Janice	g, Janice L. (The Honorable)		00081820	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 12/31/2021 Minocha, Gulshan			7 Amount of Contribution (\$)	
				\$150.00	
		6 Contributor address; City;	State; Zip Code		
		Victoria, TX 77904		_	
8		Principal Occupation		9 Contributor's Job Title	
	Physician			Internist	
10		employer/law firm		11 Law firm of contributor's s	spouse (if any)
		clinic of Victoria			
12	If contributor i	is a child, law firm of parent(s) (if any)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	12/09/2021	Newman, Bobby	_		\$2,500.00
		Contributor address; City;	State; Zip Code		
		, , , , , , , , , , , ,	,, р		
		Houston, TX 77098			
	Contributor's	Principal Occupation		Contributor's Job Title	<u> </u>
	Attorney			Attorney	
_		employer/law firm		Law firm of contributor's s	spouse (if any)
		ewman, P.C.			
	If contributor i	is a child, law firm of parent(s) (if any)	I .	
		, , , , , ,			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	07/15/2021	Nguyen, Dan-Phi	–		\$1,000.00
		Contributor address; City;	State; Zip Code		···
		, ,,			
		Houston, TX 77072			
	Contributor's	I Principal Occupation		Contributor's Job Title	<u> </u>
	Attorney			Attorney	
		employer/law firm		Law firm of contributor's s	spouse (if any)
	Self-Employ			The Curley Law Firm	
_		is a child, law firm of parent(s) (if any)		
		(-)	,,		
_					

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 8/13 Rpt: 11/38
2	FILER NAME Berg. Janice	L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081820
4	Date 12/09/2021	te 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$) \$1,500.00	
		Houston, TX 77007				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's 6 Bo Nichols L	employer/law firm .aw		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/31/2021 Pacheco, Sarah Contributor address; City; State; Zip Code				\$500.00	
	0	Houston, TX 77027		I 0		
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
_		employer/law firm		Law firm of contributor's sp	2011	co (if any)
	Crain Caron			Law iiiii oi contributor 5 5	Jou	se (ii diiy)
		s a child, law firm of parent(s) (if	any)			
-	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	12/09/2021	Parchman Law Firm, PLI Contributor address; City; S				\$1,500.00
		The Woodlands, TX 773	80			
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	L		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	\(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 9/13 Rpt: 12/38	
2	FILER NAME Berg, Janice	L. (The Honorable)			3	Filer ID (Ethics Commission 00081820	n Filers)
4	Date 12/30/2021 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$500.00		
		Spring, TX 77379					
8		Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)	
12	! If contributor is	s a child, law firm of parent(s) (i	f any)	<u>I</u>			
	Data	Full name of contributor	——————————————————————————————————————	,	Т	Amount of Contribution (ft)	
	Date 12/09/2021	Full name of contributor Proffitt Family Law Contributor address; City;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,500.00
	Contributor's I	Houston, TX 77002 Principal Occupation		Contributor's Job Title			
	Continuators	-ппсіраї Оссираціон		Continuator 5 300 Title			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	e (if any)	
	If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2021	Raia, Ben				:	\$2,500.00
	Contributor address; City; State; Zip Code						
		Friendswood, TX 77546		T - "			
		Principal Occupation		Contributor's Job Title			
	Attorney			Associate Attorney		- Ct)	
	Slate & Asso	employer/law firm		Law firm of contributor's sp	oous	e (If any)	
		s a child, law firm of parent(s) (i	f any)				

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 10/13 Rpt: 13/38
2	FILER NAME Berg, Janice	L. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00081820
4	Date 12/14/2021			7 Amount of Contribution (\$) \$1,264.16	
_	Contributorio I	Houston, TX 77056		O Contributorio Joh Titlo	
8	Contributors	Principal Occupation		9 Contributor's Job Title	
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if a	any)	<u> </u>	
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	12/30/2021 Ricketts, Ivy Contributor address; City; State; Zip Code			\$200.00	
	O - materille : standard	Houston, TX 77054		Occasionate de Tele Title	
	Attorney	Principal Occupation		Contributor's Job Title Attorney	
		employer/law firm		Law firm of contributor's sp	nouse (if any)
	self	spisysman		Elton Lockings PC	(. 4.1)
	If contributor is	s a child, law firm of parent(s) (if a	any)	L	
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	12/14/2021	Slate & Associates Attorn Contributor address; City; Si Deer Park, TX 77536	-		\$5,000.00
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	1	Total pages Schedule A(J)1: Sch: 11/13 Rpt: 14/38		
2	FILER NAME Berg, Janice	L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081820
4	Date 10/27/2021	5 Full name of contributor				Amount of Contribution (\$) \$500.00
		Houston, TX 77008				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
_	Stout Law Fi			The Curley Law Firm		
12	If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	12/14/2021	Sukaly, Cooper Contributor address; City; S			\$25.00	
		Houston, TX 77098				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Analyst			PNL Analyst		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Musket Corp					
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	12/14/2021	The Herrington Law Firm	_			\$1,500.00
	Contributor address; City; State; Zip Code Houston, TX 77043					
_	Contributor's F	Principal Occupation		Contributor's Job Title		
Contributor 5 000 Fitto						
	Contributor's 6	employer/law firm	Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1	L
	The Instru	ction Guide explains ho	1	otal pages Schedule A(J)1: ch: 12/13 Rpt: 15/38			
2	FILER NAME Berg, Janice	L. (The Honorable)			1	er ID (Ethics Commission Filers 0081820)
4	Date 12/09/2021	5 Full name of contributor out-of-state PAC (ID#:)				nount of Contribution (\$) \$3,500).00
		Houston, TX 77027					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	I Ar	mount of Contribution (\$)	
	07/16/2021	Walbridge, Peter Contributor address; City;			\$125	5.00	
		Houston, TX 77008		T =			
		Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
		employer/law firm	<i>.</i>)	Law firm of contributor's sp	oouse (ir any)	
		o Victims of Domestic Abuse					
	if contributor is	s a child, law firm of parent(s) (i	r any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ar	mount of Contribution (\$)	
	12/09/2021	Walters Gilbreath, PLLC	,			\$500	0.00
	Contributor address; City; State; Zip Code						
_	Cambrilantania	Houston, TX 77002		Contributorio Job Title			
	Contributors	Principal Occupation		Contributor's Job Title			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oouse (if any)	
	If contributor is	s a child, law firm of parent(s) (i	f any)	1			

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1: Sch: 13/13 Rpt: 16/38
2	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Berg, Janice L. (The Honorable)	00081820
4		7 Amount of Contribution (\$)
	12/31/2021 Wilhite, Randall	\$500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77027	
Ω	Contributor's Principal Occupation 9 Contributor's Job Title	
0	Attorney Senior Partner	
10	O Contributor's employer/law firm 11 Law firm of contributo	r's enques (if any)
10	Fullenweider Wilhite, P.C. Fullenweider Wilhite, P.C.	
12	2 If contributor is a child, law firm of parent(s) (if any)	5,11.0.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	L	SCHEDULE A2
The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 17/38
2 FILER NAME Berg, Janice L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081820
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 12/09/2021 6 Full name of contributor out-of-state PAC (ID#: Rainwater, Charlotte 7 Contributor address; City; State; Zip Code		8 Amount of contribution (\$) 9 In-kind contribution description \$3,235.84 Event venue and refreshments
Houston, TX 77056		Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON-	-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL) Attorney	13 Contributor's job title (Attorney	(FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
Rainwater & Assoc. PLLC 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 1/20 Rpt: 18/38	Berg, Janice L. (The Honorable) 00081820
4	Date	5 Payee name
	12/02/2021	Ace Flowers
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$102.77	1903 S Dairy Ashford Rd
		Houston, TX 77077
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense Flowers for staff retirement
		Tiowers for start retirement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	07/19/2021	Acuity Scheduling
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$26.65	PO Box 4668 #64465
	420.00	1 0 26X 1000 %01100
		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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Scheduling service
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	08/19/2021	Acuity Scheduling
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$26.65	PO Box 4668 #64465
		New York, NY 10163-4668
	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
		Scheduling service
		Contouring Solvido
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/20 Rpt: 19/38	Berg, Janice L. (The Honorable) 00081820
4	Date	5 Payee name
	09/20/2021	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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Scheduling service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	10/19/2021	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
		Conteduming Service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/19/2021	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 travel outside of Texas. Complete Schedule T.
	ZAI ZABITORZ	Check if Austin, TX, officeholder living expense Scheduling service
		Scheduling Service
_	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 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	d Con		Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense		xpens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commission Filers)
L	Sch: 3/20 Rpt: 20/38	L	Berg, Janice	e L. (The Honora	able)					00081820	
4	Date	5	Payee name								
	12/20/2021		Acuity Sche	duling							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$26.65		PO Box 466	88 #64465							
			New York, N	NY 10163-4668							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			head/Rental Expe		,		=		de of Texas. Com	
								Check if Austin, Scheduling Se		officeholder living	expense
								Julieuuiiiig St	VI	IUC	
9	Complete ONLY if direct	<u> </u>	andidato/Offi	ceholder name		office sou	lapt			Office he	ald
9	Complete ONLY if direct expenditure to benefit C/O		anuluale/OIII	CENTICIENT HATTIE		office sou	agrit			Onice At	au
	Date		Payee name								
	11/01/2021		Amazon								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode	<u> </u>			
	\$301.28		P.O. Box 81	.226							
			Seattle, WA	98108							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			head/Rental Expe				—		de of Texas. Com	
	-							Office supplie		officeholder living	expense
								Jinee Supplie	,,		
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office sou	<u>l</u> Jaht			Office he	eld
	expenditure to benefit C/O					500	9			200 110	
-	Date		Payee name								
	12/16/2021		Amazon								
	Amount (\$)	_	Payee addres	ss; City;	State:	Zip Co	nde				
	\$1,800.00	ı	P.O. Box 81		Sidie,	p 00					
	Ψ1,000.00			0							
			Seattle, WA	98108							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Gift/Awards	/Memorials Expe	nse			ш		de of Texas. Com officeholder living	
								Gift cards for			l evheuse
								00.100 101		***	
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	l lght			Office he	eld
	expenditure to benefit C/OI						9			200 110	-

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 (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	<u> </u>						
	Sch: 4/20 Rpt: 21/38	Berg, Janice L. (The Honorable) 00081820						
4	Date	5 Payee name						
	12/07/2021	Amegy Bank of Texas						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$8.00	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						
		Datik lee						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
9	Complete ONLY if direct expenditure to benefit C/Ol							
	Date	Payee name						
	07/29/2021	Burta Rhoads Raborn Family Law Inn of Court						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$688.97	4800 Sugar Grove, Suite 400						
		Stafford, TX 77477						
	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 Membership dues						
		Wettberstilp dues						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	D :	_						
	Date	Payee name						
	11/04/2021	Domino's Pizza						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$35.62	975 McKinney St.						
		Houston, TX 77002						
	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 Lunch for jury						
		Edition for jury						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/Ol							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal 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: 5/20 Rpt: 22/38	Berg, Janice L. (The Honorable) 00081820
4	Date	5 Payee name
	07/02/2021	Google Inc
6	Amount (\$)	7 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	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/O	
F	Date	Payee name
	08/03/2021	Google Inc
H	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
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	09/03/2021	Google Inc
H	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
	2/11 2/13/17 C/12	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/O	
\vdash		

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

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	Committee Legal Services	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor			Travel in District Travel Out of District OTHER (enter a category not listed above)			
		The Instruction Guide explain	s how to comp	lete this form.					
1	Total pages Schedule F1:	2 FILER NAME		;	3 Filer ID	(Ethics Commission Filers)			
	Sch: 6/20 Rpt: 23/38	Berg, Janice L. (The Honorable)			00081820)			
4	Date	5 Pavee name							
4		,							
	10/04/2021	Google Inc							
6	Amount (\$)	7 Payee address; City; Stat	e; Zip Code						
	\$6.40	1600 Amphitheatre Pkwy							
		Mountain View CA 04042							
		Mountain View, CA 94043							
8	PURPOSE	(a) Category (See Categories listed at the top of this so	chedule) (b)	Description					
	OF	Office Overhead/Rental Expense		Check if travel or	utside of Texas. C	omplete Schedule T.			
	EXPENDITURE	·		Check if Austin,	TX, officeholder liv	ring expense			
				Google Suite s	subscription				
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	•	Office	held			
•	expenditure to benefit C/OI		Onice Sough	•	Omec	Ticiu			
	Date	Payee name							
	11/03/2021	Google Inc							
	Amount (\$)	Payee address; City; Stat	e; Zip Code						
	\$6.40	1600 Amphitheatre Pkwy							
	φοι το	1000 / imprimatedation kitty							
		Mountain View, CA 94043							
	PURPOSE	(a) Category (See Categories listed at the top of this so	chedule) (b)	Description					
	OF	Office Overhead/Rental Expense	,		utside of Texas. C	omplete Schedule T.			
	EXPENDITURE			Check if Austin,	TX, officeholder liv	ring expense			
				Google Suite	subscription				
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	•	Office	held			
	expenditure to benefit C/O		Office Sough	•	Office	Ticiu			
	Date	Payee name							
	07/20/2021	Harris County Democratic Party							
	Amount (\$)	Payee address; City; Stat	e; Zip Code						
	\$35.00	4619 Lyons Avenue	•						
	+55.55	.020 2,007.110.0							
		Houston, TX 77020							
	PURPOSE	(a) Category (See Categories listed at the top of this so	chedule) (b)) Description					
	OF	Fees		Check if travel or	utside of Texas. C	omplete Schedule T.			
	EXPENDITURE			Check if Austin,	TX, officeholder liv	ring expense			
				Sustaining me	embership du	ies			
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	<u> </u>	Office	held			
	expenditure to benefit C/OI		Cinoo Sougin	•	Omoc				

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			_egal Services		aries/Wa		e /Contract Labor		OTHER (enter a	a category not listed above)
	Credit Card Payment			The Instruction Gu	ide explains how	to con	nple	te this form.			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 7/20 Rpt: 24/38		Berg, Janice	L. (The Honor	able)					00081820	
4	Date	5	Payee name								
	07/27/2021		Harris Count	y Democratic F	arty						
6	Amount (\$)	7	Payee addres	s; City;	State; Zi	р Сос	de				
	\$5,000.00		4619 Lyons	Avenue							
			Houston, TX	77020							
8	PURPOSE	(a)	Category (See	e Categories listed at th	ne top of this schedule) ((b)	Description			
	OF EXPENDITURE			s/Donations Ma				=			nplete Schedule T.
	EXI ENDITORE		Candidate/C	fficeholder/Poli	tical Committee	9		_		officeholder livin	
								Donation to 2	.02	2 Generai E	Election efforts
_	Operation ONLY if allowed	<u> </u>) 1' -1 - + - 10#' -	-11-1	Office		.1. 4			O#: I-	-1-I
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enolder name	Опісе	e soug	ınt			Office h	ela
	·	_									
	Date	ı	Payee name								
	08/20/2021		Harris Count	ty Democratic F	arty						
	Amount (\$)	ı	Payee addres	•	State; Zi _l	p Coc	de				
	\$35.00		4619 Lyons	Avenue							
			Houston, TX	77020							
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule) ((b)	Description			
	OF EXPENDITURE		Fees					=			nplete Schedule T.
								Sustaining me		officeholder livin	
								Oustaining in	C111	beromp due	.5
	Complete ONLY if direct	C	Candidate/Offic	eholder name	Office	e soug	ıht			Office h	eld
	expenditure to benefit C/O					5	,				
_	Date		Payee name								
	09/27/2021	ı	•	y Democratic F	Party						
		-			State; Zij	n. Coo	10				
	Amount (\$) \$35.00	ı	Payee addres 4619 Lyons	•	State, Zij	р Сос	ie.				
	φ33.00		4019 Lyons	Avenue							
			Haveton TV	77020							
		-	Houston, TX	77020							
	PURPOSE OF			e Categories listed at th	ne top of this schedule) [(b)	Description Check if travel	outei	do of Toyas Con	nplete Schedule T.
	EXPENDITURE		Fees					ш		officeholder livin	
								Sustaining me			
	Complete ONLY if direct		Candidate/Offic	eholder name	Office	e soug	ht			Office h	eld
	expenditure to benefit C/OI	Н									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/20 Rpt: 25/38	Berg, Janice L. (The Honorable) 00081820
4	Date	5 Payee name
	10/20/2021	Harris County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	4619 Lyons Avenue
		Houston, TX 77020
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sustaining membership dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/22/2021	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	4619 Lyons Avenue
	400.00	loto Lyono / Wondo
		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
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
-	Date	Payee name
	12/07/2021	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	4619 Lyons Avenue
	Ψ2,300.00	4019 Lyons Avenue
		Houston, TX 77020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Filing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit 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	
-	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 9/20 Rpt: 26/38	2 FILER NAME Berg, Janice L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081820
4	Date	5 Payee name
	12/20/2021	Harris County Democratic Party
6	Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 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 Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sustaining membership dues
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/20/2021	Houston Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	1111 Bagby St.
		#200
		Houston, TX 77002
	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
		Member dues
		Member daes
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/07/2021	Houston Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	1111 Bagby St.
		#200
		Houston, TX 77002
	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
		Membership dues
	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 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 comple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 10/20 Rpt: 27/38	Berg, Janice L. (The Honorable)	00081820			
4	Date	5 Payee name	-			
	12/23/2021	Houston Black American Democrats				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$100.00	P.O. Box 202116				
		Houston, TX 77220				
8	DIIDDOSE	<u> </u>	Description			
ľ	8 PURPOSE OF Contributions/Donations Made By (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule					
	EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense			
			Donation			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/Ol	1				
	Date	Payee name				
	09/22/2021	Houston LGBTQ+ Caucus				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$40.00	P.O. Box 66664				
		Houston, TX 77266				
	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.			
	EXPENDITURE		Check if Austin, TX, officeholder living expense			
			Membership dues			
			25			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/25/2021	Houston LGBTQ+ Caucus				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$100.00	P.O. Box 66664				
		Houston, TX 77266				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.			
	EXI ENDITORE		Check if Austin, TX, officeholder living expense Event ticket			
			LVGIIL HONGL			
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	Complete ONLY if direct expenditure to benefit C/Ol		Office field			
l						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Polling Expense Travel in District
Printing Expense Travel Out of D
Salaries/Wages/Contract Labor OTHER (enter

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	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/20 Rpt: 28/38	Berg, Janice L. (The Honorable)		00081820
4	Date	5 Payee name		•
	10/05/2021	Kirby Ice House		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$83.21	3333 Eastside		
		Houston, TX 77098		
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.
	LAPENDITORE			Check if Austin, TX, officeholder living expense
				Refreshments at petition signing event
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
9	expenditure to benefit C/O		IL	Office field
_	Data			
	Date 11/05/2021	Payee name		
		Luby's		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$47.71	11250 Northwest Fwy		
		Houston, TX 77092		
	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 lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	1		
-	Date	Payee name		
	12/08/2021	Niko Niko's		
	Amount (\$)	Payee address; City; State; Zip Code	<u> </u>	
	\$50.34	2520 Montrose		
	φου.ο 1	2020 Mondoo		
		Houston, TX 77043		
	PURPOSE		h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/beverage Expense		Check if Austin, TX, officeholder living expense
				Staff lunch
L				
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/Ol	<u> </u>		
l				

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
		<u>_</u>
1	Total pages Schedule F1:	
	Sch: 12/20 Rpt: 29/38	Berg, Janice L. (The Honorable) 00081820
4	Date	5 Payee name
	11/17/2021	REI
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	7538 Westheimer Rd.
		Houston, TX 77063
8	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
		Gift card for staff retirement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/13/2021	RallyPay
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.00	995 Market Street, 2nd Floor
		San Francisco, CA 94105
	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
		Charge back fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	07/15/2021	RallyPay
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.80	995 Market Street, 2nd Floor
		San Francisco, CA 94105
	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.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Online donation fees
	Complete ONLY if alias -t	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 13/20 Rpt: 30/38	Berg, Janice L. (The Honorable) 00081820
4	Date	5 Payee name
	10/27/2021	RallyPay
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.40	995 Market Street, 2nd Floor
		San Francisco, CA 94105
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 Online donation fees
		Offine doriation rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
L	12/14/2021	RallyPay
	Amount (\$)	Payee address; City; State; Zip Code
	\$278.60	995 Market Street, 2nd Floor
		San Francisco, CA 94105
	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 Online donation fees
		Offiline doriation fees
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
	11/02/2021	Shipley Do-Nuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.88	13349 East Fwy
		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 Breakfast for staff
		DIEANIASTIOI STAIT
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
l		

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

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: 14/20 Rpt: 31/38	Berg, Janice L. (The Honorable) 00081820
4	Date	5 Payee name
	11/03/2021	Shipley Do-Nuts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.12	13349 East Fwy
		Houston, TX 77015
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 Breakfast for staff
		Dicarrast for staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Date	Payee name
	08/30/2021	Southwest Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	P.O. Box 2053
		Bellaire, TX 77402-2053
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		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
	09/30/2021	Southwest Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	P.O. Box 2053
		Bellaire, TX 77402-2053
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		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 Event 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: 15/20 Rpt: 32/38	Berg, Janice L. (The Honorable) 00081820
4	Date	5 Payee name
	11/01/2021	Southwest Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	P.O. Box 2053
		Bellaire, TX 77402-2053
8	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
		Donation
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/30/2021	Southwest Democrats
_	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	P.O. Box 2053
	φ10.00	F.O. BOX 2003
		Bellaire, TX 77402-2053
	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
	0 1: 01 1/4 1	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/30/2021	Southwest Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	P.O. Box 2053
		Bellaire, TX 77402-2053
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
l		

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/Officenoider/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: 16/20 Rpt: 33/38	Berg, Janice L. (The Honorable) 00081820			
4	Date	5 Payee name			
	08/26/2021	Strong Strategies LLC			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,023.10	325 W 18th St			
		Houston, TX 77008			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Fundraising and compliance services			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	1			
	Date	Payee name			
	10/28/2021	Strong Strategies LLC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$502.20	325 W 18th St			
		Houston, TX 77008			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Fundraising and compliance services			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	1			
	Date	Payee name			
	11/06/2021	Strong Strategies LLC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$501.16	325 W 18th St			
		Houston, TX 77008			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.			
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Fundraising and compliance services			
		Fundraising and compliance services			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/Ol				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica 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	
_	T	
1	Total pages Schedule F1: Sch: 17/20 Rpt: 34/38	2 FILER NAME Berg, Janice L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081820
4	Date	5 Payee name
	11/22/2021	Strong Strategies LLC
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 325 W 18th St Houston, TX 77008
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Fundraising and compliance services
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/14/2021	Strong Strategies LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,611.16	325 W 18th St
		Houston, TX 77008
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising and compliance services
		i undialing and compliance services
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
_	Data	Davida marra
	Date 07/30/2021	Payee name Toyas Poard of Logal Specialization
	07/30/2021	Texas Board of Legal Specialization
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	505 E. Huntland Drive, Suite 400, LB 28
		Austin, TX 78752
	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
		Membership dues
_	Operation Children	Overdidate 10ff and address over 10ff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 18/20 Rpt: 35/38	Berg, Janice L. (The Honorable) 00081820			
4	Date	5 Payee name			
	09/03/2021	Texas Gulf Coast AFL-CIO			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$250.00	2506 Sutherland St			
L		Houston, TX 77023			
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 Austin TV, office holder living expenses.			
		Candidate/Officeholder/Political Committee			
		Donation			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	the state of the s			
⊨	Data				
	Date	Payee name			
	07/02/2021	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	Advertising Expense			
		Check if Austin, TX, officeholder living expense			
		Campaign website design			
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct expenditure to benefit C/Ol				
H	5.				
	Date	Payee name			
	08/02/2021	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	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Campaign website design			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
\vdash	•				
L					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit 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 in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	rs)
	Sch: 19/20 Rpt: 36/38	Berg, Janice L. (The Honorable) 00081820	10)
4	Date	5 Payee name	
	09/02/2021	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	Advertising Expense	
		Campaign website design	
		Campaign website design	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
פ	expenditure to benefit C/O		
	Date	Payee name	
	10/04/2021	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	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign website design	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	11/02/2021	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	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Campaign website 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 Comm

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		mmittee	Legal Services The Instruction (·		ages	Contract Labor		OTHER (enter a	category not listed above)	
1 Total pages Schedule F1: 2 F			2 FILER NAME 3							Filer ID	(Ethics Commission Filers)	
	Sch: 20/20 Rpt: 37/38	ı		L. (The Hone	orable)					00081820		
4	Date	5	Payee name									
	12/02/2021		The Beacon	Agency								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$35.00		945 McKinn	ey St.								
			Ste 12230									
			Houston, TX	77002								
8	PURPOSE	(a)	Category (Se	e Categories listed a	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Advertising I	Expense				ш		de of Texas. Com		
								_		officeholder living	expense	
								Campaign we	ebs	ite design		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	0	Office souç	ght			Office he	eld	
	Date		Payee name									
	07/27/2021		United State	s Post Office								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$33.00		1900 West 0	Gray St								
				,								
			Houston, TX	77019								
	PURPOSE OF			e Categories listed a		edule)	(b)	Description				
	EXPENDITURE		Office Overhead/Rental Expense				Check if travel outside of Texas. Complete Schedule T.					
										TX, officeholder living expense		
								Postage				
	Opening the ONLY if allowed	<u> </u>				Nee:				O#: I	1-1	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	cenoider name	U	Office souç	gnı			Office he	eid	

SCHEDULE |

The Instruction Guide explains how to complete this form.					
1 Total pag Sch: 1/2 4 Date 09/07/2	1 Rpt:	2 FILER NAME Berg, Janice L. (The Honorable) 5 Payee name RallyPay		3 Filer ID 00081820	(Ethics Commission Filers)
6 Amount (\$) 7 Pay 999		7 Payee Address; City; State; Zip 995 Market Street, 2nd Floor San Francisco, CA 94105			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) (Fraudulent credit card activity	(b) Description (See instructions regarding type of information required.) Refunds of small donations made by fraudulent credit cards		