

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00081820		2 Total pages filed:  29	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable		FIRST Janice L.	MI	
	NICKNAME		LAST Berg	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input checked="" type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 19186  Houston, TX 77224		ZIP CODE	
		OFFICE USE ONLY			
		Date Received ELECTRONICALLY FILED 07/15/2022			
		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR Ms.		FIRST Paula	MI
		NICKNAME		LAST Arnold	SUFFIX
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 102 Windcrest Ct.  Jersey Village, TX 77064			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (713) 962-1905			
8 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED		Month Day Year      Month Day Year 01/01/2022      THROUGH      06/30/2022			
10 ELECTION		ELECTION DATE Month Day Year 11/08/2022		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE		OFFICE HELD (if any) Family District Court Judge District 247		12 OFFICE SOUGHT (if known) Family District Court Judge District 247	

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 29

<b>13 C / OH NAME</b> Berg, Janice L. (The Honorable)	<b>14 Filer ID</b> (Ethics Commission Filers) 00081820
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>
	<input type="checkbox"/> SPECIFIC	
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,500.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 240.46
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 15,477.64
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 131,305.94
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Janice L. Berg

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

3 of 29

<b>18 FILER NAME</b> Berg, Janice L. (The Honorable)		<b>19 Filer ID</b> (Ethics Commission Filers) 00081820
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 9,500.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 15,477.64
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/7 Rpt: 4/29
<b>2</b> FILER NAME Berg, Janice L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 06/29/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Paula <hr/> <b>6</b> Contributor address; City; State; Zip Code  Jersey Village, TX 77064	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Contributor's Principal Occupation Communications		<b>9</b> Contributor's Job Title Director of Communications
<b>10</b> Contributor's employer/law firm Texas Annual Conference of the United Methodist Church		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 06/29/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asmus, Charlotte <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Managing Partner
Contributor's employer/law firm The Rainwater Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/30/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baughman, Bruce <hr/> Contributor address; City; State; Zip Code  Baytown, TX 77521	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Bruce A. Baughman, P.C		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/7 Rpt: 5/29
<b>2</b> FILER NAME Berg, Janice L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 06/30/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Barbara <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77046	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right;">\$50.00</div>
<b>8</b> Contributor's Principal Occupation Sales		<b>9</b> Contributor's Job Title SR. Sales Representative
<b>10</b> Contributor's employer/law firm CME Printing		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 06/30/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clevenger, George <hr/> Contributor address; City; State; Zip Code  Spring, TX 77379	Amount of Contribution (\$)  <div style="text-align: right;">\$300.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm George Clevenger Law Office		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/29/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, George <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$)  <div style="text-align: right;">\$1,000.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title Shareholder
Contributor's employer/law firm Nathan Sommers Jacobs		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/7 Rpt: 6/29
<b>2</b> FILER NAME Berg, Janice L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 02/25/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Daniel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77005	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Partner
<b>10</b> Contributor's employer/law firm Law Office of Daniel N. Gray		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 06/30/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Daniel <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Law Office of Daniel N. Gray		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/09/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Ashley <hr/> Contributor address; City; State; Zip Code  Manvel, TX 77578	Amount of Contribution (\$)  \$200.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Managing Attorney
Contributor's employer/law firm Law Office of A. Green PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 4/7 Rpt: 7/29
<b>2</b> FILER NAME Berg, Janice L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 06/27/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Diggs & Eames & Sadler PLLC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77007	<b>7</b> Amount of Contribution (\$) \$2,000.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 02/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lekas, Stephen <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77478	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Owner
Contributor's employer/law firm Stephen Lekas Attorney at Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/29/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNamara, Brian <hr/> Contributor address; City; State; Zip Code  Kingwood, TX 77339	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Lead Attorney
Contributor's employer/law firm McNamara Law Office		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 5/7 Rpt: 8/29
<b>2</b> FILER NAME Berg, Janice L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 06/28/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Claude <hr/> <b>6</b> Contributor address; City; State; Zip Code  Humble, TX 77338	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Contributor's Principal Occupation Lawyer		<b>9</b> Contributor's Job Title Member
<b>10</b> Contributor's employer/law firm Law Office of C.C. "Sonny" Phillips		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 06/28/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricketts, Ivy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77054	Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/30/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romero, David <hr/> Contributor address; City; State; Zip Code  Houston, TX 77058	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Principle Shareholder
Contributor's employer/law firm The Romero Law Firm, P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 6/7 Rpt: 9/29
<b>2</b> FILER NAME Berg, Janice L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 06/30/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sachnowitz, Lanny <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sherman Oaks, CA 91403	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Contributor's Principal Occupation Managing Director		<b>9</b> Contributor's Job Title Managing Director
<b>10</b> Contributor's employer/law firm Stanley Capital Management		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 02/11/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todar, Linda <hr/> Contributor address; City; State; Zip Code  Houston, TX 77096	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation General Contractor		Contributor's Job Title President
Contributor's employer/law firm Best Surface Source, Inc		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/30/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todar, Linda <hr/> Contributor address; City; State; Zip Code  Houston, TX 77096	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation General Contractor		Contributor's Job Title President
Contributor's employer/law firm Best Surface Source, Inc		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 7/7 Rpt: 10/29
<b>2</b> FILER NAME Berg, Janice L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 06/29/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Ness, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77098	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Partner
<b>10</b> Contributor's employer/law firm Lilly & Van Ness, LLP		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## 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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/19 Rpt: 11/29	<b>2</b> FILER NAME Berg, Janice L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 01/19/2022	<b>5</b> Payee name Acuity Scheduling	
<b>6</b> Amount (\$) \$26.65	<b>7</b> Payee address; City; State; Zip Code PO Box 4668 #64465  New York, NY 10163-4668	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Scheduling service
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/22/2022	Payee name Acuity Scheduling	
Amount (\$) \$26.65	Payee address; City; State; Zip Code PO Box 4668 #64465  New York, NY 10163-4668	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Scheduling service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/21/2022	Payee name Acuity Scheduling	
Amount (\$) \$26.65	Payee address; City; State; Zip Code PO Box 4668 #64465  New York, NY 10163-4668	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Scheduling service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/19 Rpt: 12/29	<b>2</b> FILER NAME Berg, Janice L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 04/19/2022	<b>5</b> Payee name Acuity Scheduling	
<b>6</b> Amount (\$) \$26.65	<b>7</b> Payee address; City; State; Zip Code PO Box 4668 #64465  New York, NY 10163-4668	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Scheduling service
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/19/2022	Payee name Acuity Scheduling	
Amount (\$) \$26.65	Payee address; City; State; Zip Code PO Box 4668 #64465  New York, NY 10163-4668	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Scheduling service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/21/2022	Payee name Acuity Scheduling	
Amount (\$) \$26.65	Payee address; City; State; Zip Code PO Box 4668 #64465  New York, NY 10163-4668	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Scheduling service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/19 Rpt: 13/29	<b>2</b> FILER NAME Berg, Janice L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 04/01/2022	<b>5</b> Payee name American Bar Association	
<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code 321 N Clark St  Chicago, IL 60654	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/11/2022	Payee name American Bar Association	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 321 N Clark St  Chicago, IL 60654	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/27/2022	Payee name American Inns of Court	
Amount (\$) \$684.50	Payee address; City; State; Zip Code 225 Reinekers Lane, Suite 770  Alexandria, VA 22314	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/19 Rpt: 14/29	<b>2</b> FILER NAME Berg, Janice L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 01/25/2022	<b>5</b> Payee name Area 5 Democrats	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 3800 Spencer Highway Suite L  Pasadena, TX 77504	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/30/2022	Payee name Barnaby's	
Amount (\$) \$50.02	Payee address; City; State; Zip Code 414 W Gray St  Houston, TX 77019	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff lunch
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/27/2022	Payee name El Tiempo Cantina	
Amount (\$) \$110.87	Payee address; City; State; Zip Code 2814 Navigation Blvd  Houston, TX 77003	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff lunch
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/19 Rpt: 15/29	<b>2</b> FILER NAME Berg, Janice L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 01/20/2022	<b>5</b> Payee name Harris County Democratic Party	
<b>6</b> Amount (\$) \$35.00	<b>7</b> Payee address; City; State; Zip Code 4619 Lyons Avenue  Houston, TX 77020	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining membership dues
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/22/2022	Payee name Harris County Democratic Party	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 4619 Lyons Avenue  Houston, TX 77020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining membership dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/21/2022	Payee name Harris County Democratic Party	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 4619 Lyons Avenue  Houston, TX 77020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining membership dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/19 Rpt: 16/29	<b>2</b> FILER NAME Berg, Janice L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 04/20/2022	<b>5</b> Payee name Harris County Democratic Party	
<b>6</b> Amount (\$) \$35.00	<b>7</b> Payee address; City; State; Zip Code 4619 Lyons Avenue  Houston, TX 77020	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining membership dues
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/20/2022	Payee name Harris County Democratic Party	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 4619 Lyons Avenue  Houston, TX 77020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining membership dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/21/2022	Payee name Harris County Democratic Party	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 4619 Lyons Avenue  Houston, TX 77020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining membership dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/19 Rpt: 17/29	<b>2</b> FILER NAME Berg, Janice L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 02/14/2022	<b>5</b> Payee name Harris County Democratic Party	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 4619 Lyons Avenue  Houston, TX 77020	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/06/2022	Payee name Harris County Democratic Party	
Amount (\$) \$3,637.00	Payee address; City; State; Zip Code 4619 Lyons Avenue  Houston, TX 77020	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Get Out the Vote efforts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2022	Payee name Houston Bar Association	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 1111 Bagby St. #200 Houston, TX 77002	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Teddy Bear Drive sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/19 Rpt: 18/29	<b>2</b> FILER NAME Berg, Janice L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 01/04/2022	<b>5</b> Payee name Houston Bar Sections	
<b>6</b> Amount (\$) \$40.00	<b>7</b> Payee address; City; State; Zip Code 1111 Bagby St. #200 Houston, TX 77002	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/25/2022	Candidate/Officeholder name Houston Bar Sections	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 1111 Bagby St. #200 Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/22/2022	Candidate/Officeholder name Houston Bar Sections	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 1111 Bagby St. #200 Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/22/2022	Candidate/Officeholder name Houston Bar Sections	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 1111 Bagby St. #200 Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/19 Rpt: 19/29	<b>2</b> FILER NAME Berg, Janice L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 03/31/2022	<b>5</b> Payee name Houston Bar Sections	
<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address; City; State; Zip Code 1111 Bagby St. #200 Houston, TX 77002	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/02/2022	Payee name Houston Bar Sections	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 1111 Bagby St. #200 Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/04/2022	Payee name Houston Black American Democrats	
Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 202116  Houston, TX 77220	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/19 Rpt: 20/29	<b>2</b> FILER NAME Berg, Janice L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 02/04/2022	<b>5</b> Payee name Krisp	
<b>6</b> Amount (\$) \$60.00	<b>7</b> Payee address; City; State; Zip Code 9486 Long Point Rd  Houston, TX 77055	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign lunch meeting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/13/2022	Payee name Mexican American Bar Association	
Amount (\$) \$75.00	Payee address; City; State; Zip Code P.O. Box 303  Houston, TX 77001-0303	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/09/2022	Payee name Pappas BBQ	
Amount (\$) \$158.51	Payee address; City; State; Zip Code 1217 Pierce St  Houston, TX 77002	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff lunch
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## 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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/19 Rpt: 21/29	<b>2</b> FILER NAME Berg, Janice L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 03/11/2022	<b>5</b> Payee name Pizza Hut	
<b>6</b> Amount (\$) \$231.61	<b>7</b> Payee address; City; State; Zip Code 906 St Emanuel St  Houston, TX 77003	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for jury and staff
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/09/2022	Payee name RallyPay	
Amount (\$) \$33.60	Payee address; City; State; Zip Code 995 Market Street, 2nd Floor  San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/28/2022	Payee name RallyPay	
Amount (\$) \$271.20	Payee address; City; State; Zip Code 995 Market Street, 2nd Floor  San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/19 Rpt: 22/29	<b>2</b> FILER NAME Berg, Janice L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 03/08/2022	<b>5</b> Payee name Sam's Club	
<b>6</b> Amount (\$) \$184.66	<b>7</b> Payee address; City; State; Zip Code 13600 East Fwy  Houston, TX 77015	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/22/2022	Payee name South Asian Bar Association	
Amount (\$) \$75.00	Payee address; City; State; Zip Code PO Box 4178  Houston, TX 77210	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues to non-profit
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/04/2022	Payee name South Asian Bar Association	
Amount (\$) \$75.00	Payee address; City; State; Zip Code PO Box 4178  Houston, TX 77210	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ticket to non-profit's event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/19 Rpt: 23/29	<b>2</b> FILER NAME Berg, Janice L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 05/03/2022	<b>5</b> Payee name South Asian Bar Association	
<b>6</b> Amount (\$) \$2,500.00	<b>7</b> Payee address; City; State; Zip Code PO Box 4178  Houston, TX 77210	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to non-profit
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2022	Payee name South Texas College of Law Houston	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1303 San Jacinto St  Houston, TX 77002	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2022	Payee name Southwest Democrats	
Amount (\$) \$10.00	Payee address; City; State; Zip Code P.O. Box 2053  Bellaire, TX 77402-2053	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining membership dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/19 Rpt: 24/29	<b>2</b> FILER NAME Berg, Janice L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 03/01/2022	<b>5</b> Payee name Southwest Democrats	
<b>6</b> Amount (\$) \$10.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 2053  Bellaire, TX 77402-2053	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining membership dues
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/30/2022	Payee name Southwest Democrats	
Amount (\$) \$10.00	Payee address; City; State; Zip Code P.O. Box 2053  Bellaire, TX 77402-2053	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining membership dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/02/2022	Payee name Southwest Democrats	
Amount (\$) \$10.00	Payee address; City; State; Zip Code P.O. Box 2053  Bellaire, TX 77402-2053	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining membership dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/19 Rpt: 25/29	<b>2</b> FILER NAME Berg, Janice L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 05/31/2022	<b>5</b> Payee name Southwest Democrats	
<b>6</b> Amount (\$) \$10.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 2053  Bellaire, TX 77402-2053	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining membership dues
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2022	Payee name Southwest Democrats	
Amount (\$) \$10.00	Payee address; City; State; Zip Code P.O. Box 2053  Bellaire, TX 77402-2053	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining membership dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/04/2022	Payee name Strong Strategies LLC	
Amount (\$) \$506.96	Payee address; City; State; Zip Code 325 W 18th St  Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising and compliance services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/19 Rpt: 26/29	<b>2</b> FILER NAME Berg, Janice L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 05/10/2022	<b>5</b> Payee name Strong Strategies LLC	
<b>6</b> Amount (\$) \$2,213.35	<b>7</b> Payee address; City; State; Zip Code 325 W 18th St  Houston, TX 77008	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising and compliance services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/07/2022	Payee name Texas Black Democrats	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 163712  Fort Worth, TX 76161	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/04/2022	Payee name Texas Board of Legal Specialization	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 505 E. Huntland Drive, Suite 400, LB 28  Austin, TX 78752	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/19 Rpt: 27/29	<b>2</b> FILER NAME Berg, Janice L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 01/28/2022	<b>5</b> Payee name Texas Center for the Judiciary	
<b>6</b> Amount (\$) \$35.00	<b>7</b> Payee address; City; State; Zip Code 1210 San Antonio Suite 800 Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/11/2022	Payee name Texas College Democrats	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 110 Copper Field Ct  Weatherford, TX 76087	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/23/2022	Payee name Texas Gulf Coast AFL-CIO	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2506 Sutherland St  Houston, TX 77023	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of association's event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/19 Rpt: 28/29	<b>2</b> FILER NAME Berg, Janice L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 01/03/2022	<b>5</b> Payee name The Beacon Agency	
<b>6</b> Amount (\$) \$35.00	<b>7</b> Payee address; City; State; Zip Code 945 McKinney St. Ste 12230 Houston, TX 77002	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign website design
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2022	Payee name The Beacon Agency	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 945 McKinney St. Ste 12230 Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign website design
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/02/2022	Payee name The Beacon Agency	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 945 McKinney St. Ste 12230 Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign website design
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 19/19 Rpt: 29/29	<b>2</b> FILER NAME Berg, Janice L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 04/04/2022	<b>5</b> Payee name The Beacon Agency	
<b>6</b> Amount (\$) \$35.00	<b>7</b> Payee address; City; State; Zip Code 945 McKinney St. Ste 12230 Houston, TX 77002	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign website design
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/02/2022	Payee name The Beacon Agency	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 945 McKinney St. Ste 12230 Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign website design
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/02/2022	Payee name The Beacon Agency	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 945 McKinney St. Ste 12230 Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign website design
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held