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 29 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Janice L. NAME Date Received **ELECTRONICALLY FILED** 07/15/2022 NICKNAME LAST **SUFFIX** Berg CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** PO Box 19186 MAILING Receipt # Amount **ADDRESS** X Change of Address Houston, TX 77224 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**

January 15

Day

Day

11/08/2022

OFFICE HELD (if any)

ELECTION DATE

01/01/2022

Year

Year

Family District Court Judge District 247

July 15

Х

Month

Month

REPORT TYPE

PERIOD

10 ELECTION

11 OFFICE

COVERED

30th day before election

8th day before election

THROUGH

Primary

χ General

Runoff

Exceeded modified

Month

ELECTION TYPE

Runoff

Special

Day

06/30/2022

12 OFFICE SOUGHT (if known)

reporting limit

15th day after campaign treasurer

appointment (officeholder only)

Final Report (Attach C/OH-FR)

Year

Other

Family District Court Judge District 247

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 29

13 C / OH NAME	Berg, Janice L. (The	Honorable)	14 Filer ID (E 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 I officeholders are required to report this information	the candidate's or officel	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION	1 TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS(OTHER THA	NI DI EDCES I DANS	
16 CONTRIBUTION TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 9,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 240.46
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 15,477.64
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 131,305.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP 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 penalt true and correct and includes a under Title 15, Election Code.		
		The Hon	orable Janice L. Berg	ı
		Signature o	f Candidate or Officehold	ler
AFFIX NOT	ΓARY STAMP / SEAL AΒ	DVE		
		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

				JVLN 31	3 of 29				
l	18 FILER NAME Berg, Janice L. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00081820								
l		E SUBTOTALS SCHEDULE		SUBT	OTAL AMOUNT				
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	9,500.00				
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$					
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$					
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	15,477.64				
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$						
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$					

	MONET	ARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A(J)1				
	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 1/7 Rpt: 4/29					
2	FILER NAME			3 Filer ID (Ethics Commission Filers)				
	Berg, Janice	e L. (The Honorable)		00081820				
4	Date 06/29/2022	 Full name of contributor	#:) 	7 Amount of Contribution (\$) \$500.00				
		Jersey Village, TX 77064						
8	Contributor's	Principal Occupation	9 Contributor's Job Title	.1				
	Communica		Director of Communica	tions				
10	Contributor's	employer/law firm	11 Law firm of contributor's s	 pouse (if any)				
		al Conference of the United Methodist Church						
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 (\$)				
	06/29/2022	Asmus, Charlotte		\$500.00				
		Contributor address; City; State; Zip Code Houston, TX 77056						
	Contributor's	Principal Occupation	Contributor's Job Title					
	Attorney	r incipal occupation	Managing Partner					
		employer/law firm		m of contributor's spouse (if any)				
	The Rainwa		Law IIIII of Contributor 5 5	pouse (ii arry)				
		is a child, law firm of parent(s) (if any)						
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)				
	06/30/2022	Baughman, Bruce		\$500.00				
		Contributor address; City; State; Zip Code Baytown, TX 77521						
	Contributoria	<u> </u>	Contributor's Job Title	L				
	Lawyer	Principal Occupation						
Lawyer Contributor's employer/law firm Law firm of contributor's s				nouse (if any)				
Bruce A. Baughman, P.C				pouse (ii arry)				
		is a child, law firm of parent(s) (if any)						

	MONET	ARY POLITICAL CONTR	IBUTIO	NS			SCHEDULE	A(J)1
	The Instru	ction Guide explains how to compl	lete this fo	orm.	1		ges Schedule A(J): 7 Rpt: 5/29	A(J)1:
2	FILER NAME Berg, Janice	L. (The Honorable)			3	Filer ID 0008182	(Ethics Commiss	ion Filers)
4 Date 06/30/2022		5 Full name of contributor out-of-sta Black, Barbara 6 Contributor address; City; State; Zip Code	7	Amount o	of Contribution (\$)	\$50.00		
		Houston, TX 77046						
8	Contributor's	Principal Occupation		9 Contributor's Job Title	-			
	Sales			SR. Sales Representat	ive			
10	Contributor's CME Printin	employer/law firm		11 Law firm of contributor's s	pous	se (if any)		
12								
12	i Contributor i	s a child, law firm of parent(s) (if any)						
H	Date	Full name of contributor out-of-sta	ite PAC (ID#:)	Τ	Amount o	of Contribution (\$)	
	06/30/2022	Clevenger, George	` _				,	\$300.00
		Contributor address; City; State; Zip Code	e					
		Spring TV 77270						
	0	Spring, TX 77379	1	0 1 1 1 1 7 1				
		Principal Occupation		Contributor's Job Title				
	Attorney			Attorney				
		employer/law firm		Law firm of contributor's s	pous	se (if any)		
		venger Law Office						
	If contributor i	s a child, law firm of parent(s) (if any)						
	Date	Full name of contributor out-of-sta	ite PAC (ID#:)	Ī	Amount	of Contribution (\$)	
	06/29/2022	Gibson, George						\$1,000.00
		Contributor address; City; State; Zip Code	e		1			
		Houston, TX 77056						
	Contributor's	Principal Occupation		Contributor's Job Title				
	Attorney Shareholder							
	Contributor's	employer/law firm		Law firm of contributor's s	pous	se (if any)		
	Nathan Som	mers Jacobs						
	If contributor i	s a child, law firm of parent(s) (if any)						
l								

ľ	MONET	ARY POLITICAL (CONTRIBUTIO	ONS	SCHEDULE A(J)1
7	Γhe Instru	ction Guide explains how	1 Total pages Schedule A(J)1: Sch: 3/7 Rpt: 6/29		
	FILER NAME	/The Henerable			3 Filer ID (Ethics Commission Filers)
	serg, Janice	L. (The Honorable)			00081820
4 Date 02/25/2022)	7 Amount of Contribution (\$) \$250.00		
		Houston, TX 77005			
8 (Contributor's	Principal Occupation		9 Contributor's Job Title	
P	Attorney			Partner	
10 (Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)
L	aw Office o	f Daniel N. Gray			
12 If	f contributor i	s a child, law firm of parent(s) (if a	any)		
С	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
C	06/30/2022	Gray, Daniel	_		\$250.00
		Contributor address; City; Si Pearland, TX 77584	tate; Zip Code		
	Contributor's	l		Contributor's Job Title	
Contributor's Principal Occupation Contributor's Job Title Attorney Partner					
		employer/law firm		Law firm of contributor's s	nouse (if any)
		f Daniel N. Gray		Law IIIII of Contributor 3 3	bouse (ii arry)
		<u> </u>	A		
"	Contributor	s a child, law firm of parent(s) (if a	arry)		
E	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
C	02/09/2022	Green, Ashley			\$200.00
		Contributor address; City; Si	tate; Zip Code		
		Manvel, TX 77578			
		Principal Occupation		Contributor's Job Title	
Attorney Managing Attorney					
		employer/law firm		Law firm of contributor's s	pouse (if any)
		f A. Green PLLC			
If	f contributor i	s a child, law firm of parent(s) (if a	any)		

MONET	ARY POLITICAL CO	NTRIBUTIONS	SCHEDULE A(J)1				
The Instru	ction Guide explains how to	1 Total pages Schedule A(J)1: Sch: 4/7 Rpt: 7/29					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Berg, Janice	e L. (The Honorable)		00081820				
4 Date 06/27/2022	Full name of contributor Holmes, Diggs & Eames & Sa Contributor address; City; State;		7 Amount of Contribution (\$) \$2,000.00				
	Houston, TX 77007						
8 Contributor's	Principal Occupation	9 Contributor's Job Title					
10 Contributor's	employer/law firm	11 Law firm of contributor's	spouse (if any)				
12 If contributor	s a child, law firm of parent(s) (if any)						
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)				
02/27/2022	Lekas, Stephen	out of state 1770 (IBII).	\$250.00				
	Contributor address; City; State;						
	Sugar Land, TX 77478						
	Principal Occupation	Contributor's Job Title					
Attorney		Owner					
	employer/law firm	Law firm of contributor's	spouse (if any)				
	kas Attorney at Law						
If contributor	s a child, law firm of parent(s) (if any)						
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)				
06/29/2022	McNamara, Brian		\$500.00				
	Contributor address; City; State;						
	KIngwood, TX 77339						
Contributor's	Principal Occupation	Contributor's Job Title	•				
Attorney		Lead Attorney					
Contributor's employer/law firm Law firm of co			spouse (if any)				
If contributor	s a child, law firm of parent(s) (if any)						

MONET	ARY POLITICAL CO	ONTRIBUTIO	NS	SCHEDULE A(J)1
The Instru	ction Guide explains how t	1 Total pages Schedule A(J)1: Sch: 5/7 Rpt: 8/29		
2 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 (\$)
06/28/2022	Phillips, Claude			\$1,000.00
	6 Contributor address; City; State	e; Zip Code		
	Humble, TX 77338	1-		
	Principal Occupation	9		
Lawyer			Member	
10 Contributor's			1 Law firm of contributor's sp	oouse (if any)
	of C.C. "Sonny" Phillips			
12 If contributor is	s a child, law firm of parent(s) (if any	y)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/28/2022	Ricketts, Ivy	•	·	\$250.00
	Contributor address; City; State			
	Houston, TX 77054			
Contributor's I	I Principal Occupation		Contributor's Job Title	L
Attorney				
Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
Self				
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 (\$)
06/30/2022	Romero, David	_		\$500.00
	Contributor address; City; State	e; Zip Code		
	Houston, TX 77058			
Contributor's F	Principal Occupation		Contributor's Job Title	1
Attorney Principle Shareholder				
Contributor's employer/law firm Law firm of contributor's s				oouse (if any)
	Law Firm, P.C.			
If contributor is	s a child, law firm of parent(s) (if any	y)		

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A(J)1			
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 6/7 Rpt: 9/29			
2	FILER NAME Berg, Janice	L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081820			
4					7	Amount of Contribution (\$) \$250.00			
_		Sherman Oaks, CA 91403		I					
8		Principal Occupation		9 Contributor's Job Title					
	Managing D			Managing Director					
10		employer/law firm ital Management		11 Law firm of contributor's sp	ous	e (if any)			
12	If contributor is	s a child, law firm of parent(s) (if any)							
	Date	Full name of contributor out-of-state F	PAC (ID#:)		Amount of Contribution (\$)			
O2/11/2022 Todar, Linda Contributor address; City; State; Zip Code Houston, TX 77096						\$100.00			
	Contributor's I	Principal Occupation		Contributor's Job Title					
General Contractor President									
		employer/law firm		Law firm of contributor's sp	ous	se (if any)			
		e Source, Inc		·					
		s a child, law firm of parent(s) (if any)		<u> </u>					
	Date	Full name of contributor out-of-state F	PAC (ID#:_			Amount of Contribution (\$)			
O6/30/2022 Todar, Linda Contributor address; City; State; Zip Code Houston, TX 77096					\$100.00				
Contributor's Principal Occupation Contributor's Job Title									
General Contractor President									
Contributor's employer/law firm Law firm of contributor's				ous	se (if any)				
Best Surface Source, Inc									
	If contributor is	s a child, law firm of parent(s) (if any)							

	MONETARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A(J)1
	The Instruction Guide explains how to complete thi	Total pages Schedule A(J)1: Sch: 7/7 Rpt: 10/29	
2	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 (I	D#:)	7 Amount of Contribution (\$)
	06/29/2022 Van Ness, John		\$1,000.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77098		
8	Contributor's Principal Occupation	9 Contributor's Job Title	1
	Attorney	Partner	
10	O Contributor's employer/law firm	11 Law firm of contributor's s	pouse (if any)
	Lilly & Van Ness, LLP		F (,)
12	2 If contributor is a child, law firm of parent(s) (if any)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 1/19 Rpt: 11/29	Berg, Janice L. (The Honorable) 00081820
4	Date	5 Payee name
	01/19/2022	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
		Scheduling Service
_	Complete ONLY if alice at	Candidate/Officeholder name Office acusht
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	02/22/2022	Acuity Scheduling
	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
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	03/21/2022	Acuity Scheduling
	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
		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) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee	Gift/Awards/Memor Legal Services	•		ages/	Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)
				Guide explains	now to cor	mple	te this form.			
1	Total pages Schedule F1:	2 FILER	NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 2/19 Rpt: 12/29	_	Janice L. (The Hor	norable)					00081820	
4	Date	5 Payee								
	04/19/2022	Acuity	y Scheduling							
6	Amount (\$)	7 Payee	address; City;	State	e; Zip Cod	de				
	\$26.65	РО В	ox 4668 #64465		•					
	, 1100									
		Now.	York, NY 10163-466	1 0						
بــا	DUDDOOF					4.				
8	PURPOSE OF		Ory (See Categories listed		hedule)	(a)	Description		do of T	anlata Cabadul- T
	EXPENDITURE	Office	e Overhead/Rental E	expense					de of Texas. Com officeholder living	nplete Schedule T.
							Scheduling se			y expense
							Concuming St	UI VI		
_	Complete CNU V 'f -l'	C	oto/Office balder		Office	ab+			O#:- '	old
9	Complete ONLY if direct expenditure to benefit C/OH		ate/Officeholder name	(Office soug	ynt			Office h	c iu
	Date		name							
	05/19/2022	Acuity	y Scheduling							
	Amount (\$)	Payee	address; City;	State	e; Zip Coo	de				
	\$26.65	РО В	ox 4668 #64465							
	, - ,-									
		New `	York, NY 10163-466	38						
	PURPOSE	(a) Categ	Ory (See Categories listed	at the top of this sch	hedule)	(b)	Description			
	OF EXPENDITURE		e Overhead/Rental E							nplete Schedule T.
	TVI FIADITORE						—		officeholder living	g expense
							Scheduling se	ervi	ce	
	Complete ONLY if direct expenditure to benefit C/OH		ate/Officeholder name		Office soug	ght		_	Office h	eld
		1								
	Date	Payee	name							
	06/21/2022	Acuity	y Scheduling							
	Amount (\$)	Pavee	address; City;	State	e; Zip Coo	de				
	\$26.65		ox 4668 #64465							
	Ψ20.00		5 1000 //01100							
		New?	York, NY 10163-466	18						
	DUDDOCE					(b)	December			
	PURPOSE OF		Ory (See Categories listed		hedule)	(u)	Description Check if travel of	outsir	de of Texas Com	nplete Schedule T.
	EXPENDITURE	Onice	e Overhead/Rental E	Expense			<u> </u>		officeholder living	
						l	Scheduling se			. .
							. 3	-		
_	Complete ONLY if direct	Candida	ate/Officeholder name		Office soug	aht			Office h	eld
	expenditure to benefit C/O		atoromocholuer name	'	Cince sout	giit			Onice III	oiu
_										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 3/19 Rpt: 13/29	2 FILER NAME Berg, Janice L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081820
4 Date 04/01/2022	5 Payee name American Bar Association
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 321 N Clark St Chicago, IL 60654
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/11/2022	American Bar Association
Amount (\$) \$35.00	Payee address; City; State; Zip Code 321 N Clark St
	Chicago, IL 60654
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership dues
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

Event Expense Loa Fees Offin Food/Beverage Expense Poll Gift/Awards/Memorials Expense Prin

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: 4/19 Rpt: 14/29	Berg, Janice L. (The Honorable) 00081820
4	Date	5 Payee name
	01/25/2022	Area 5 Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	3800 Spencer Highway Suite L
		Pasadena, TX 77504
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Event sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/30/2022	Barnaby's
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.02	414 W Gray St
		Houston, TX 77019
	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
		Starriumon
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/27/2022	El Tiempo Cantina
	Amount (\$)	Payee address; City; State; Zip Code
	\$110.87	2814 Navigation Blvd
		Houston, TX 77003
	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
		Stall fullell
L	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	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 Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment		
1	Total pages Schedule F1:	
	Sch: 5/19 Rpt: 15/29	Berg, Janice L. (The Honorable) 00081820
4	Date	5 Payee name
	01/20/2022	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	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/Oh	Candidate/Officeholder name Office sought Office held
H	Date	Payee name
	02/22/2022	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	4619 Lyons Avenue
		Houston, TX 77020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
H	Date	Pavee name
	03/21/2022	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	4619 Lyons Avenue
	400.00	V
		Houston, TX 77020
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sustaining membership dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

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

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

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/Political Committee Credit Card Payment			od/Beverage Expense ft/Awards/Memorials Expense gal Services he Instruction Guide explains		pense ages/Contract Labor	Travel in Distri Travel Out of I OTHER (enter	
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 7/19 Rpt: 17/29	Berg, Janice L	(The Honorable)			00081820	
4	Date	Payee name					
	02/14/2022	Harris County	Democratic Party				
6	Amount (\$)	7 Payee address;		e; Zip Coo	le		
	\$500.00	4619 Lyons Av	venue				
		Houston, TX 7	77020				
8	PURPOSE		Categories listed at the top of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Donations Made By	nittoo	=	outside of Texas. Co n, TX, officeholder livi	
		Canuldate/Offi	ficeholder/Political Comm	iiillee	Event sponso		ig experise
					,	•	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeh	holder name (Office soug	ht	Office I	neld
	Date	Payee name					
	06/06/2022	Harris County	Democratic Party				
	Amount (\$)	Payee address;	; City; State	; Zip Coo	le		
	\$3,637.00	4619 Lyons Av	venue				
		Houston, TX 7	77020				
	PURPOSE		Categories listed at the top of this sch	nedule)	(b) Description		
	OF EXPENDITURE		/Donations Made By ficeholder/Political Comm	nittee	=	outside of Texas. Co n, TX, officeholder livi	
		Candidate/Offi	ncenoider/Political Comm	iiillee	ш	to Get Out the	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeh	holder name (Office soug	ht	Office I	neld
	Date	Payee name					
	03/01/2022	Houston Bar A	Association				
	Amount (\$)	Payee address;	; City; State	; Zip Coo	le		
	\$75.00	1111 Bagby S	St.				
		#200					
		Houston, TX 7	77002				
	PURPOSE	(a) Category (See C	Categories listed at the top of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Donations Made By	nittoo	ш	outside of Texas. Co n, TX, officeholder livi	•
		Canuldate/OIII	ficeholder/Political Comm	iiillee		Orive sponsors	
					•	•	•
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	holder name (Office soug	ht	Office I	neld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	Al 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: 8/19 Rpt: 18/29	Berg, Janice L. (The Honorable) 00081820
4	Date	5 Payee name
	01/04/2022	Houston Bar Sections
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	1111 Bagby St.
		#200
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Registration
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H
L	Date	Davisa nama
		Payee name
	01/25/2022	Houston Bar Sections
	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
		Registration
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payeo nama
	02/22/2022	Payee name Houston Bar Sections
	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
		Registration
		Candidate/Officeholder name Office sought Office held
	Complete ONLV if direct	
	Complete ONLY if direct expenditure to benefit C/OH	

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	Committee Legal Services Salaries/Wages/Co The Instruction Guide explains how to complete	, , , ,
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
_	Sch: 9/19 Rpt: 19/29	Berg, Janice L. (The Honorable)	00081820
_	Date		
4		5 Payee name	
	03/31/2022	Houston Bar Sections	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$50.00	1111 Bagby St.	
		#200	
		Houston, TX 77002	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Do	escription
_	OF	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		R	- egistration
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Davida nama	
	05/02/2022	Payee name Houston Bar Sections	
	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) De	escription
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	[Check if Austin, TX, officeholder living expense
		R	egistration
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/04/2022	Houston Black American Democrats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	P.O. Box 202116	
	φ300.00	F.O. DOX 202110	
		Houston, TX 77220	
	PURPOSE OF	, , ,	escription
	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
			vent sponsorship
		-	ı r
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office field
	•		

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment		The Instruction Guide explains how to co	omple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/19 Rpt: 21/29		Berg, Janice L. (The Honorable)		00081820
4	Date	5	Payee name		
	03/11/2022		Pizza Hut		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$231.61		906 St Emanuel St		
			Houston, TX 77003		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Lunch for jury and staff
					Tallet in the same state.
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	<u>l</u> ught	Office held
	expenditure to benefit C/OI	Н		J	
	Date	Π	Payee name		
	02/09/2022		RallyPay		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$33.60		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 Credit card processing fees
					Credit card processing rees
_	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	ıaht	Office held
	expenditure to benefit C/OI		5 S	.g	
-	Date	Π	Payee name		
	06/28/2022		RallyPay		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$271.20		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 Credit card processing fees
					Cream data processing rees
H	Complete ONLY if direct	Щ,	Candidate/Officeholder name Office sou	l Jaht	Office held
	expenditure to benefit C/OI		Office Society		5,100,1014
l					

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total manage Cabadula F1.	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 12/19 Rpt: 22/29	2 FILER NAME Berg, Janice L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081820
4	Date	5 Payee name
	03/08/2022	Sam's Club
6	Amount (\$) \$184.66	7 Payee address; City; State; Zip Code 13600 East Fwy
_		Houston, TX 77015
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Office supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/22/2022	South Asian Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	PO Box 4178
	Ψ10.00	10 000 4110
		Houston, TX 77210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Membership dues to non-profit
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/04/2022	South Asian Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	PO Box 4178
	Ψ13.00	1 0 000 4170
		Houston, TX 77210
	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.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Ticket to non-profit's event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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

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

Candidate/Officeholder/Political Committee Credit Card Payment Childwards Michiolis Septise 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: 13/19 Rpt: 23/29	Berg, Janice L. (The Honorable) 00081820			
4	Date	5 Payee name			
	05/03/2022	South Asian Bar Association			
6	Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code PO Box 4178 Houston, TX 77210			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Contributions/Donations Made By			
	EXPENDITURE	Candidate/Officeholder/Political Committee			
		Contribution to non-profit			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	01/31/2022	South Texas College of Law Houston			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$100.00	1303 San Jacinto St			
	,				
		Houston, TX 77002			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.			
		Candidate/Officeholder/Political Committee			
		Continuation			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	01/31/2022	Southwest Democrats			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$10.00	P.O. Box 2053			
		Bellaire, TX 77402-2053			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Contributions/Donations Made By			
	-	Candidate/Officeholder/Political Committee			
		Sustaining membership dues			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	7			
1					

SCHEDULE F1

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

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

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

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

				Legal Services Salaries/Wages/Contract Labor						OTHER (enter a category not listed above)		
	Credit Card Payment			The Instruction G	Guide explain	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 14/19 Rpt: 24/29		Berg, Janice	L. (The Hono	orable)					00081820		
4	Date	5	Payee name									
	03/01/2022	ı	Southwest D	emocrats								
6	Amount (\$)	7	Payee addres	s; City;	Stat	te; Zip Co	de					
	\$10.00		P.O. Box 20	53								
			Bellaire, TX	77402-2053								
8	PURPOSE	\vdash		e Categories listed at	40 - 4 44-:	-h - d. d - \	(b)	Description				
ľ	OF			e Categories listed at s/Donations M		cnedule)	(5)		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE			fficeholder/Po		mittee		Check if Austin,	, TX,	officeholder livi	ng expense	
								Sustaining m	em	bership du	es	
9	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght			Office I	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	03/30/2022		Southwest D	emocrats								
	Amount (\$)		Payee addres	s; City;	Stat	te; Zip Co	de					
	\$10.00		P.O. Box 20	53								
			Bellaire, TX	77402-2053								
	PURPOSE	(a)	Category (Ser	e Categories listed at	the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Contributions	s/Donations M	lade By						mplete Schedule T.	
	EXI ENDITORE		Candidate/O	fficeholder/Po	litical Com	mittee		ш		officeholder livi		
								Sustaining m	em	bersnip au	es	
	Operation ONLY if allowed	<u> </u>		-11-1		04:				O#: 1	1 - 1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	enolder name		Office sou	gnt			Office h	ieia	
	·	_										
	Date	ı	Payee name									
	05/02/2022		Southwest D	emocrats								
	Amount (\$)	ı	Payee addres		Stat	te; Zip Co	de					
	\$10.00		P.O. Box 20	53								
			Bellaire, TX	77402-2053								
	PURPOSE		•	e Categories listed at		chedule)	(b)	Description				
	OF EXPENDITURE			s/Donations M							mplete Schedule T.	
			Candidate/O	fficeholder/Po	litical Com	mittee		Sustaining me		officeholder livi		
								Justailling III	CIII	persinh aa		
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office sou	aht			Office I	neld	
	expenditure to benefit C/OI		rai laidate/Offic	Choldel Hallie		Jince 300	grit			Office I	iciu	
\vdash												
1												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 15/19 Rpt: 25/29	Berg, Janice L. (The Honorable) 00081820
4	Date	5 Payee name
	05/31/2022	Southwest Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	P.O. Box 2053
		Bellaire, TX 77402-2053
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Castalling monitorionip adde
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Payee name
	06/30/2022	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
		Sustaining membership dues
_	Compulate ONLY if direct	Condidate/Office holds
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2022	Strong Strategies LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$506.96	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	
_		

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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/19 Rpt: 26/29	Berg, Janice L. (The Honorable) 00081820
4	Date	5 Payee name
	05/10/2022	Strong Strategies LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,213.35	325 W 18th St
		Houston, TX 77008
8	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	02/07/2022	Texas Black Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 163712
		Fort Worth, TX 76161
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORE	Candidate/Officeholder/Political Committee Contribution
		Contribution
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/04/2022	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Dues
	Complete ONII V if alignet	Condidate/Officeholder name Office country
	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 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

t 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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/19 Rpt: 27/29	Berg, Janice L. (The Honorable) 00081820
4	Date	5 Payee name
	01/28/2022	Texas Center for the Judiciary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	1210 San Antonio
		Suite 800
		Austin, TX 78701
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.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Registration
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Data	
	Date 01/11/2022	Payee name Toyog College Demograts
		Texas College Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	110 Copper Field Ct
		Weatherford, TX 76087
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeriolder/Political Committee Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/23/2022	Texas Gulf Coast AFL-CIO
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2506 Sutherland St
		Houston, TX 77023
	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
		Sponsorship of association's event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiord to borront 0/01	•

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
•	Sch: 19/19 Rpt: 29/29	Berg, Janice L. (The Honorable) 00081820			
4	Date	5 Payee name			
	04/04/2022	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			
	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		Campaign website design			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	05/02/2022	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			
		Campaign website design			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Date	Payee name			
	06/02/2022	The Beacon Agency			
	Amount (\$) \$35.00	Payee address; City; State; Zip Code 945 McKinney St.			
	φ33.00	-			
		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			
		Campaign website design			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct expenditure to benefit C/OI				