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 53 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Janice L. NAME Date Received **ELECTRONICALLY FILED** 01/16/2018 NICKNAME LAST **SUFFIX** Berg CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 106 Avondale St. MAILING Amount Receipt # **ADDRESS** Change of Address Houston, TX 77006 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Bethany G. NAME NICKNAME LAST **SUFFIX** Beth Arnold **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 106 Avondale St. **ADDRESS** (Residence or Business) Houston, TX 77006 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 392-4148 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2017 12/31/2017 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/06/2018 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Family District Court Judge District 247th

Forms provided by Texas Ethics Commission

GO TO PAGE 2
www.ethics.state.tx.us

Version V1.0.5283

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 53

13 C / OH NAME	Berg, Janice L. (Ms.)			14 Filer ID 00081820	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditus s may have been made without t equired to report this information	the candidate's or offi	iceholder's kno	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	1E			
_	GENERAL					
		COMMITTEE ADD	RESS			
	SPECIFIC					
		COMMITTEE CAM	IPAIGN TREASURER NAME			
		COMMITTEE CAM	IPAIGN TREASURER ADDRES	SS		
16 CONTIBUTION TOTALS			NS OF \$50 OR LESS (OTHER T ANS), UNLESS ITEMIZED	ΓHAN PLEDGES,	\$	0.00
		ICAL CONTRIBU		6)	\$	22,380.00
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED				\$	0.00	
	4. TOTAL POLIT	ICAL EXPENDIT	URES		\$	15,344.97
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE LA	AST DAY OF THE	\$	13,555.93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFADAVIT						
			I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.	y of perjury, that the a Il information required	accompanying d to be reporte	report is d by me
			Ms.	Janice L. Berg		
			Signature of	Candidate or Officeh	nolder	
AFFIX NO	ΓARY STAMP / SEAL AB	OVE				
				, this the		day
of	, 20, to co	ertify which, witness	my hand and seal of office.			
Signature of offic	er administering oath	Printed name	of officer administering oath	Title of office	cer administeri	ng oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				3 of 53		
18 FILER NAME Berg, Janice		19 Filer ID 00081820	(Ethics Commi	ssion Filers)		
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	21,755.00		
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	625.00		
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	100.00		
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	100.00		
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	8,136.22		
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	5.33		
7 \$	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8. X S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	3,270.16		
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	3,933.26		
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	178.61		
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 1/16 Rpt: 4/53
2	FILER NAME Berg, Janice	L. (Ms.)			3	Filer ID (Ethics Commission Filers) 00081820
4	10/16/2017 Abbott, Joan 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00		
		Palm Beach, FL 33480				
8		Principal Occupation		9 Contributor's Job Title		
L	Retired			Retired		
10	Retired	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/07/2017	Abbott, Laura Contributor address; City; \$	State; Zip Code			\$500.00
		Chicago, IL 60654		T		
	Retired	Principal Occupation		Contributor's Job Title Retired		
_		employer/law firm		Law firm of contributor's sp	20110	o (if any)
	Retired	employer/iaw iiim		Law iiiii oi continuttoi 3 3	Jous	e (ii ariy)
	If contributor is	s a child, law firm of parent(s) (if	any)	L		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/18/2017	Abbott, Nancy Contributor address; City; \$	State; Zip Code			\$1,000.00
		Philadelphia, PA 19147		I		
		Principal Occupation tile Restoration and Framing		Contributor's Job Title Owner		
	•	employer/law firm		Law firm of contributor's sp	20110	eo (if any)
	Nancy K. Sh			Law IIIII of Contributor's Sp	Jous	e (ii ariy)
		s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/16 Rpt: 5/53
2	FILER NAME Berg, Janice	L. (Ms.)			3	Filer ID (Ethics Commission Filers) 00081820
4	Date 09/13/2017	5 Full name of contributor Adamson, Jeffrey6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
_		Houston, TX 77007		I		
8		Principal Occupation		9 Contributor's Job Title Real Estate Broker		
10				2011	on (if any)	
10	Reyna Realt			11 Law firm of contributor's sp	Jous	se (II ally)
12		s a child, law firm of parent(s) (i	f any)			
	. II continuator i	o a crima, law initi or pareria(o) (i	arry)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	10/28/2017 Arnold, Fred			\$250.00		
	Contributor address; City; State; Zip Code				1	7-50.00
		Houston, TX 77007				
	Contributor's I	rincipal Occupation		Contributor's Job Title		
	Retired			Retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Retired					
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/15/2017	Arnold, Paula	_			\$500.00
		Contributor address; City;	State; Zip Code		1	
		Houston, TX 77009		T =		
	Retired	Principal Occupation		Contributor's Job Title Retired		
_		employer/law firm		Law firm of contributor's sp	2011	on (if any)
	Retired	етпрюуетлам шти		Law Office of Theo W F		
		s a child, law firm of parent(s) (i	f any)	Law office of Trico WT	1113	
	ii continuator i	o a crima, law initi or parcria(o) (i	any)			
_						

	MONET	ARY POLITICAL CON	ITRIBUTIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to c	omplete this form.	1 Total pages Schedule A(J)1: Sch: 3/16 Rpt: 6/53
2	FILER NAME Berg, Janice			3 Filer ID (Ethics Commission Filers) 00081820
4	Date 09/20/2017		p Code	7 Amount of Contribution (\$) \$500.00
		Houston, TX 77092		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	•
	Attorney		Attorney	
10	10 Contributor's employer/law firm 11 Law firm of contributor's s			spouse (if any)
	Law Office of	of Bethany G. Arnold		
12	If contributor	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor Ou	it-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/13/2017	Berg, David		\$1,000.00
		Contributor address; City; State; Zi	n Code	···
		Houston, TX 77002		
		Principal Occupation	Contributor's Job Title	
	Attorney		Attorney	
		employer/law firm	Law firm of contributor's	spouse (if any)
	Berg & Andı	ophy		
	If contributor	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor	ut-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/12/2017	Berg, Geoffrey		\$2,500.00
		Contributor address; City; State; Zi	p Code	
		Houston, TX 77098		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Attorney		Attorney	
	Contributor's	employer/law firm	Law firm of contributor's	spouse (if any)
	Berg Plumm	er Johnson & Raval LLP		
	If contributor	s a child, law firm of parent(s) (if any)	•	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 4/16 Rpt: 7/53
2	FILER NAME Berg, Janice	L. (Ms.)			3	Filer ID (Ethics Commission Filers) 00081820
4	Date 10/04/2017 Second Part		7	Amount of Contribution (\$) \$100.00		
			3			
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney Attorney					
10	Momjian And	employer/law firm		11 Law firm of contributor's sp Dilworth Paxon	oou	se (IT any)
12		s a child, law firm of parent(s) (i	f any)	Dilworut F axon		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/15/2017	Casell, Jason Contributor address; City; Houston, TX 77096	State; Zip Code			\$100.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney	- ппсіраї Оссираціон		Attorney		
		employer/law firm		Law firm of contributor's sp	oou	se (if any)
		us Barger Dreyer LLP				
	If contributor is	s a child, law firm of parent(s) (i	f any)	l		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/18/2017	Curl, Sheila Contributor address; City; Houston, TX 77096	State; Zip Code			\$100.00
-	Contributor's I	Principal Occupation		Contributor's Job Title		
	Marketing			Freelance Marketing		
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	Sheila Curl					
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 5/16 Rpt: 8/53
2	FILER NAME Berg, Janice	L. (Ms.)			3	Filer ID (Ethics Commission Filers) 00081820
4	Date 5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00		
			1226	_		
8		Principal Occupation		9 Contributor's Job Title		
	PR Manager PR Manager					
10	10 Contributor's employer/law firmNational Comprehensive Cancer Network11 Law firm of contributor's specific properties of the contrib			oous	se (if any)	
12	! If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	09/09/2017	DeLuca, Matthew Contributor address; City;	<u> </u>			\$10.00
		Houston, TX 77008				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		f Matthew J. DeLuca				
	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 (\$)
	09/08/2017	DeLuca, Matthew	_			\$1,000.00
		Contributor address; City; Houston, TX 77008	State; Zip Code			
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Law Office o	f Matthew J. DeLuca				
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 6/16 Rpt: 9/53
2	FILER NAME Berg, Janice	L. (Ms.)			3	Filer ID (Ethics Commission Filers) 00081820
4	Date 12/16/2017 5 Full name of contributor out-of-state PAC (ID#:) 7 12/16/2017 Contributor address; City; State; Zip Code Stafford, TX 77477		7	Amount of Contribution (\$) \$500.00		
Ļ	0			O Contributanta Jak Titla		
8	Retired	Principal Occupation		9 Contributor's Job Title Retired		
10		employer/law firm		11 Law firm of contributor's sp	20110	is a fif any)
10	Retired	employer/iaw iiim		11 Law IIIII of Contributor's Sp	Jous	e (II dily)
12	! If contributor is	s a child, law firm of parent(s) (if	f any)	<u>I</u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	10/04/2017	Dorfman, Jeffrey Contributor address; City;	<u> </u>			\$250.00
		Houston, TX 77007				
		Principal Occupation		Contributor's Job Title		
	Consultant			Consultant		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
_		s a child, law firm of parent(s) (i	f any)			
	ii contributor i	s a criliu, iaw iiriri or parerii(s) (ii	i arry)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/28/2017	Fox, Esther				\$50.00
		Contributor address; City; Houston, TX 77096	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Retired			Retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Retired					
	If contributor is	s a child, law firm of parent(s) (if	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this t	form.	1 Total pages Schedule A(J)1: Sch: 7/16 Rpt: 10/53
2	FILER NAME Berg, Janice				3 Filer ID (Ethics Commission Filers) 00081820
4	10/08/2017 Gottsegen Anhalt, Susan 6 Contributor address; City; State; Zip Code			7 Amount of Contribution (\$) \$75.00	
		Houston, TX 77096			
8	Contributor's	Principal Occupation		9 Contributor's Job Title Retired	•
10		employer/law firm		11 Law firm of contributor's s	spouse (if any)
12		s a child, law firm of parent(s) (i	if any)		
	Date 12/04/2017	Full name of contributor Greenblatt, Sydney Contributor address; City;	out-of-state PAC (ID#:_		Amount of Contribution (\$) \$100.00
		Houston, TX 77030			
	Contributor's Retired	Principal Occupation		Contributor's Job Title Retired	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	If contributor i	s a child, law firm of parent(s) (i	if any)		
	Date 12/12/2017	Full name of contributor Guefen, Dana Contributor address; City;	out-of-state PAC (ID#:_)	Amount of Contribution (\$) \$5,000.00
		Bellaire, TX 77401			
		Principal Occupation ivist, homemaker		Contributor's Job Title n/a	
	Contributor's on/a	employer/law firm		Law firm of contributor's s	spouse (if any)
	If contributor i	s a child, law firm of parent(s) (i	if any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	ages Schedule A(J)1: 116 Rpt: 11/53	<u> </u>
2	FILER NAME Berg, Janice				3 Filer ID 000818	(Ethics Commissio	on Filers)
4	Date 11/15/2017	5 Full name of contributor out-of-state PAC (ID#:) Gunthorpe, Kevin 6 Contributor address; City; State; Zip Code			of Contribution (\$)	\$100.00	
		Houston, TX 77025					
8	Contributor's	Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	Contributor's	employer/law firm		11 Law firm of contributor's s	spouse (if any))	
	Gunthorpe L	aw Group PLLC					
12	! If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount	of Contribution (\$)	
	11/05/2017	Hamel, Douglas				(+)	\$250.00
		Contributor address; City;	State: 7in Code				,
		Houston, TX 77027					
	Contributor's	Principal Occupation		Contributor's Job Title			
	Attorney			Patner			
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any))	
	Vinson & Ell	kins LLP					
	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount	of Contribution (\$)	
	11/06/2017	Hamel, Janet					\$250.00
		Contributor address; City;	State; Zip Code				
		Houston, TX 77027					
	Contributor's	Principal Occupation		Contributor's Job Title	•		
	None			None			
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any))	
	None			Vinson & Elkins LLP			
	If contributor i	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS	S	SCHEDULE A	\(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.		S Schedule A(J)1: Rpt: 12/53	
2	FILER NAME				3 Filer ID (E	Ethics Commission	n Filers)
	Berg, Janice	e L. (Ms.)			00081820		
4	Date 11/18/2017	5 Full name of contributor out-of-state PAC (ID#:) Hoff, Courtney			7 Amount of 0	Contribution (\$)	\$500.00
		6 Contributor address; City; S Houston, TX 77057	State; Zip Code				
8	Contributor's	Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)		
	Joel A. Nass	, ,			, , , , , ,		
12		s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of 0	Contribution (\$)	
	11/03/2017	Hughes, Joby	_				\$100.00
		Contributor address; City; S	State; Zip Code		"		
			·				
		Houston, TX 77019					
_	Contributor's	I Principal Occupation		Contributor's Job Title	1		
	Attorney			Patent Attorney			
		employer/law firm		Law firm of contributor's s	pouse (if anv)		
	Joby Hughe						
-		s a child, law firm of parent(s) (if	any)				
			,				
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of 0	Contribution (\$)	
	11/19/2017	Hurrington, Cynthia				(,,	\$100.00
		Contributor address; City; S	State: Zip Code				
			, <u></u> ,				
		Houston, TX 77098					
	Contributor's	Principal Occupation		Contributor's Job Title	1		
	Community	Relations		Community Relations			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)		
	SCI						
	If contributor	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 10/16 Rpt: 13/53
2	FILER NAME Berg, Janice	L. (Ms.)			3	Filer ID (Ethics Commission Filers) 00081820
4	11/15/2017 Jenkins, Joan 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$250.00		
		Houston, TX 77019				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney					
10	Contributor's 6 Jenkins & Ka	employer/law firm amin LLP		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/15/2017	Jenkins (Whitmire), Whit Contributor address; City; 9 Houston, TX 77007	-		·	\$250.00
_	Contributor's	Principal Occupation		Contributor's Job Title		
	Lobbyist	Tilicipal Occupation		Lobbyist		
		employer/law firm		Law firm of contributor's sp	าดเมร	se (if any)
	Whitney Wh					
	If contributor is	s a child, law firm of parent(s) (if	any)	I .		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/25/2017	Kotz, Randall Contributor address; City; 9 Philadelphia, PA 19125	State; Zip Code			\$500.00
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Retired			Retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Retired					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	he Instruction Guide explains how to complete this form.			1	Total pages Schedule A(J)1: Sch: 11/16 Rpt: 14/53
2	FILER NAME Berg, Janice	L. (Ms.)			3	Filer ID (Ethics Commission Filers) 00081820
4				7	Amount of Contribution (\$) \$100.00	
		Houston, TX 77002				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's 6	employer/law firm Group PLLC		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	10/04/2017 Levine (Black), Barbara Contributor address; City; State; Zip Code				\$100.00	
		Houston, TX 77025				
	Contributor's Principal Occupation Contributor's Job Title					
	Retired Retired					
	Contributor's employer/law firm Retired Law firm of contributor's			Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	11/19/2017	Levy, Alene				\$100.00
Contributor address; City; State; Zip Code Houston, TX 77025			•			
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Alene Levy I	_aw Firm PLLC				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 12/16 Rpt: 15/53
2	FILER NAME Berg, Janice	L. (Ms.)			3	Filer ID (Ethics Commission Filers) 00081820
4	4 Date 09/13/2017			7	Amount of Contribution (\$) \$100.00	
		Houston, TX 77018				
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Attorney		
10		employer/law firm & Associates PC		11 Law firm of contributor's sp		
40			: \	The Behlmann Law Firr	II, L	P
12	in Contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	11/15/2017	McKiernan Crump, PC Contributor address; City;	<u> </u>			\$150.00
		Houston, TX 77018				
	Contributor's I	Principal Occupation		Contributor's Job Title		
Contributor's employer/law firm			Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/02/2017	Minocha, Sanjay				\$500.00
		Contributor address; City; Dallas, TX 75219	State; Zip Code			
Т	Contributor's F	rincipal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Minocha Lav	v Firm PLLC		Sidley Austin LLP		
	If contributor is	s a child, law firm of parent(s) (if	any)	•		

	MONET	TARY POLITICAL CONTRIBUT	ΓIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete th	1 Total pages Schedule A(J)1: Sch: 13/16 Rpt: 16/53	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Berg, Janice	e L. (Ms.)		00081820
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	10/12/2017	Novielli, Michael		\$20.00
		6 Contributor address; City; State; Zip Code Riverhead, NY 11901		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Educator	- Imopai Goodpailon	Co-Founder	
10		employer/law firm	11 Law firm of contributor's s	spouse (if any)
	Due West E		Law min or contributor 5 5	pouse (ii uny)
12		is a child, law firm of parent(s) (if any)	L	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/25/2017	Placzek, Philip		\$500.00
		Contributor address; City; State; Zip Code Houston, TX 77098		
	Contributor's	Principal Occupation	Contributor's Job Title	
Attorney		Attorney & Mediator		
		employer/law firm	Law firm of contributor's s	pouse (if any)
	Placzek Lav			,
	If contributor	is a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (I	ID#:)	Amount of Contribution (\$)
	11/25/2017	Provenzano, Vita		\$50.00
		Contributor address; City; State; Zip Code Houston, TX 77025		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Realtor		Realtor	
		Law firm of contributor's s	pouse (if any)	
		es & Gardens Gary Green		
		is a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 14/16 Rpt: 17/53
2	FILER NAME Berg, Janice	L. (Ms.)			3	Filer ID (Ethics Commission Filers) 00081820
4	Date 10/23/2017 Full name of contributor		7	Amount of Contribution (\$) \$100.00		
		Houston, TX 77003				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's of The Putman	employer/law firm Firm		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
F	Data	Full name of contributor			_	Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:				\$1,000.00		
		Houston, TX 77006		1		
	Contributor's Principal Occupation Contributor's Job Title					
	Attorney Attorney			of the same		
	Contributor's employer/law firm Mary K. Quinn, Attorney at Law			Law IIrm of contributor's Sp	oous	se (II any)
_		s a child, law firm of parent(s) (i	f any)			
	ii contributor i	s a clina, law iiiii oi parcin(s) (i	i uriy)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	11/14/2017	Rawls, Mary	_			\$500.00
		Contributor address; City; The Woodlands, TX 773				
			Contributor's Job Title			
	Operations	, ,		Operations		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Munich Re T	rading				
	If contributor is	s a child, law firm of parent(s) (i	f any)	•		

	MONET	ARY POLITICAL C	CONTRIBUTIO	NS	SCHEDULE A(J)1
	The Instru	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 15/16 Rpt: 18/53
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Berg, Janice	e L. (Ms.)			00081820
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	09/14/2017	Richardson, Terri 6 Contributor address; City; St.	ate; Zip Code		\$100.00
		Texas, TX 77006			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
	Legal Coordinator Legal Coordinator				
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)
	Occidental F	Petroleum Corporation			
12	! If contributor i	s a child, law firm of parent(s) (if a	nny)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	09/13/2017	Steinberg, David	_		\$100.00
		Contributor address; City; St	ate; Zip Code		"
		New York, NY 10025			
		Principal Occupation		Contributor's Job Title	
	Counselor			Counselor	
		employer/law firm		Law firm of contributor's s	pouse (if any)
	Abraham Jo	shua Heschel School			
	If contributor i	s a child, law firm of parent(s) (if a	ny)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	09/17/2017	Tucker, Vanessa			\$50.00
		Contributor address; City; St	ate; Zip Code		
		Brooklyn, NY 11231			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Analyst			VP for Analysis	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	Freedom Ho	ouse			
	If contributor i	s a child, law firm of parent(s) (if a	ny)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ne Instruction Guide explains how to complete this form.			1	Total pages Schedule A(J)1: Sch: 16/16 Rpt: 19/53
2	FILER NAME Berg, Janice			3	Filer ID (Ethics Commission Filers) 00081820	
4	Date 12/04/2017	te 5 Full name of contributor out-of-state PAC (ID#:)			7	Amount of Contribution (\$) \$100.00
		Houston, TX 77006				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm tsanos Anaipakos Alavi & M	ensina PC	11 Law firm of contributor's sp	ous	se (if any)
12		s a child, law firm of parent(s) (if				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
11/16/2017 Willoughby Law Firm Contributor address; City; State; Zip Code				\$500.00		
		Houston, TX 77006				
	Contributor's I	Principal Occupation		Contributor's Job Title		
Contributor's employer/law firm			Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/11/2017	Zack, Carolyn				\$100.00
Contributor address; City; State; Zip Code Newtown Square, PA 19073						
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Momjian And	derer LLC		Post & Post LLC		
	If contributor is	s a child, law firm of parent(s) (if	any)			

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 20/53 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Berg, Janice L. (Ms.) 00081820 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 11/15/2017 Arnold, Bethany \$625.00 | Food, beverage, 7 Contributor address; City; State; Zip Code bartender, and decorations for campaign kickoff fundraiser Houston, TX 77092 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) Law Office of Bethany G. Arnold 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

PLEDGE	CONTRIBUTIONS (JUDIO	CIAL)		SCHE	DULE B(J)
The Inst	ruction Guide explains how to comp	plete this form.	1 Total pages Sch Sch: 1/1 Rpt:		
2 FILER NAME Berg, Janice L.	FILER NAME Berg, Janice L. (Ms.)			thics Commiss	ion Filers)
4 TOTAL OF UN	NITEMIZED PLEDGES		•	\$	0.00
5 Date 11/15/2017	6 Full name of pledgor out-of-state PAC (I Lee, Chung 7 Pledgor Address; City; State; 2		8 Amount of pledge (\$) \$100.00	(If a	l description pplicable)
	Houston, TX 77002		Check if travel or	utside of Texas	. Complete Schedule T.
10 Pledgor's principa	l occupation	11 Pledgor's job title			
Attorney		Attorney			
12 Pledgor's employe		13 Law firm of pledgor	's spouse (if any)		
C.Y. Legal Grou	ıp PLLC				
14 If pledgor is a chil	d, law firm of parent(s) (if any)				

	LOANS (J	UDICIAL)			SCHEDULE E(J)		
	The Instruction	The Instruction Guide explains how to complete this form.			ges Schedule E(J): 1 Rpt: 22/53		
2	FILER NAME Berg, Janice L.	(Ms.)		3 Filer ID 000818	(Ethics Commission Filers)		
4	TOTAL OF UN	IITEMIZED LOANS		\$			
5	Date of loan 08/12/2017	7 Name of lender out-of-state PA Berg, Janice	C (ID#:)	9 Loan Amount (\$) \$100.00		
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate		
	No	Houston, TX 77006			11 Maturity Date		
12	Lender's Principal	Occupation	13 Lender's Job Title				
	Attorney		Attorney				
14	Lender's Employe Law Office of Ja		15 Law Firm of lender's spous	se (if any)			
16	16 If lender is child, law firm of parent(s) (if any)						
17	Description of Coll X None	ateral	18 Check if personal funds were deposited into political account (See Instructions)				
19	GUARANTOR INFORMATION	20 Name of guarantor	22 Amount Guarar				
23	X not applicable Guarantor's Princip	21 Guarantor address; City; State; pal Occupation	Zip Code Zip Code				
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)			
27	If guarantor is child	d, 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 Committee

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 1/8 Rpt: 23/53	Berg, Janice L. (Ms.) 00081820
4	Date	5 Payee name
	08/22/2017	Amegy Bank of Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.20	P.O. Box 27459
		Houston, TX 77227
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Fee for new checks
_	Opening ONLY if allowed	On didn't Office helder games Office south
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/31/2017	Amegy Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.00	P.O. Box 27459
		Houston, TX 77227
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly maintenance fee for campaign account
		inonany mameriance lee for sampaign associate
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/13/2017	Avalon Stationery/Gifts
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.81	2604 Westheimer
	Ψ30.01	2004 Westileinei
		Houston, TX 77098
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Stationery and envelopes for thank you cards to
		contributors
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/8 Rpt: 24/53	Berg, Janice L. (Ms.)	00081820
4 Date	5 Payee name	'
11/27/2017	Carroll Printing & Promotions	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	е
\$106.09	2907 Canal St	
	Houston, TX 77003	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		Campaign literature
		0.00
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough	ht Office held
· .		
Date	Payee name	
11/13/2017	Carroll Printing & Promotions	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$1,026.75	2907 Canal St	
	Houston, TX 77003	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Promotional materials (banners, push cards, table
		sign, contribution envelopes, magnetic name tags)
Complete ONLY if direct	Candidate/Officeholder name Office sough	ht Office held
expenditure to benefit C/OF	•	
Date	Payee name	
09/21/2017	Citi Card	
Amount (\$)	Payee address; City; State; Zip Cod	ο
\$1,600.00	P.O. Box 78045	c
Ψ1,000.00	1 .O. BOX 10043	
	Phoenix, AZ 85062-8045	
	,	b) Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF	Cradit Card Daymant	
	Credit Card Payment	Check if Austin, TX, officeholder living expense
OF	Credit Card Payment	Check if Austin, TX, officeholder living expense Credit card payment for advertising expense
OF	Credit Card Payment	Check if Austin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Office sougl	Check if Austin, TX, officeholder living expense Credit card payment for advertising expense (Beacon Agency, incurred 8/12/17)
OF EXPENDITURE	Candidate/Officeholder name Office sougl	Check if Austin, TX, officeholder living expense Credit card payment for advertising expense (Beacon Agency, incurred 8/12/17)
OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Office sougl	Check if Austin, TX, officeholder living expense Credit card payment for advertising expense (Beacon Agency, incurred 8/12/17)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 3/8 Rpt: 25/53	2 FILER NAME Berg, Janice L. (Ms.) 3 Filer ID (Ethics Commission Filers) 00081820
4	Date 09/21/2017	5 Payee name Citi Card
6	Amount (\$) \$35.00	7 Payee address; City; State; Zip Code P.O. Box 78045 Phoenix, AZ 85062-8045
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card payment for monthly sustaining membership to Democratic party (incurred 8/16/17)
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 11/16/2017	Payee name Harris County Democratic Party Primary
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1445 N Loop W Suite 110 Houston, TX 77008
	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 Candidate filling fee for place on ballot
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/27/2017	Payee name Health Fit Pharmacy/Post Office
	Amount (\$) \$9.80	Payee address; City; State; Zip Code 1307 Yale Unit H Houston, TX 77008
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage
	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 (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 4/8 Rpt: 26/53	Berg, Janice L. (Ms.) 00081820					
4	Date	5 Payee name					
	10/20/2017	LAZ Parking					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$5.00	211 E 7th St					
		Suite 620					
		Austin, TX 78701					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		Street parking at TEC Compliance CLE (@STCL)					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	expenditure to benefit C/OI						
F	Date	Payee name					
	11/08/2017	Mister Valet Parking					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$283.91	3101 Sage Road					
	φ203.91	-					
		Suite #6c					
		Houston, TX 77056					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Valet parking service for 11/15/17 Campaign kickoff					
		and fundraiser					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
	Date	Payee name					
	11/15/2017	Office Max/Office Depot					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$44.08	1576 W Gray					
		Houston, TX 77019					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Event name badges, ballpoint pens (Campaign					
		Kickoff Fundraiser)					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	y					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

t Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 5/8 Rpt: 27/53	Berg, Janice L. (Ms.) 00081820					
4	Date	5 Payee name					
	11/15/2017	Phoenix Paper/Party Boy					
6	Amount (\$) \$14.11	7 Payee address; City; State; Zip Code 1515 Studemont					
		Houston, TX 77007					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Plastic cutlery and napkins for campaign kickoff and fundraiser					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	09/30/2017	Raise the Money, Inc.					
	Amount (\$) \$228.14	Payee address; City; State; Zip Code P.O. Box 26466					
		Little Rock, AR 72221					
	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 Processing fees for multiple political contributions 09/01/2017-09/30/2017					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	Date	Payee name					
	10/31/2017	Raise the Money, Inc.					
	Amount (\$) \$65.21	Payee address; City; State; Zip Code P.O. Box 26466					
		Little Rock, AR 72221					
	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 Processing fees for multiple political contributions 10/01/2017-10/31/2017					
	Complete ONLY if direct expenditure to benefit C/OF	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 6/8 Rpt: 28/53	Berg, Janice L. (Ms.) 00081820								
4	Date	5 Payee name								
	11/30/2017	Raise the Money, Inc.								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$105.65	P.O. Box 26466								
		Little Rock, AR 72221								
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense Processing fees for multiple political contributions								
		11/01/2017-11/30/2017								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
ľ	expenditure to benefit C/O									
-	Date	Dougo nomo								
		Payee name								
	12/31/2017	Raise the Money, Inc.								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$310.20	P.O. Box 26466								
		Little Rock, AR 72221								
	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 Processing fees for multiple political contributions								
		12/01/2017-12/31/2017								
_	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held								
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
_	Data									
	Date 11/15/2017	Payee name								
		Spec's Liquors								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$9.07	2410 Smith St								
		Houston, TX 77006								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense 4 bags of ice for beverages (Campaign kickoff and								
		fundraiser)								
	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 Con Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee I	_egal Services	•		/ages	/Contract Labor		OTHER (enter	a category not listed above)	
	·			The Instruction	Guide explains	how to col	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 7/8 Rpt: 29/53		Berg, Janice	L. (Ms.)						00081820		
4	Date	5	Payee name									
	11/15/2017		Spec's Liquo	ors								
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$87.20		2410 Smith	St								
			Houston, TX	77006								
8	PURPOSE	(a)		e Categories listed a	at the ten of this ech	odulo)	(b)	Description				
	OF	l`´	Event Exper		it trie top of triis scr	iedule)	` '	:	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Event Exper	150				Check if Austin,	TX,	officeholder livin	g expense	
								Liquor for mix	ced	drinks serv	ed at campaign kickof	f
								and fundraise	er			
9	Complete ONLY if direct	(Candidate/Offic	eholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	09/07/2017		The Beacon	Agency								
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$285.00		945 McKinne	ey St								
				•								
			Houston, TX	77002								
	PURPOSE	(a)					(h)	Description				
	OF	(۳)		e Categories listed a	it the top of this sch	ledule)	(5)	_ :	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Advertising I	Expense						officeholder livin		
								WordPress ho	osti	ing monthly	, setup service for	
											additional logo design	
	Complete ONLY if direct		Candidate/Offic	eholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	09/27/2017		The Beacon	Agency								
	Amount (\$)	Г	Payee addres	s; City;	State	; Zip Co	de					
	\$285.00		945 McKinne	ey St								
				•								
			Houston, TX	77002								
	PURPOSE	(a)		e Categories listed a			(h)	Description				
	OF	(۳)	Advertising I	-	it the top of this scr	ledule)	()		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Advertising	_xpcrise				ш		officeholder livin		
								_			setup; monthly	
								WordPress ho	osti	ing	-	
	Complete ONLY if direct		Candidate/Offic	eholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
l												

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to co	Ü	e this form.
1 Total pages Schedule F1:	·	•	3 Filer ID (Ethics Commission Filers)
Sch: 8/8 Rpt: 30/53	Berg, Janice L. (Ms.)	00081820	
4 Date	5 Payee name		•
11/01/2017	The Beacon Agency		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$35.00	945 McKinney St		
	Houston, TX 77002		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) De	Description
OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE			Check if Austin, TX, officeholder living expense
		vv	VordPress monthly hosting
		<u> </u>	000
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou	ught	Office held
Date	Payee name		
11/01/2017	The Beacon Agency		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$1,000.00	945 McKinney St		
	Houston, TX 77002		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) De	Description
OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
LAI LINDITORE			Check if Austin, TX, officeholder living expense
			VordPress website development (final project ayment)
0 1 0 0 1 0 1			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou OH	ugnt	Office held
Date	Payee name		
12/18/2017	The Beacon Agency		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$35.00	945 McKinney St		
	Houston, TX 77002		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription
OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE			Check if Austin, TX, officeholder living expense
		vv	VordPress monthly hosting
Operation Children	On did to 10 ff ask alder a		0.65
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou OH	ugnt	Office held

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) 00081820 Sch: 1/1 Rpt: 31/53 Berg, Janice L. (Ms.) \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 12/31/2017 Google Inc Amount (\$) Payee address; City; State; Zip Code \$5.33 1600 Amphitheatre Pkwy Mountain View, CA 94043 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense G-Suite basic - email server 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/12 Rpt: 32/53 Berg, Janice L. (Ms.) 00081820 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 10/25/2017 Envato Pty Ltd Amount (\$) Payee address; City; State; Zip Code \$27.00 121 King St Melbourne Victoria 3000 Australia **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website plugin software 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/17/2017 Envato Pty Ltd Amount (\$) Payee address; City; State; Zip Code \$79.00 121 King St Melbourne Victoria 3000 Australia **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense WordPress theme Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/12 Rpt: 33/53 Berg, Janice L. (Ms.) 00081820 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 11/30/2017 Facebook Amount (\$) Payee address; City; State; Zip Code \$53.32 1 Hacker Way Menlo Park, CA 94025 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Facebook boost of campaign page and website 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/30/2017 Facebook Amount (\$) Payee address; City; State; Zip Code \$6.71 1 Hacker Way Menlo Park, CA 94025 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Facebook boost for event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/12 Rpt: 34/53 Berg, Janice L. (Ms.) 00081820 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 11/05/2017 Facebook Amount (\$) Payee address; City; State; Zip Code \$50.06 1 Hacker Way Menlo Park, CA 94025 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Facebook boost for event page 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/11/2017 **GLBT Caucus** Amount (\$) Payee address; City; State; Zip Code \$40.00 P.O. Box 6664 Houston, TX 77266 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Yearly membership dues (not for use in primary) Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/12 Rpt: 35/53 Berg, Janice L. (Ms.) 00081820 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/06/2017 **GLBT Caucus** Amount (\$) Payee address; City; State; Zip Code P.O. Box 6664 \$500.00 Houston, TX 77266 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Sponsorship of GLBT Caucus Equality Brunch 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/12/2017 **GLBT Caucus** Amount (\$) Payee address; City; State; Zip Code \$500.00 P.O. Box 6664 Houston, TX 77266 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Sponsorship of GLBT Caucus Holiday Party Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/12 Rpt: 36/53 Berg, Janice L. (Ms.) 00081820 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 11/01/2017 Google Inc Amount (\$) Payee address; City; State; Zip Code \$5.00 1600 Amphitheatre Pkwy Mountain View, CA 94043 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense G-Suite Basic: monthly email server 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 10/01/2017 Google Inc Payee address: Amount (\$) City; State; Zip Code \$5.00 1600 Amphitheatre Pkwy Mountain View, CA 94043 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense G-Suite Basic: monthly email server Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/12 Rpt: 37/53 Berg, Janice L. (Ms.) 00081820 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 12/02/2017 Google Inc Amount (\$) Payee address; City; State; Zip Code \$5.33 1600 Amphitheatre Pkwy Mountain View, CA 94043 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense G-Suite Basic: monthly email server 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/06/2017 Google Inc Payee address: Amount (\$) City; State; Zip Code \$0.48 1600 Amphitheatre Pkwy Mountain View, CA 94043 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense G-Suite Basic: prorated monthly email server Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/12 Rpt: 38/53 Berg, Janice L. (Ms.) 00081820 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 08/16/2017 Harris County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$35.00 1445 N Loop W Suite 110 Houston, TX 77008 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Sustaining monthly membership 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/16/2017 Harris County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$35.00 1445 N Loop W Suite 110 Houston, TX 77008 TYPE OF Political Non-Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Sustaining monthly membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/12 Rpt: 39/53 Berg, Janice L. (Ms.) 00081820 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/16/2017 Harris County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$35.00 1445 N Loop W Suite 110 Houston, TX 77008 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Sustaining monthly membership 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 10/16/2017 Harris County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$35.00 1445 N Loop W Suite 110 Houston, TX 77008 TYPE OF Political Non-Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Sustaining monthly membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/12 Rpt: 40/53 Berg, Janice L. (Ms.) 00081820 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name Harris County Democratic Party 11/16/2017 Amount (\$) Payee address; City; State; Zip Code \$35.00 1445 N Loop W Suite 110 Houston, TX 77008 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Sustaining monthly membership 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12/16/2017 Harris County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$35.00 1445 N Loop W Suite 110 Houston, TX 77008 TYPE OF Political Non-Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Sustaining monthly membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 10/12 Rpt: 41/53 Berg, Janice L. (Ms.) 00081820 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 07/11/2017 Office Max/Office Depot Amount (\$) Payee address; City; State; Zip Code 1576 W Gray \$31.36 Houston, TX 77019 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office supplies: clipboards, paper, pens 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/16/2017 Sharpstown Democrats Amount (\$) Payee address; City; State; Zip Code \$100.00 P.O. Box 2053 Bellaire, TX 77402-2053 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Sponsorship of Sharpstown Dems Holiday Party Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 11/12 Rpt: 42/53 Berg, Janice L. (Ms.) 00081820 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 11/16/2017 Sharpstown Democrats Amount (\$) Payee address; City; State; Zip Code \$20.00 P.O. Box 2053 Bellaire, TX 77402-2053 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Club membership dues (yearly; not for primary) 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/11/2017 **Sprouts Farmers Market** Amount (\$) Payee address; City; State; Zip Code \$36.90 195 Yale St Houston, TX 77007 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Dessert for pot luck at Area 5 Democrats Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) 00081820 Sch: 12/12 Rpt: 43/53 Berg, Janice L. (Ms.) \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 08/12/2017 The Beacon Agency Amount (\$) Payee address; State; Zip Code \$1,600.00 945 McKinney St Houston, TX 77002 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Partial payment for website, logo, and push card design Office sought 11 Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH

SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		•	Office Over Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Transporta Travel in D Travel Out	of District	xpense t & Related Expense not listed above)	
		_	The Instruction Guide explains I	iow to cc	omplete this form.				
1	Total pages Schedule G: Sch: 1/7 Rpt: 44/53	2	FILER NAME Berg, Janice L. (Ms.)			3	Filer ID 000818	`	ommission Filers)
4	Date	5	Payee name						
ľ	08/30/2017		American Express						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode				
	\$36.90		P.O. Box 650448						
	Reimbursement from political contributions intended		Dallas, TX 75265-0448						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	С	neck if trave	l outside of Tex	as. Complete Schedule T.
	OF	``	Credit Card Payment			c	neck if Austi	n, TX, officehol	der living expense
	EXPENDITURE				Credit card paym (incurred 8/11/17		t for foo	d and beve	erage expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought			Office he	eld
	Date		Payee name						
	09/21/2017		American Express						
			·	7in Ca	- d-				
	Amount (\$)			Zip Co	ode				
	\$79.00		P.O. Box 650448						
	Reimbursement from political contributions intended		Dallas, TX 75265-0448						
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description	С	neck if trave	l outside of Tex	as. Complete Schedule T.
	OF EXPENDITURE		Credit Card Payment			С	neck if Austi	n, TX, officehol	der living expense
	EXPENDITURE		,		Credit card paym incurred 8/17/17)		t for adv	ertising ex	rpense (Envato,
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought			Office he	eld
	Date		Payee name						
	09/21/2017		American Express						
	Amount (\$)		Payee address; City; State;	Zip Co	ode				
	\$500.00		P.O. Box 650448						
	Reimbursement from								
	political contributions intended		Dallas, TX 75265-0448						
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description	_			as. Complete Schedule T.
	OF EXPENDITURE		Credit Card Payment			С	neck if Austi	n, TX, officehol	der living expense
					Credit card paym sponsorship (inc.				y Brunch
	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought			Office he	eld
	expenditure to benefit C/OH				3 ··				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Vages/Contract Labor	Trave	el in District el Out of District ER (enter a category not listed above)			
1	Total pages Schedule G:	2 FILER NAM	E			3 File	r ID (Ethics Commission Filers)		
	Sch: 2/7 Rpt: 45/53	Berg, Janio	ce L. (Ms.)			000	81820		
4	Date	5 Payee name	9						
	07/18/2017	American I	Express						
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode				
	\$40.00	P.O. Box 6	50448						
	Reimbursement from political contributions intended	Dallas, TX	75265-0448						
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	nedule)	(b) Description	Check if	travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Credit Card	d Payment			Check if	Austin, TX, officeholder living expense		
					Credit card paym for primary) (incu		GLBT yearly membership (not 11/17)		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held		
	Date	Payee name	9						
	12/06/2017	American E	Express						
	Amount (\$)	Payee address; City; State; Zip Code							
	\$27.00	P.O. Box 6	50448						
	Reimbursement from political contributions intended	Dallas, TX	75265-0448						
	PURPOSE OF	1	See Categories listed at the top of this sch	nedule)	Description	_	travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Credit Card	d Payment		L	_	Austin, TX, officeholder living expense		
					incurred 10/25/17		advertising expense (Envato,		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held		
	Date	Payee name	9						
	12/15/2017	Chase Bar	ık						
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode				
	\$5.33	P.O. Box 9	4014						
	X Reimbursement from political contributions intended	Palatine, IL	_ 60094-4014						
	PURPOSE	Category (s	See Categories listed at the top of this sch	nedule)	Description	_	travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Credit Card	d Payment		L	_	Austin, TX, officeholder living expense		
					Credit card paym	nent for	email server (incurred 12/2/17)		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held		

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/7 Rpt: 46/53 Berg, Janice L. (Ms.) 00081820 4 Date Payee name 11/16/2017 Chase Bank Amount (\$) Payee address; City; State; Zip Code \$5.00 P.O. Box 94014 Reimbursement from political contributions Х intended Palatine, IL 60094-4014 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** Credit card payment for email server (incurred 11/1/17) Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/16/2017 Chase Bank Amount (\$) Payee address; City; State; Zip Code \$5.00 P.O. Box 94014 Reimbursement from political contributions Χ Palatine, IL 60094-4014 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** Credit card payment for email server (incurred 10/1/17) Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 09/21/2017 Chase Bank Payee address; City; State; Zip Code Amount (\$) \$0.48 P.O. Box 94014 Reimbursement from Χ political contributions intended Palatine, IL 60094-4014 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** Credit card payment for email server (incurred 9/6/17) Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		mmittee	Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		xpense Nages/Contract Labor		Travel III District Travel Out of Distri OTHER (enter a ca	ict ategory not listed above)	
1	Total pages Schedule G:	2	FILER NAME	Ξ				3	Filer ID (Eth	nics Commission Filers)	
	Sch: 4/7 Rpt: 47/53		Berg, Janic	e L. (Ms.)				(00081820		
4	Date	5	Payee name								
	12/28/2017		Citi Card								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$35.00		P.O. Box 78	8045							
	Reimbursement from political contributions intended		Phoenix, A	Z 85062-8045							
8	PURPOSE	(a)	Category (s	ee Categories listed at the	e top of this sche	edule)	(b) Description	Che	eck if travel outside	of Texas. Complete Schedule T	
	OF EXPENDITURE		Credit Card	l Payment				_		fficeholder living expense	
							Credit card paym party (incurred 1			contribution to Dem	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Office	holder name			Office sought		Off	ice held	
	Date		Payee name								
	12/28/2017		Citi Card								
	Amount (\$)	Г	Payee addre	ss; City;	State;	Zip Co	ode				_
	\$35.00		P.O. Box 78	8045							
	Reimbursement from										
	X political contributions intended		Phoenix, A	Z 85062-8045							
	PURPOSE		Category (S	ee Categories listed at the	e top of this sche	edule)	Description	=		of Texas. Complete Schedule T	
	OF EXPENDITURE		Credit Card	l Payment						fficeholder living expense	
							Credit card paym party (incurred 1			contribution to Dem	
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Office	holder name			Office sought		Off	ice held	
	Date	Π	Payee name								Ξ
	08/30/2017		Citi Card								
	Amount (\$)	Γ	Payee addre	ss; City;	State;	Zip Co	ode				
	\$31.36		P.O. Box 78	8045							
	Reimbursement from political contributions intended		Phoenix, A	Z 85062-8045							
	PURPOSE		Category (S	ee Categories listed at the	e top of this sche	edule)	Description	Che	eck if travel outside	of Texas. Complete Schedule T.	
	OF EXPENDITURE		Credit Card	l Payment				_		fficeholder living expense	
							Credit card paym	nent	for office sup	oplies (incurred 7/11/17	?)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Office	holder name			Office sought		Off	ice held	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/7 Rpt: 48/53 Berg, Janice L. (Ms.) 00081820 Date Payee name 08/30/2017 Citi Card Payee address; Amount (\$) City; State; Zip Code \$35.00 P.O. Box 78045 Reimbursement from political contributions Х intended Phoenix, AZ 85062-8045 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** Credit card payment for monthly sustaining membership to Dem party (incurred 7/16/17) Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/01/2017 Citi Card Amount (\$) Payee address; City; State; Zip Code \$35.00 P.O. Box 78045 Reimbursement from political contributions Χ Phoenix, AZ 85062-8045 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** Credit card payment for sustaining monthly membership to Dem party (incurred 9/16/17) Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 12/13/2017 **Events Gifts** Payee address; City; State; Zip Code Amount (\$) \$18.40 1966 West Gray Reimbursement from Χ political contributions intended Houston, TX 77019 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Stationery for thank you notes to contributors and volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Printing E Legal Services Salaries/ The Instruction Guide explains how to co	Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
_	Tatal manage Calcadula Co	1_		· ·	2 Files ID (Fabine Commission Filess)
1	Total pages Schedule G:		FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/7 Rpt: 49/53		Berg, Janice L. (Ms.)		00081820
4	Date	5	Payee name		
	07/08/2017		Harris County Democratic Party		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$3,000.00		1445 N Loop W		
	Reimbursement from		Suite 110		
	X political contributions intended		Houston, TX 77008		
8	PURPOSE	(2)	Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
ľ	OF	(۵)		(b) Description	Check if Austin, TX, officeholder living expense
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee	Donation to party	for coordinated campaign
				Donation to party	Tor coordinated campaign
Ļ	Compulate ONII V if diseast		adidata/Office balden neces	Office country	Office hold
9	Complete <u>ONLY</u> if direct expenditure to benefit	Car	ndidate/Officeholder name	Office sought	Office held
	C/OH				
	Date	<u> </u>	Payon namo		
	11/15/2017		Payee name Spec's Liquors		
		_	' '		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$23.13		2410 Smith St		
	Reimbursement from political contributions				
	intended		Houston, TX 77006		
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Event Expense		Check if Austin, TX, officeholder living expense
	_,, _,,,,,,			Coolers for food/b	neverages at fundraising kickoff event
	•	Car	ndidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH				
		_			
	Date		Payee name		
	09/20/2017		Spec's Liquors		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$8.67		2410 Smith St		
	Reimbursement from				
	X political contributions intended		Houston, TX 77006		
	PURPOSE	┢	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF		Food/Beverage Expense		Check if Austin, TX, officeholder living expense
	EXPENDITURE			Food for Area 5 D	ems potluck
					·
H	Complete ONLY if direct	Car		Office sought	Office held
	expenditure to benefit				
	C/OH				

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/7 Rpt: 50/53 Berg, Janice L. (Ms.) 00081820 4 Date Payee name 11/15/2017 Walgreens 6 Amount (\$) Payee address; City; State; Zip Code \$12.99 1919 W Gray St Reimbursement from political contributions intended Х Houston, TX 77019 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Soda 12-pack cans for kickoff fundraising event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.							
1 Total page Sch: 1/1	-	2 FILER NAME Berg, Janice L. (Ms.)		3 Filer II 00083			
4 Date 12/18/20	1	5 Payee name Carroll Printing & Promotions		•			
6 Amount (\$	178.61	7 Payee Address; City; State; Zip 2907 Canal St Houston, TX 77003					
8 PURPO OF EXPEND	:	(a) Category (See instructions for examples of acceptable categories) (the Erroneous charge	Erroneous cl	harge by v	endor to campaign account; porting period ended		

TEXT ANNOTATION	
	Sch: 1/2 Rpt: 52/53
FILER NAME Berg, Janice L. (Ms.)	Filer ID (Ethics Commission Filers) 00081820
Schedule E(J)	
Information entered by filer as a memo:	

TEXT ANNOTATION	
	Sch: 2/2 Rpt: 53/53
FILER NAME	Filer ID (Ethics Commission Filers)
Berg, Janice L. (Ms.)	00081820
Schedule	
I	
Information entered by filer as a memo:	
This charge for \$178.61 on 12/18/2017 was made by the vendor erroneously. The vendor campaign. They have the Campaign's debit card number on file. In December 2017, I asket the campaign for my personal use. At the time I made the order, I requested separate billing erroneously charged the Campaign debit card at the same time they ran the invoice. Subside a refund to the Campaign's debit card, but it was after the end of this reporting period. The schedule in the Campaign's next finance report Janice Berg	ed the vendor to print something unrelated to ng, but the vendor's billing department equently, at my request, the vendor initiated