#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS / MRS / MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Jennifer NAME **NICKNAME** LAST SUFFIX Bergman CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address Date Processed Date Imaged CAMPAIGN MS/MRS/MR Donald C. LAST 4 1116m MI **TREASURER** NAME **NICKNAME** SUFFIX CAMPAIGN STREET ADDRESS (NO PO BOX PLEAS APT / SUITE #: CITY; STATE; ZIP CODE **TREASURER ADDRESS** (Residence or Business) CAMPAIGN **TREASURER** PHONE REPORT TYPE January 15 30th day before election 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Day Month Year Month Day Year COVERED 07/01/2023 **THROUGH** 12/31/2023

Month

**ELECTION DATE** 

District Attorney District 253rd

Year

Day

03/05/2024

OFFICE HELD (if any)

10 ELECTION

11 OFFICE

X Primary

General

**ELECTION TYPE** 

12 OFFICE SOUGHT (if known)

District Attorney District 253rd

Other

Runoff

Special

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

	a TOTALO			2 of 44	4
13 C / OH NAME	Bergman, Jennifer	14	Filer ID		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures These expenditures may have been made without the difficeholders are required to report this information or	candidate's or officeho	older's knowledge or	
Additional Pages	COMMITTEE TYPE  GENERAL	COMMITTEE NAME			
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN P ES OF LOANS, OR CONTRIBUTIONS MADE ELECTI		\$ 0	0.00
2		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 62,220	0.00
EXPENDITURE TOTALS	<ol><li>TOTAL UNITEM</li></ol>	ZED POLITICAL EXPENDITURES		<b>\$</b> 0	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 22,118	3.25
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST	T DAY OF THE	\$ 30,405	5.99
OUTSTANDING LOAN TOTALS		AL AMOUNT OF ALL OUTSTANDING LOANS AS OF TING PERIOD	THE LAST DAY	\$ 24,102	2.47
Sworn to and subscort	cribed before me, by the s		andidate or Officeholde  this the	be reported by me	

## SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

18 FILER		19 Filer ID						
	man,							
20 SCHE NAME	EDULE E OF S		SUBTOTAL AMOUNT					
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	45,970.00			
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	16,250.00			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.		SCHEDULE E: LOANS		\$				
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	20,442.15			
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,676.10			
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$				

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/18 Rpt: 4/44 2 FILER NAME 3 Filer ID Bergman, Jennifer 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/30/2023 Adams, Joyce and Larry \$200.00 6 Contributor address: City: State: Zip Code 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/21/2023 Allen, Carolyn (Ms.) \$200.00 Contributor address: City: State: 7in Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Prosecutor/Attorney Polk County Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2023 Andrus, Tami \$20.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse Pratitioner Kelsey-Seybold Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2023 Bailes for Texas Campaign \$100.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2023 Bailes for Texas Campaign \$800.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)

The Instruction Guide explains how to complete this form.  1 Total pages Schedule Ad Sch: 2/18 Rpt: 5/44  2 FILER NAME Bergman, Jennifer  4 Date 10/26/2023  5 Full name of contributor out-of-state PAC (ID#:	
Bergman, Jenifer  4 Date   5 Full name of contributor   out-of-state PAC (ID#:	¢)
4 Date 10/26/2023   5 Full name of contributor	<b>\$</b> \
Barefield, Kenneth  Contributor address: City: State: Zip Code  Principal occupation / Job title (See Instructions) IT  Date 10/26/2023  Principal occupation / Job title (See Instructions)  Contributor address: City: State: Zip Code  Principal occupation / Job title (See Instructions)  Amount of Contribution (See Instructions)  Attorney/Prosecutor  Date 10/26/2023  Full name of contributor  Out-of-state PAC (ID#:  Date 10/26/2023  Full name of contributor  Out-of-state PAC (ID#:  Date 10/26/2023  Barnes, Kevin  Amount of Contribution (See Instructions)  Amount of Contribution (See Instructions)  Amount of Contribution (See Instructions)  Amount of Contribution (See Instructions)	(2)
8 Principal occupation / Job title (See Instructions) IT  Date 10/26/2023  Barnes, Kevin  Principal occupation / Job title (See Instructions)  Amount of Contribution (See Instructions)  Employer (See Instructions)  Amount of Contribution (See Instructions)  Attorney/Prosecutor  Date 10/26/2023  Full name of contributor  out-of-state PAC (ID#:	\$100.00
Date   Full name of contributor   out-of-state PAC (ID#:)   Amount of Contribution (State PAC (ID#:))	
Date   Full name of contributor   out-of-state PAC (ID#:)   Amount of Contribution (State PAC (ID#:))	
Date Full name of contributor out-of-state PAC (ID#:	
Principal occupation / Job title (See Instructions)  Attorney/Prosecutor  Date 10/26/2023  Employer (See Instructions)  Liberty County  Amount of Contribution (See Instructions)	\$) \$120.00
Attorney/Prosecutor  Date Full name of contributor out-of-state PAC (ID#:)  10/26/2023 Barnes, Kevin	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (State PAC)	
10/26/2023 Barnes, Kevin	
	\$)
Contributor address; City; State; Zip Code	\$2,000.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
Attorney/Prosecutor Liberty County	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S	17.5
10/26/2023 Bergman, Carrie	\$100.00
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Bookkeeper  Employer (See Instructions)  Self	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S	\$)
10/26/2023 Bergman, Louis	\$100.00
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
Surveyor Humble Surveying Company	
	_
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version \	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/18 Rpt: 6/44 2 FILER NAME 3 Filer ID Bergman, Jennifer 4 Date Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 10/26/2023 Bergman, Susan \$100.00 Contributor address: City: State: Zip Code 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/26/2023 Bergman III, Louis \$100.00 Contributor address: City: State: 7in Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 Boemio, Mark \$250.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney/Prosecutor Liberty County Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2023 Bortz, Mindy \$40.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Accounting **Good Promotions** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/12/2023 Boyett, Courtney \$250.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacy Tech Richies Specialty Pharmacy Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/18 Rpt: 7/44 2 FILER NAME 3 Filer ID Bergman, Jennifer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/21/2023 Briones, Patricia \$100.00 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Petti and Briones Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2023 Brown, Dedra \$40.00 Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) **HVAC** Arrow Comfort/Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2023 Burton, Kevin \$600.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Contractor Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2023 Burton, Kevin \$40.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Owner **B&L Industries/Self** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/22/2023 Bush, Todd \$500.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Director Fuse Markets Inc.

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/18 Rpt: 8/44	
2	FILER NAME Bergman, Je			3	Filer ID	
4	Date 08/31/2023	Full name of contributor		7	Amount of Contribution (\$)	\$250.00
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Sales		Applied Medical			
	Date 10/26/2023	Full name of contributor out-of-state PAC (ID#:_ Cook, Sherry Contributor address: City: State: Zin Code			Amount of Contribution (\$)	\$20.00
	Principal occu Contractor	pation / Job title (See Instructions)	Employer (See Instructions Self	)		
	Date 10/26/2023	Full name of contributor out-of-state PAC (ID#:_ Cox Jr., Will Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
r	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 10/26/2023	Full name of contributor out-of-state PAC (ID#:_ Duggar, Kari  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$180.00
	Principal occu Financial Ad	pation / Job title (See Instructions) Visor	Employer (See Instructions Edward Jones	)		
	Date 10/26/2023	Full name of contributor out-of-state PAC (ID#:_ Duggar, Kari Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$20.00
	Principal occu Financial Ad	pation / Job title (See Instructions) visor	Employer (See Instructions Edward Jones	)		

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/18 Rpt: 9/44 2 FILER NAME 3 Filer ID Bergman, Jennifer Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 11/28/2023 Eggleston, Ernest \$10,000.00 Contributor address: City: State: Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Supervisor Jay Management Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2023 Ellis, Randy \$500.00 Contributor address: City: State: Zin Cod Principal occupation / Job title (See Instructions) Employer (See Instructions) Contractor Self/RT Ellis Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/20/2023 Emmons, Anna \$1,000.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Prosecutor/Attorney Liberty County Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2023 Emmons, Anna \$100.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Prosecutor/Attorney Liberty County Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 Garcia, Claudia \$100.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Escrow Officer Capital Title

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 7/18 Rpt: 10/44	
2	FILER NAME Bergman, Je	ennifer		3	Filer ID	
4	Date 10/26/2023	5 Full name of contributor  out-of-state PAC (ID Goodwin, Glen  6 Contributor address: City: State: Zin Code		7	Amount of Contribution (\$)	\$100.00
8	Principal occu Investigator	pation / Job title (See Instructions)	Employer (See Instructions     Liberty County	5)		
	Date 10/26/2023	Full name of contributor  out-of-state PAC (IE Green Jr., Horace  Contributor address: City: State: 7in Code			Amount of Contribution (\$)	\$2,550.00
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Rounhouse	5)		
	Date 10/26/2023	Full name of contributor	)#:)		Amount of Contribution (\$)	\$40.00
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Rounhouse	5)		
	Date 10/26/2023	Full name of contributor out-of-state PAC (IE Guinn Taylor, Gwendolyn  Contributor address: Citv: State: Zip Code	)#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	)		
	Date 10/26/2023	Full name of contributor out-of-state PAC (ID Guinn Taylor, Gwendolyn  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,060.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/18 Rpt: 11/44	
2	FILER NAME Bergman, Je	ennifer	- Milg	3	Filer ID	
4	Date 10/26/2023	5 Full name of contributor  out-of-state PAC (ID#: Haltom, Donny  6 Contributor address: City: State: Zip Code	)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	)		
	Date 10/26/2023	Full name of contributor out-of-state PAC (ID#: Harrell, Elizabeth  Contributor address: City: State: Zin Code			Amount of Contribution (\$)	\$330.00
	Principal occu Realtor	pation / Job title (See Instructions)	Employer (See Instructions Rhoden Realty	)		
	Date 10/26/2023	Full name of contributor out-of-state PAC (ID#: Harrell, Elizabeth  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$60.00
	Principal occu Realtor	pation / Job title (See Instructions)	Employer (See Instructions Rhoden Realty	)		
	Date 11/29/2023	Full name of contributor out-of-state PAC (ID#: Heatley, Staley  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu District Attor	pation / Job title (See Instructions) ney	Employer (See Instructions State of Texas	)		
	Date 10/26/2023	Full name of contributor out-of-state PAC (ID#: Hebert, Michelle  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$20.00
	Principal occu Investigator	pation / Job title (See Instructions)	Employer (See Instructions Liberty County	)		

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/18 Rpt: 12/44 2 FILER NAME 3 Filer ID Bergman, Jennifer Date Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 10/26/2023 Hollifield, Jackie \$1,000.00 Contributor address: City: State: Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Office Manager **Xpress Tire and Truck Services** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2023 Hollifield, Jackie \$100.00 Contributor address: City: State: 7in Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Office Manager **Xpress Tire and Truck Services** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2023 Hudson, Rachel \$500.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Rachel Leal-Hudson, Attorney at Law, PC Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/19/2023 Hunter, David \$40.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Constable Liberty County Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/11/2023 Johnson, Charles (Mr.) \$2,500.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Charles Johnson Law Firm

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 10/18 Rpt: 13/44 2 FILER NAME 3 Filer ID Bergman, Jennifer 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/26/2023 Jones, Eisha \$40.00 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Financial Advisor Concourse Financial Group Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2023 Jones, Eisha \$290.00 Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Financial Advisor Concourse Financial Group Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2023 \$570.00 Juneau, Holly Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Private Investments Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2023 Juneau, Holly \$100.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Private Investments Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2023 Killion, Ray \$100.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDU	LE <b>A1</b>
The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 11/18 Rpt: 14/44	
2 FILER NAME			3 Filer ID	
Bergman, Je				
4 Date 10/26/2023	5 Full name of contributor  out-of-state PAC (ID#:_ Lambert, Mollie		7 Amount of Contribution (\$)	\$1,290.00
	6 Contributor address: City: State: Zin Code			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	·)	
Attorney	panon / Job title (See Instructions)	Mollie Cohn Lambert, Pl		
		100 cm (100 cm ) 1 cm (100 cm )	respectively.	
Date 10/26/2023	Full name of contributor out-of-state PAC (ID#:_ Leal-Hudson, Rachel	)	Amount of Contribution (\$)	<b>\$050.00</b>
10/26/2023			00	\$950.00
	Contributor address: City: State: 7in Code			
Dringinal occu	pation / Job title (See Instructions)	Employer (Coo Instructions		
Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self- The Law Office of		
Company of the Control of the Contro				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
11/19/2023				\$250.00
	Contributor address; City; State; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions		
Payroll Mana		Alight Solutions		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
10/26/2023	Lewis, Kehle			\$100.00
	Contributor address; City; State; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Massage The	erapist	Self		
Date	Full name of contributor	)	Amount of Contribution (\$)	
10/26/2023	Lopez, Waleska		00 00 01 00 00 00 01 00 00 00 00 00 00 0	\$20.00
	Contributor address; City; State; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Rad Tech	,	MDA	6.	
orms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V3.	5.1.0bfcfb6

r	MONET	ARY POLITICAL O	ONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
T	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/18 Rpt: 15/44	
2 F	ILER NAME				3	Filer ID	
В	Bergman, Je	ennifer					
1500 - 500	Date .0/26/2023	5 Full name of contributor Manley, James	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$500.00
		6 Contributor address: City: St					
	Principal occu Attorney	pation / Job title (See Instructions	)	9 Employer (See Instructions Self	5)		
110	Date L0/26/2023	Full name of contributor Manley, James	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$250.00
		Contributor address: City St	ete: 7in Code				
	Principal occu Attorney	pation / Job title (See Instructions	)	Employer (See Instructions Self	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_		Г	Amount of Contribution (\$)	<b>*</b> 40.00
1	.0/26/2023	Manners, Terrie					\$40.00
		Contributor address; City; St	ate, Zip Code				
		pation / Job title (See Instructions	)	Employer (See Instructions	5)		
В	Banking			Austin Bank			
	Date L0/26/2023	Manners, Terrie	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$20.00
		Contributor address: Citv: St					
	Principal occu Banking	pation / Job title (See Instructions	)	Employer (See Instructions Austin Bank	5)		
	Date 10/26/2023	Full name of contributor Maria, Robert	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00
		Contributor address: Citv: St					
	Principal occu Realtor	pation / Job title (See Instructions	)	Employer (See Instructions TexCom Realty	5)		

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 13/18 Rpt: 16/44 2 FILER NAME 3 Filer ID Bergman, Jennifer Date Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: Martin-Clark, Janet 10/10/2023 \$1,000.00 6 Contributor address: City: State: Zip Code 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Car Dealer Martin Chevrolet Buick GMC Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/28/2023 Matson, John (Mr.) \$500.00 Contributor address: City: State: 7in Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Banking Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2023 McClain, Kristin \$100.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Healthcare Contracting CommonSpirit Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID# 10/26/2023 \$100.00 McNair, Craig Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/26/2023 \$100.00 McNair, Lisa Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Director Information Services Group Version V3.5.1.0bfcfb67 Forms provided by Texas Ethics Commission www.ethics.state.tx.us

MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	E <b>A1</b>
The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/18 Rpt: 17/44	
2 FILER NAME			3	Filer ID	
Bergman, Jei					
1 Date 10/26/2023	Full name of contributor  out-of-state PAC (ID#:_ McWaters, Brent	)	7	Amount of Contribution (\$)	\$100.00
	6 Contributor address: City: State: Zin Code				\$100.00
	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
General Man	ager	Living Earth			
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	****
10/26/2023	Moody , Dawn				\$140.00
	Contributor address: City: State: 7in Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Office Manag	2 15	Liberty County			
Date	Full name of contributor	)	Г	Amount of Contribution (\$)	
10/26/2023	Moody , Dawn				\$100.00
	Contributor address; City; State; Zip Code				
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	()		
Office Manag	The state of the s	Liberty County	')		
Date	Full name of contributor  ut-of-state PAC (ID#:_		Г	Amount of Contribution (\$)	
10/24/2023	Pafford, Chad				\$40.00
	Contributor address; City; State; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Г	Amount of Contribution (\$)	
10/26/2023	Pearce, Ivan				\$20.00
	Contributor address; City; State; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	;)		
Investigator	A 545	Liberty County	sari		
ormo provide d	ny Toyon Ethion Commission	alata buus		(/	4 01 1 2
orns provided t	by Texas Ethics Commission www.ethics	s.state.tx.us		Version V3.5	.1.0btcfb6

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 15/18 Rpt: 18/44 2 FILER NAME 3 Filer ID Bergman, Jennifer Date Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 10/26/2023 Poling, Leonard \$1,300.00 Contributor address: City: State: Zip Code 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Construction Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2023 Porter, Bethany \$40.00 Contributor address: City: State: Zin Cod Principal occupation / Job title (See Instructions) Employer (See Instructions) Children's Director Cleveland's First Baptist Church Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2023 Rhoden, Harold \$1,000.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Construction Dynamic Structures Inc. Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2023 Rhoden, Harold \$140.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Construction Dynamic Structures Inc. Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2023 Ricci, Debbie \$40.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Office Staff **Humble Surveying Company**

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 16/18 Rpt: 19/44 3 Filer ID 2 FILER NAME Bergman, Jennifer 7 Amount of Contribution (\$) out-of-state PAC (ID#: 5 Full name of contributor Date \$60.00 10/26/2023 Ricci, Sherri Contributor address: City; State; Zip Code 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Texas Children's Hospital Nurse Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$100.00 12/03/2023 Sharpen, Gary Contributor address: City: State: Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) San Jacinto County Detective Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$220.00 Sherri, Ricci 10/26/2023 Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Texas Children's Hospital Nurse Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$500.00 10/26/2023 Sikes, Lanette Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Self- Downtown Dental Excellence Dentist Amount of Contribution (\$) out-of-state PAC (ID#: Date Full name of contributor \$3,000.00 10/26/2023 Sikes, Lanette Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Self- Downtown Dental Excellence Dentist

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 17/18 Rpt: 20/44 2 FILER NAME 3 Filer ID Bergman, Jennifer Date Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 10/26/2023 Taylor, Allen \$40.00 Contributor address: City: State: Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Electrician Self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/28/2023 Ward, Karen (Ms.) \$500.00 Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Real Estate Agent Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2023 Ward, Rowdy \$100.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Contractor Self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID# 10/26/2023 Washington, Nicole \$20.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney/Prosecutor Liberty County Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2023 Washington, Nicole \$1,500.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney/Prosecutor Liberty County Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETA	RY POLITICAL CONTRIBUTION	10	IS		SCHEDUI	E A1
The Instructi	on Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 18/18 Rpt: 21/44	
2 FILER NAME				3	Filer ID	
Bergman, Jenn	ifer					
10/26/2023	Full name of contributor		)	7	Amount of Contribution (\$)	\$20.00
	Contributor address: City: State: 7in Code					
8 Principal occupat	tion / Job title (See Instructions)	9	Employer (See Instructions			
Operations Ma		ľ	Crane Freight	,		
Date 10/26/2023	Full name of contributor out-of-state PAC (ID#:_Williams, Alejandra  Contributor address: City: State: Zin Code				Amount of Contribution (\$)	\$40.00
Principal occupat	tion / Job title (See Instructions)		Employer (See Instructions	_		
Realtor	don't sou due (see instructions)		TexCom Realty	)		
Date	Full name of contributor	_			Amount of Contribution (\$)	
10/26/2023	Williams, Maria				Amount of Contribution (\$)	\$1,400.00
						41,100.00
Principal occupati Realtor	tion / Job title (See Instructions)		Employer (See Instructions TexCom Realty	i)		
Date 10/26/2023	Full name of contributor out-of-state PAC (ID#:_Willow Creek Ranch of Tomball, LLC  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,700.00
Principal occupat	tion / Job title (See Instructions)		Employer (See Instructions	)		
Date	Full name of contributor	_	)	Г	Amount of Contribution (\$)	
10/26/2023	Yeats, Dale				Account to the second s	\$40.00
	Contributor address; City; State; Zip Code					
Principal occupat	tion / Job title (See Instructions)	Γ	Employer (See Instructions	)		
Retired			Retired			
orms provided by	Texas Ethics Commission www.ethics	S.S	tate.tx.us		Version V3.	5.1.0bfcfb67

The Instru	action Guide explains how to complete this t	orm.	1 Total pages Schedule A2: Sch: 1/9 Rpt: 22/44
2 FILER NAME Bergman, Je		3 Filer ID	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 10/26/2023 10 Principal occur	6 Full name of contributor out-of-state PAC (ID#:	11 Employer (FOR NON	8 Amount of contribution (\$) In-kind contribution description \$1,000.00 I Vacation Home Rental  Check if travel outside of Texas. Complete Schedule T.  I-JUDICIAL) (See instructions)
Owner		HNIC	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•	
Date 10/26/2023	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$) In-kind contribution (\$) description \$1,500.00 Alcohol for Yeti,spa basket, Misc. Baskets and wine for auction
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  -JUDICIAL) (See instructions)
Bookkeeper		Self	CODION Ly (Coo measure,
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 10/26/2023	Full name of contributor out-of-state PAC (ID#: Bergman, Susan Contributor address; Citv: State: Zip Code		Amount of contribution (\$) In-kind contribution description \$250.00   Farm basket, cakes
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)
Retired	principal occupation (FOR AUDICIAL)	Retired	(FOR HIDIOIAL) (Continued in the Continued in the Continu
	principal occupation (FOR JUDICIAL)	Contributor's job title	
	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

The Instru	uction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/9 Rpt: 23/44	
2 FILER NAME	<u> </u>		3 Filer ID
Bergman, J	ennifer		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor  out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution
10/26/2023	Bergman, Susan		contribution (\$) description \$500.00 Wine baskets
	7 Contributor address; City; State; Zip Code		
			l į
			n
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	LI Check if travel outside of Texas. Complete Schedule T -JUDICIAL) (See instructions)
Retired	,	Retired	, , , , , , , , , , , , , , , , , , , ,
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
	4		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of In-kind contribution
10/26/2023	Bergman III, Louis		contribution (\$) description \$1,500.00 Winchester 12-Guage and
	Contributor address; City; State; Zip Code		Yeti Cooler
			į
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	LI Check if travel outside of Texas. Complete Schedule T -JUDICIAL) (See instructions)
Engineer	upation 7 300 title (FOR NON-3001CIAE) (See instructions)	Self	(See Institutions)
	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
	,		(
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution
10/26/2023	Buller, Jana		contribution (\$) description \$75.00 Christmas Basket
	Contributor address; City; State; Zip Code		J S.001 Christinas Basket
			i
Dringing ogg	unation / Joh title /FOD NON JUDICIAL) (See instructions)	Employer (FOR NON	LI Check if travel outside of Texas. Complete Schedule T.  -JUDICIAL) (See instructions)
Teacher	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON Cleveland ISD	-JUDICIAL) (See instructions)
	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributors	principal decapation (FOX 300101AL)	Contributor 3 job title	(FOR SOBIOTAL)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 3/9 Rpt: 24/44		
2 FILER NAME Bergman, Je			3 Filer ID		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
Office Mana	6 Full name of contributor out-of-state PAC (ID#: Cuellar, Malinda  7 Contributor address; City; State; Zip Code  upation / Job title (FOR NON-JUDICIAL) (See instructions) uger  principal occupation (FOR JUDICIAL)	11 Employer (FOR NON Independent Hydra	ulic		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 10/26/2023	Full name of contributor out-of-state PAC (ID#:  Deats, Pamela  Contributor address; City; State; Zip Code		Amount of contribution (\$) In-kind contribution (\$) description \$1,000.00   Astros Tickets and baskets		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON Custon Built Award	10.7		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 11/23/2023	Full name of contributor out-of-state PAC (ID#: Deats, Pamela  Contributor address; City; State; Zip Code		Amount of contribution (\$) In-kind contribution description \$150.00   Re-Elect Stickers		
Principal occu Owner	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON Custon Built Award	-JUDICIAL) (See instructions)		
	principal occupation (FOR JUDICIAL)	Contributor's job title			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A2: Sch: 4/9 Rpt: 25/44
2 FILER NAME Bergman, J			3 Filer ID
4 TOTAL OF	F UNITEMIZED IN-KIND POLITICAL CONTRIB	SUTIONS	\$
5 Date 10/26/2023	Full name of contributor out-of-state PAC (ID#: Emmons, Anna  Contributor address; City; State; Zip Code		8 Amount of 9 In-kind contribution contribution (\$) description \$500.00   Golf at Walden
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	L-JUDICIAL) (See instructions)
Prosecutor/		Liberty County	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 10/26/2023	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) In-kind contribution description \$2,000.00   Donated food for event
Principal occu Owner	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON- Tacos Flores	
	principal occupation (FOR JUDICIAL)	Contributor's job title (	(FOR JUDICIAL) (See instructions)
	employer/law firm (FOR JUDICIAL)	Law firm of contributor	r's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 10/26/2023	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$) In-kind contribution description  \$750.00   Beach House Rental
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-	
Prosecutor		San Jacinto County	
	principal occupation (FOR JUDICIAL)	Contributor's job title (I	FOR JUDICIAL) (See instructions)
	employer/law firm (FOR JUDICIAL)	Law firm of contributor	r's spouse (if any) (FOR JUDICIAL)
If contributor is	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

The Instruction Guide explains how to complete this f	orm. 1 Total pages Schedule A2: Sch: 5/9 Rpt: 26/44				
2 FILER NAME	3 Filer ID				
Bergman, Jennifer					
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS \$				
5 Date 6 Full name of contributor out-of-state PAC (ID#:	) 8 Amount of 9 In-kind contribution				
10/26/2023 Haltom, Donny	contribution (\$) description				
7 Contributor address; City; State; Zip Code	\$500.00   Gun Trust				
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	!				
	i				
	Check if travel outside of Texas. Complete Schedule T.				
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON-JUDICIAL) (See instructions)				
Attorney	Self				
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)				
	,				
14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
24 Contributor's employernaw initi (i OK SODICIAE)	Law min or contributor's spouse (ii any) (PON SODICIAL)				
16 If contributor is a shill law firm of nevent/a) /if and /FOR HIDIOIAL					
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description				
10/26/2023 Harrell, Dillon	contribution (\$) description  \$500.00   Guided Fishing Trip				
Contributor address; City; State; Zip Code	y 500.00 Toulded 1 Island The				
	l ¦				
	Check if travel outside of Texas. Complete Schedule T.				
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)				
Realtor	Rhoden Realty				
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)				
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date Full name of contributor out-of-state PAC (ID#:	Amount of ! In-kind contribution				
10/26/2023 Killion, Naomi	contribution (\$) description				
Contributor address; City; State; Zip Code	\$300.00 Priceless Quilts				
Contributor address, City, State, Zip Code					
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Check if travel outside of Texas. Complete Schedule T.  Employer (FOR NON-JUDICIAL) (See instructions)				
Retired	Retired				
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)				
Contributor's principal occupation (FOR JODICIAL)	Contributor's job little (FOR JODICIAL) (See instructions)				
Contributorio complexeditas firm (FOR 31800141)					
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

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	The Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A2: Sch: 6/9 Rpt: 27/44
2	FILER NAME Bergman, Jennifer		3 Filer ID
4	TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBU	UTIONS	\$
	Date 10/26/2023  6 Full name of contributor out-of-state PAC (ID#:		8 Amount of contribution (\$) In-kind contribution (\$) description \$100.00   Flower Picture
10	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  Retired	11 Employer (FOR NON Retired	-JUDICIAL) (See instructions)
12	Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14	Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
16	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) In-kind contribution (\$) description \$400.00 Purse, Jewelry Baskets, Misc. Auction Items for baskets
_			Check if travel outside of Texas. Complete Schedule T.
19	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  Office Manager	Employer (FOR NON Liberty County	-JUDICIAL) (See instructions)
	Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
	Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	Date Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution description \$2,000.00   Sig 9mm (TWO)
	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)
	Owner	Neal Funeral Home	
	Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
	Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A2: Sch: 7/9 Rpt: 28/44
2 FILER NAME			3 Filer ID
Bergman, J	ennifer		
	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution contribution (\$) description
10/26/2023	, omig, ronda		\$250.00 Lottery Ticket Basket
l	7 Contributor address; City; State; Zip Code		
			I I Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	
Office Mana	ager	Liberty County	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of In-kind contribution
10/26/2023	Rhoden, Allen		contribution (\$) description \$500.00   Dinner for 10 cooked by
	Contributor address; City; State; Zip Code		Allen
			ļ
			¬i
Principal occi	cupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-	Check if travel outside of Texas. Complete Schedule T.  -JUDICIAL) (See instructions)
Owner		Rusty Buckle BBQ	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a shill law from at parent(a) (if any) (FOR HIDICIAL)		
II CONTIDUCT	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of In-kind contribution
10/26/2023	Tribol, Griefit		contribution (\$) description \$100.00 Kate Spade wallet and
	Contributor address; City; State; Zip Code		earrings
			į į
			Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-	
Nurse		Texas Children's Ho	ospital
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor	r's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

#### **NON-MONETARY (IN-KIND) POLITICAL** SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 8/9 Rpt: 29/44 3 Filer ID 2 FILER NAME Bergman, Jennifer TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 8 Amount of 9 In-kind contribution 5 Date 6 Full name of contributor out-of-state PAC (ID#: contribution (\$) description 10/26/2023 Smith, West \$300.00 | Flag of Valor for Auction Contributor address: City: State: Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Pace Stancil Funeral Home Cemetery / Monument Manager 13 Contributor's job title (FOR JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Amount of In-kind contribution Full name of contributor Date out-of-state PAC (ID#: contribution (\$); description 10/26/2023 Wells, David \$500.001FirePit Contributor address: City: State: Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Free Incorporated LLC Owner Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Amount of Date Full name of contributor out-of-state PAC (ID#: contribution (\$) description 10/26/2023 Williams, Maria \$1,000.00 | Rounds of Golf for Auction Contributor address: City: State: Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Realtor TexCom Realty Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

CONTRIBOTIONS	
The Instruction Guide explains how to complete this f	Scn: 9/9 Rpt: 30/44
2 FILER NAME Bergman, Jennifer	3 Filer ID
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS \$
5 Date 10/26/2023   6 Full name of contributor  out-of-state PAC (ID#:	8 Amount of contribution (\$) I ln-kind contribution description \$500.00   Spa basket
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Realtor	11 Employer (FOR NON-JUDICIAL) (See instructions) TexCom Realty
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Fees

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			nmittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		Expen Wage	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID
Ļ	Sch: 1/11 Rpt: 31/44	+	Bergman, Je	ennifer						
4	Date		Payee name							
L	12/31/2023		Anedot							
6	Amount (\$)		Payee addres			Zip Co	ode			
	\$191.38		1340 Poydra	as Street Suite 1	770					
_		-	New Orleans	s, TX 70112						
8	PURPOSE OF			Categories listed at the	e top of this sche	edule)	(b)	Description		
	EXPENDITURE		Fees							de of Texas. Complete Schedule T.
										officeholder living expense
								Frocessing F	ees	for Online Campaign Contributions
9	Complete ONLY if direct	C	andidate/Offic	eholder name		ffice sou	abt		_	0#
	expenditure to benefit C/O	н	arididate/Offic	choider hame		nice sou	ignt			Office held
	Date	F	Payee name							
	11/13/2023		Bergman, Je	nnifer						
	Amount (\$)	F	Payee address	s; City;	State;	Zip Co	de			
	\$1,250.00	F	PO Box 1492	2						
		(	Cleveland, T	X 77327						
	PURPOSE OF	(a) (	Category (See	Categories listed at the	top of this sche	dule)	(b)	Description		
	EXPENDITURE	L	oan Repayr	nent/Reimburse	ment					e of Texas. Complete Schedule T.
										officeholder living expense
								Reimburseme	nt i	for Expenses Listed on Prior Sch G
	Complete ONLY if direct	C	andidate/Office	shalder name	-	<i></i>				
	expenditure to benefit C/OF		andidate/Office	enolder name	Oi	ffice sou	ght			Office held
_	Data									
	Date 12/13/2023		ayee name							
_	NEWS AND ADDRESS OF THE PARTY O		Bergman, Jei	nnifer						
	Amount (\$)	1	ayee address	34 3500	State;	Zip Co	de			
	\$289.81	P	O Box 1492							
		C	cleveland, T	< 77327						
	PURPOSE OF	(a) C	ategory (See	Categories listed at the	top of this sched	iule)	(b)	Description		
	EXPENDITURE	L	oan Repayn	nent/Reimburser	ment	10000	-		ıtside	e of Texas. Complete Schedule T.
										fficeholder living expense
						- 1		Reimbursemei	nt fo	or Expenses Listed on Sch G
	Complete ONLY if direct	Co	ndidate /Off	h aldan m						
	expenditure to benefit C/OH		ndidate/Office	noider name	Off	fice soug	tht			Office held
_										

## 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 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		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	Filer ID
L	Sch: 2/11 Rpt: 32/44	Bergman, Jennifer	
4	Date	5 Payee name	
	12/13/2023	Bergman, Jennifer	
6	Amount (\$)	7 Payee address; City; State; Zip Code	-
	\$121.34	PO Box 1492	
		Cleveland, TX 77327	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
ı	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel ou	tside of Texas. Complete Schedule T.
l	EXPERIENCE		X, officeholder living expense
1		Reimbursemei	nt for Expenses Listed on Sch G
L			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experiorure to benefit C/OI	1	
Γ	Date	Payee name	
1	10/31/2023	City of Cleveland	
	Amount (\$)	Payee address; City; State; Zip Code	
1	\$886.00	210 Peach Ave	
1			
L		Cleveland, TX 77327	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Event Expense	tside of Texas, Complete Schedule T.  TX, officeholder living expense
l			c Center Rental Fee
		O.STORAIN ON	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
1	expenditure to benefit C/O		
H	Date	Payee name	
1	10/26/2023	Payee name City of Cleveland	
L			
1	Amount (\$)	Payee address; City; State; Zip Code	
	\$655.00	210 Peach Ave	
1			
		Cleveland, TX 77327	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
1	OF EXPENDITURE	Event Expense Check if travel or	itside of Texas. Complete Schedule T.
1	EAFERDITURE	— — — — — — — — — — — — — — — — — — —	TX, officeholder living expense
1		Civic Center R	entai
L			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
L	experiorare to benefit C/O	n	
Γ			
1			
1			

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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
L	Sch: 3/11 Rpt: 33/44	Bergman, Jennifer
4		5 Payee name
	12/13/2023	Cleveland High School Baseball
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	1600 East Houston
		Cleveland, TX 77327
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
ı	EXPENDITURE	Event Expense Check if travel outside of Texas, Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	11/22/2023	Dayton Noon Lions Club
⊢		• 100 100 100 100 100 100 100 100 100 10
	Amount (\$) \$30.00	Payee address; City; State; Zip Code 313 N Main
	\$30.00	313 N Main
L		Dayton, TX 77535
	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
		Expense for Officeholder to Attend Lions Club Event
Т	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
-	Date	Payee name
	11/22/2023	Dayton Noon Lions Club
-	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	313 N Main St
	1.7.525.5	
		Dayton, TX 77535
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Charitable Donation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
_	SECTION SECTIO	

#### SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Relate

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide	nse Prir Sal	ALTERNATION OF THE PARTY OF THE	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	1000	1070				3	Filer ID
L	Sch: 4/11 Rpt: 34/44	Bergman,					L	
4	Date	5 Payee nam						
L	10/31/2023	First Liber						
6	Amount (\$)	7 Payee addr 1900 Sam	10000 1000 1000 1000 1000 1000 1000 10	State; Zi	p Code			
l	\$22.00	1900 Sam	Houston					
		Liberty, T	( 77575					
8	PURPOSE	(a) Category	See Categories listed at the top	of this schedule	(b)	Description		
	OF EXPENDITURE	Accounting		or and sorreduc	, I,	Check if travel		ide of Texas. Complete Schedule T.
l						_	n, TX	, officeholder living expense
						Bank Fee		
9	Complete ONLY if direct	Candidate/O	fficeholder name	Office	sought			Office held
	expenditure to benefit C/O		inceriolder name	Office	Sought			Office field
	Date	Payee nam	е					
	10/10/2023	Good Pror	notions					
	Amount (\$)	Payee addr		State; Zi	p Code			
	\$135.00	803 East H	Houston					
		Cleveland	, TX 77327					
	PURPOSE OF	(a) Category	See Categories listed at the top	of this schedule	(b)	Description		
l	EXPENDITURE	Advertising	g Expense					ide of Texas, Complete Schedule T.
								, officeholder living expense notional Items
						, ,	10761010	
	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office	sought			Office held
F	Date	Payee nam	9					
	10/24/2023	Good Pror						
⊢	Amount (\$)	Payee addr		State; Zi	n Code			
	\$489.29	803 East H		Otate, Zi	Couc			
	Ţ1001 <u>2</u> 0	000 2001	TO GOLOTT					
		Cleveland	TX 77327					
	PURPOSE	(a) Category	See Categories listed at the top	of this schedule	(b)	Description		
	OF EXPENDITURE	Advertising	g Expense					ide of Texas. Complete Schedule T.
						Campaign T-		, officeholder living expense
						Jan pargit 1	-11	
$\vdash$	Complete ONLY if direct	Candidate/Of	fficeholder name	Office	sought			Office held
	expenditure to benefit C/O		erene (control to the first	200	9.11			
$\vdash$					-			

#### SCHEDULE F1

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services 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)
L		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 5/11 Rpt: 35/44	2 FILER NAME Bergman, Jennifer	3 Filer ID
4			
	10/24/2023	5 Payee name Good Promotions	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$270.63	803 East Houston  Cleveland, TX 77327	
8	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense tems- Tablecloths and Backdrop
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Г	Date	Payee name	
L	11/28/2023	Good Promotions	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$541.25	803 East Houston  Cleveland, TX 77327	
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense
		Campaign Ma	aterials
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Γ	Date	Payee name	
	12/07/2023	Henderson, Alyssa	
	Amount (\$) \$175.00	Payee address; City; State; Zip Code 781 Shradeville Road	
		Shepherd, TX 77371	
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense for Advertisements and Campaign
	Complete ONLY if direct expenditure to benefit C/O	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
Git/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
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 6/11 Rpt: 36/44	Bergman, Jennifer
4	Date	5 Payee name
	11/09/2023	Jennifer Regen Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	PO Box 9021
		Liberty, TX 77575
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Bonaton to onep with a cop
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
_	Data	
	Date	Payee name
_	11/13/2023	Johnson, Tom
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,557.99	3478 US-59
		Freer, TX 78357
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Items for Campaign Auction- Big Thicket DU
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	David and the second se
	11/21/2023	Payee name
		Liberty County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	603 Travis St
		Liberty, TX 77575
		Lizery, 17, 17010
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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.
	OF	(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
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	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 Filing Fee for March 2024 Republican  Primary
	OF	(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 Filing Fee for March 2024 Republican Primary  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE  Complete ONLY if direct	(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 Filing Fee for March 2024 Republican Primary  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE  Complete ONLY if direct	(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 Filing Fee for March 2024 Republican Primary  Candidate/Officeholder name  Office sought  Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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		mmittee	Gift/Awa Legal Se	everage Expense ards/Memorials Ex ervices astruction Guid	**************************************		Expens Wages	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	1 Total pages Schedule F1: 2 FILI			E						3	Filer ID
	Sch: 7/11 Rpt: 37/44		Bergman,	Jennife	er						
4	Date	5	Payee name	9							
ı	12/28/2023		McCoy's B	uilding	Supply						
6	Amount (\$)	7	Payee addre	ess;	City;	State	; Zip C	ode			
ı	\$447.39		1000 South	n Front	age Road						
l											
			Cleveland,	TX 77	327						
8	PURPOSE	(a)	Category (	See Categ	ories listed at the t	top of this sch	edule)	(b)	Description		
l	OF EXPENDITURE		Advertising	Expe	nse						ide of Texas. Complete Schedule T.
l								1			, officeholder living expense Ties for Campaign Signs
l		l							i i ooto ana	<b>-</b> 'P	The stor Campaign Signs
9	Complete ONLY if direct	_	Candidate/Of	ficehold	ler name		Office so	ught			Office held
Ľ	expenditure to benefit C/O		oundidate/or	neerioid	ici name	`	JIIICC 30	ugiit			Office Held
Г	Date	Γ	Payee name	9							
ı	10/03/2023		Murphy Na	sica							
Г	Amount (\$)	Г	Payee addre	ess;	City;	State	; Zip C	ode			
l	\$500.00 PO Box 1648										
l											
			Austin, TX	78767							
Г	PURPOSE	(a)	Category (S	See Categ	ories listed at the t	top of this sch	edule)	(b)	Description		
OF EXPENDITURE			Consulting								ide of Texas. Complete Schedule T.
									Campaign Co		, officeholder living expense
l									Campaign	0113	sulting ree
H	Complete ONLY if direct	Ц,	Candidate/Of	ficehold	ler name	(	Office so	uaht		_	Office held
l	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
F	Date	Т	Dayoo name								
l	11/01/2023		Payee name Murphy Na								
⊢	Amount (\$)	┝			City	Ctoto	7in C	odo		_	
l	\$500.00		Payee addre		City;	State	Zip C	oue			
l	\$500.00		FO BOX 10	40							
ı			Austin, TX	78767							
$\vdash$	PURPOSE	(9)						(h)	Description	_	
l	OF	(4)	Consulting		ories listed at the t	op of this sch	edule)	(6)	The second secon	outsi	ide of Texas. Complete Schedule T.
l	EXPENDITURE		Consuming	LAPCI	130						, officeholder living expense
l									Campaign Co	ons	sulting Fee
L											
Г	Complete ONLY if direct		Candidate/Of	ficehold	er name	(	Office so	ught			Office held
	expenditure to benefit C/O	Н									
Γ											
_		-		-							

### SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 8/11 Rpt: 38/44	Bergman, Jennifer
4 Date	5 Payee name
12/05/2023	Murphy Nasica
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	PO Box 1648
	Austin, TX 78767
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Consulting Fee
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/13/2023	Murphy Nasica
Amount (\$) \$366.90	Payee address; City; State; Zip Code PO Box 1648
	Austin, TX 78767
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense  Design and Production of Push Cards
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date 12/21/2023	Payee name Murphy Nasica
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code PO Box 1648
	Austin, TX 78767
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Website Development
Complete ONLY if direct expenditure to benefit C/O	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/Politica Credit Card Payment		Fees Food/Bever Gift/Awards nmittee Legal Servi	Event Expense Loan Repayment/Rei Fees Office Overhead/Ren Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Cont The Instruction Guide explains how to complete th			d/Rental Expense e se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	72		uction odius expinition.	1011 10 00.	iiipi-	ite una ioiiii	3	Eiler ID
1	Sch: 9/11 Rpt: 39/44	1	FILER NAME  Bergman, Jennifer  3 Filer ID						
4	Date	5	Payee name						
	12/29/2023	-	Murphy Nasica			020		_	
6	Amount (\$) \$1,500.00		Payee address; City; State; Zip Code PO Box 1648  Austin, TX 78767						
8	PURPOSE	(a)	Category (See Categorie	es listed at the top of this sche	edule)	(b)	Description		
	OF EXPENDITURE		Consulting Expense					outsir	de of Texas. Complete Schedule T.
	EXPENDITURE		-		- 1				officeholder living expense
							Campaign Co	ons	ulting Fee
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder	name O	Office sou	ght			Office held
	Date		Payee name						
	12/29/2023		Murphy Nasica						
	Amount (\$)	$\vdash$	Payee address; C	City; State;	Zip Co	de			
	\$3,750.00	1	PO Box 1648						
			Austin, TX 78767						
	PURPOSE OF			es listed at the top of this sche	edule)	(b)	Description		
	EXPENDITURE		Advertising Expense	е					de of Texas. Complete Schedule T.
									officeholder living expense ement of Digital Campaign
							Advertisemen		ement of Digital Campaign
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					Office held				
	Date		Payee name						
	10/31/2023		PayPal						
	Amount (\$)	$\vdash$	Payee address; C	City; State;	Zip Cod	de			
	\$335.65	1	2211 North First Str						
	**************************************								
			San Jose, CA 9513	1					
	PURPOSE	(a)	Category (See Categorie	es listed at the top of this sche	edule)	(b)	Description		
	OF EXPENDITURE		Fees						de of Texas. Complete Schedule T.
									officeholder living expense cessing Fees for Campaign
							Contributions		essing rees to Campaign
_	Complete ONII V if direct	厂			<i>ee:</i>			_	000
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID				
L	Sch: 10/11 Rpt: 40/44	Bergman, Jennifer				
4	Date	5 Payee name				
	10/26/2023	Potter, Jennifer				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
l	\$188.36	330 County Road 2192				
ı						
l		Clevland, TX 77327				
L		-				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
ı	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
ı		Tablecloth expense for fundraiser				
l		Tableclotti experise ioi iunuraisei				
9	Complete ONII V if direct					
٩	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
L						
	Date	Payee name				
ı	10/27/2023	Sam's Club				
Г	Amount (\$)	Payee address; City; State; Zip Code				
l	\$69.44 9665 Farm to Market 1960 Bypass Rd W,					
ı		<u> </u>				
l		Humbel, TX 77338				
⊢						
ı	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				
		Supplies for Campaign Event				
ı		Capping to Campaign Litera				
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
ı	expenditure to benefit C/O					
⊨						
	Date	Payee name				
L	11/13/2023	Sam's Club				
ı	Amount (\$)	Payee address; City; State; Zip Code				
	\$285.21	9665 Farm to Market 1960 Bypass Rd W,				
1						
		Humbel, TX 77338				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
l	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Items for Christmas Parade and Floats				
L						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
L	experiorare 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 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	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
L	Sch: 11/11 Rpt: 41/44	Bergman, Jennifer
4	Date	5 Payee name
	11/22/2023	Tarkington ISD Class of 2024
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	2770 FM 163
L		Cleveland, TX 77327
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation to Fundraiser
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Dete	
	Date	Payee name
L	12/29/2023	Western Auto
ı	Amount (\$)	Payee address; City; State; Zip Code
	\$264.51	106 W Clayton St
ı		
l		Dayton, TX 77535
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ı	OF EXPENDITURE	Solicitation/Fundraising Expense
ı	EXPENDITORE	Check if Austin, TX, officeholder living expense
ı		Auction Item Purchase
L		
ı	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
l		
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1		

## POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

			EXPENDITURE CATEGOR	RIES FO	R BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Rep Office Ov Polling E Printing E Salaries/	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
Ļ			The Instruction Guide explains	how to co	omplete this form.	•			
1	Total pages Schedule G: Sch: 1/3 Rpt: 42/44	2 FILER NAMI Bergman, 3				3 Filer ID			
4	Date	5 Payee name							
	09/08/2023	City of Clev	City of Cleveland						
6	Amount (\$) \$265.00	7 Payee addre 210 Peach	(7) <b>5</b> (1) (2)	Zip Co	ode				
	Reimbursement from political contributions intended	Cleveland,	Cleveland, TX 77327						
8	PURPOSE OF	(a) Category (S	ee Categories listed at the top of this scho	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Event Expe	ense			Check if Austin, TX, officeholder living expense			
					Rental of Civic C	Center			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought	Office held			
	Date	Payee name							
	10/12/2023	Cleveland S	Senior Citizens Organization	1					
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode				
	\$155.00 220 Peach Street								
	X Reimbursement from political contributions intended	Clevland, T	X 77327						
	PURPOSE	Category (s	ee Categories listed at the top of this sche	edule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		ns/Donations Made By			Check if Austin, TX, officeholder living expense			
		Candidate/0	Officeholder/Political Comm	ittee	Donation for Purs	se Bingo			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought	Office held			
=	Date	Dayloo nama							
	10/26/2023	Payee name Costco							
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode				
	\$94.95		nsen Blvd W						
	Reimbursement from								
	X political contributions intended	Humble , T	X 77338						
	PURPOSE OF	Category (Se	ee Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Event Expe	nse			Check if Austin, TX, officeholder living expense			
					Cakes and Cooki	ies for Fundraiser			
	Complete ONLY if direct (	Candidate/Officel	nolder name		Office sought	Office held			
	expenditure to benefit C/OH				oougin	Since Hold			

## POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

#### **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 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)

	Candidate/Officeholder/Politica Credit Card Payment	Cor	The Instruction Guide explains how to co	mplete this form.	on En (chair a caregor) have a care and a		
1	Total pages Schedule G:	2	FILER NAME		3 Filer ID		
_	Sch: 2/3 Rpt: 43/44		Bergman, Jennifer				
4	Date	5	Payee name				
7	12/29/2023		Greater Cleveland Chamber of Commerce				
_	Amount (\$)	7	Payee address; City; State; Zip Co	ode			
٥	\$150.00	<b>'</b>	908 E. Houston, Suite 110				
			500 E. Houston, Guite 119				
	X Reimbursement from political contributions intended		Cleveland, TX 77327				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.		
ı	OF EXPENDITURE		Fees	[	Check if Austin, TX, officeholder living expense		
ı	EXI ENDITORE			Officeholder Me	mbership Dues		
9		Ca	ndidate/Officeholder name	Office sought	Office held		
l	expenditure to benefit C/OH						
⊨		_					
ı	Date		Payee name				
L	12/15/2023	L	Italiano's				
	Amount (\$)	Payee address; City; State; Zip Code					
l	\$289.81	1414 Northpark Drive, Suite I  Kingwood, TX 77339					
	X Reimbursement from political contributions intended						
PORPOSE Category (See Categories inside at the top of this services)					Check if travel outside of Texas. Complete Schedule T.		
Food/Beverage Expense				Check if Austin, TX, officeholder living expense			
ı	EXPENDITORE	Food for Dinner for DA Office Staff					
١							
Г	Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
ı	expenditure to benefit C/OH						
F		_					
	Date		Payee name				
L	12/20/2023	L	Rotary Club of Cleveland				
	Amount (\$)		Payee address; City; State; Zip C	ode			
ı	\$200.00		PO Box 1243				
ı	Reimbursement from political contributions						
L	X political contributions intended Cleveland, TX 77327						
	PURPOSE	T	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
ı	OF EXPENDITURE	1	Fees		The second second of the second secon		
Officeholder Membership Dues					embership Dues		
					O# L-14		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
1							
					Version V3 5 1 Obfefb6		

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense **Event Expense** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel in District Contributions/ Donations Made By Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule G: 3 Filer ID Sch: 3/3 Rpt: 44/44 Bergman, Jennifer 4 Date 5 Payee name 08/21/2023 Rotary Club of Cleveland Payee address; Amount (\$) City; State; Zip Code PO Box 1243 \$250.00 Reimbursement from political contributions intended X Cleveland, TX 77327 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Officeholder Membership Dues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/20/2023 Tarkington ISD Class of 2024 Amount (\$) Payee address; City; State; Zip Code \$150.00 2770 FM 163 Reimbursement from political contributions X Cleveland, TX 77327 intended **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 **Event Expense EXPENDITURE** Campaign Sponsorship - Table at Purse Bingo Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 12/15/2023 WordPress Amount (\$) Payee address; State; Zip Code \$121.34 60 29th, Suite #343 Reimbursement from political contributions X intended San Francisco, TX 94110 **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 Advertising Expense **EXPENDITURE** Website Renewal Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH