

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 44

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

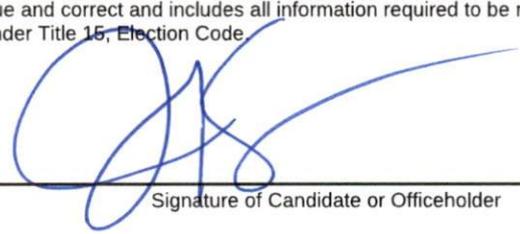
16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	62,220.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	22,118.25
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	30,405.99
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	24,102.47

17 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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



 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jennifer Bergman, this the 17th day of January, 2024, to certify which, witness my hand and seal of office.



 Signature of officer administering

Dawn Moody

 Printed name of officer administering

Notary

 Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/18 Rpt: 4/44
2 FILER NAME Bergman, Jennifer		3 Filer ID
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Joyce and Larry	7 Amount of Contribution (\$) \$200.00
6 Contributor address: City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Carolyn (Ms.)	Amount of Contribution (\$) \$200.00
Contributor address: City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Prosecutor/Attorney		Employer (See Instructions) Polk County
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrus, Tami	Amount of Contribution (\$) \$20.00
Contributor address: City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Kelsey-Seybold
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailes for Texas Campaign	Amount of Contribution (\$) \$100.00
Contributor address: City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailes for Texas Campaign	Amount of Contribution (\$) \$800.00
Contributor address: City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/18 Rpt: 5/44
2 FILER NAME Bergman, Jennifer		3 Filer ID
4 Date 10/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barefield, Kenneth	7 Amount of Contribution (\$) \$100.00
6 Contributor address: City; State; Zip Code 		
8 Principal occupation / Job title (See Instructions) IT		9 Employer (See Instructions) Tri-County
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Kevin	Amount of Contribution (\$) \$120.00
Contributor address: City; State; Zip Code 		
Principal occupation / Job title (See Instructions) Attorney/Prosecutor		Employer (See Instructions) Liberty County
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Kevin	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions) Attorney/Prosecutor		Employer (See Instructions) Liberty County
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Carrie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) Self
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Louis	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions) Surveyor		Employer (See Instructions) Humble Surveying Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/18 Rpt: 6/44
2 FILER NAME Bergman, Jennifer		3 Filer ID
4 Date 10/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Susan	7 Amount of Contribution (\$) \$100.00
6 Contributor address: City: State: Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman III, Louis	Amount of Contribution (\$) \$100.00
Contributor address: City: State: Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Self
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boemio, Mark	Amount of Contribution (\$) \$250.00
Contributor address: City: State: Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) Attorney/Prosecutor		Employer (See Instructions) Liberty County
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bortz, Mindy	Amount of Contribution (\$) \$40.00
Contributor address: City: State: Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions) Good Promotions
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyett, Courtney	Amount of Contribution (\$) \$250.00
Contributor address: City: State: Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) Pharmacy Tech		Employer (See Instructions) Richies Specialty Pharmacy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/18 Rpt: 7/44
2 FILER NAME Bergman, Jennifer		3 Filer ID
4 Date 10/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briones, Patricia 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 40px; margin-top: 5px;"></div>	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Petti and Briones
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Dedra Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 40px; margin-top: 5px;"></div>	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) HVAC		Employer (See Instructions) Arrow Comfort/Self
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burton, Kevin Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 40px; margin-top: 5px;"></div>	Amount of Contribution (\$) \$600.00
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Self
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burton, Kevin Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 40px; margin-top: 5px;"></div>	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) B&L Industries/Self
Date 10/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bush, Todd Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 40px; margin-top: 5px;"></div>	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Fuse Markets Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/18 Rpt: 8/44
2 FILER NAME Bergman, Jennifer		3 Filer ID
4 Date 08/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarke, Christopher 6 Contributor address: City: State: Zip Code <div style="background-color: black; height: 40px; width: 100%; margin-top: 5px;"></div>	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Applied Medical
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Sherry Contributor address: City: State: Zip Code <div style="background-color: black; height: 40px; width: 100%; margin-top: 5px;"></div>	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Self
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox Jr., Will Contributor address: City: State: Zip Code <div style="background-color: black; height: 40px; width: 100%; margin-top: 5px;"></div>	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duggar, Kari Contributor address: City: State: Zip Code <div style="background-color: black; height: 40px; width: 100%; margin-top: 5px;"></div>	Amount of Contribution (\$) \$180.00
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Edward Jones
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duggar, Kari Contributor address: City: State: Zip Code <div style="background-color: black; height: 40px; width: 100%; margin-top: 5px;"></div>	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Edward Jones

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/18 Rpt: 9/44
2 FILER NAME Bergman, Jennifer		3 Filer ID
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eggleston, Ernest	7 Amount of Contribution (\$) \$10,000.00
6 Contributor address: City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
8 Principal occupation / Job title (See Instructions) Supervisor		9 Employer (See Instructions) Jay Management
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Randy	Amount of Contribution (\$) \$500.00
Contributor address: City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Self/RT Ellis
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emmons, Anna	Amount of Contribution (\$) \$1,000.00
Contributor address: City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) Prosecutor/Attorney		Employer (See Instructions) Liberty County
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emmons, Anna	Amount of Contribution (\$) \$100.00
Contributor address: City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) Prosecutor/Attorney		Employer (See Instructions) Liberty County
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Claudia	Amount of Contribution (\$) \$100.00
Contributor address: City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) Escrow Officer		Employer (See Instructions) Capital Title

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/18 Rpt: 10/44
2 FILER NAME Bergman, Jennifer		3 Filer ID
4 Date 10/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Glen	7 Amount of Contribution (\$) \$100.00
6 Contributor address: City: State: Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) Investigator		9 Employer (See Instructions) Liberty County
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green Jr., Horace	Amount of Contribution (\$) \$2,550.00
Contributor address: City: State: Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Rounhouse
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green Jr., Horace	Amount of Contribution (\$) \$40.00
Contributor address: City: State: Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Rounhouse
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guinn Taylor, Gwendolyn	Amount of Contribution (\$) \$100.00
Contributor address: City: State: Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guinn Taylor, Gwendolyn	Amount of Contribution (\$) \$1,060.00
Contributor address: City: State: Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/18 Rpt: 11/44
2 FILER NAME Bergman, Jennifer		3 Filer ID
4 Date 10/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haltom, Donny 6 Contributor address: City: State: Zip Code _____ _____	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Elizabeth Contributor address: City: State: Zip Code _____ _____	Amount of Contribution (\$) \$330.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Rhoden Realty
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Elizabeth Contributor address: City: State: Zip Code _____ _____	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Rhoden Realty
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heatley, Staley Contributor address: City: State: Zip Code _____ _____	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) District Attorney		Employer (See Instructions) State of Texas
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Michelle Contributor address: City: State: Zip Code _____ _____	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Investigator		Employer (See Instructions) Liberty County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/18 Rpt: 12/44
2 FILER NAME Bergman, Jennifer		3 Filer ID
4 Date 10/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollifield, Jackie 6 Contributor address: City: State: Zip Code <div style="background-color: black; width: 100%; height: 40px; margin-top: 5px;"></div>	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Office Manager		9 Employer (See Instructions) Xpress Tire and Truck Services
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollifield, Jackie Contributor address: City: State: Zip Code <div style="background-color: black; width: 100%; height: 40px; margin-top: 5px;"></div>	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Xpress Tire and Truck Services
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Rachel Contributor address: City: State: Zip Code <div style="background-color: black; width: 100%; height: 40px; margin-top: 5px;"></div>	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Rachel Leal-Hudson, Attorney at Law, PC
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, David Contributor address: City: State: Zip Code <div style="background-color: black; width: 100%; height: 40px; margin-top: 5px;"></div>	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Constable		Employer (See Instructions) Liberty County
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles (Mr.) Contributor address: City: State: Zip Code <div style="background-color: black; width: 100%; height: 40px; margin-top: 5px;"></div>	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Charles Johnson Law Firm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/18 Rpt: 13/44
2 FILER NAME Bergman, Jennifer		3 Filer ID
4 Date 10/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Eisha	7 Amount of Contribution (\$) \$40.00
6 Contributor address: City; State; Zip Code 		
8 Principal occupation / Job title (See Instructions) Financial Advisor		9 Employer (See Instructions) Concourse Financial Group
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Eisha	Amount of Contribution (\$) \$290.00
Contributor address: City; State; Zip Code 		
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Concourse Financial Group
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juneau, Holly	Amount of Contribution (\$) \$570.00
Contributor address: City; State; Zip Code 		
Principal occupation / Job title (See Instructions) Private Investments		Employer (See Instructions) Self
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juneau, Holly	Amount of Contribution (\$) \$100.00
Contributor address: City; State; Zip Code 		
Principal occupation / Job title (See Instructions) Private Investments		Employer (See Instructions) Self
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killion, Ray	Amount of Contribution (\$) \$100.00
Contributor address: City; State; Zip Code 		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/18 Rpt: 14/44
2 FILER NAME Bergman, Jennifer		3 Filer ID
4 Date 10/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Mollie	7 Amount of Contribution (\$) \$1,290.00
6 Contributor address: City: State: Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Mollie Cohn Lambert, PLLC
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal-Hudson, Rachel	Amount of Contribution (\$) \$950.00
Contributor address: City: State: Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self- The Law Office of Rachel Leal-Hudson
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Jennifer	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Payroll Manager		Employer (See Instructions) Alight Solutions
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Kehle	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Massage Therapist		Employer (See Instructions) Self
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Waleska	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Rad Tech		Employer (See Instructions) MDA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/18 Rpt: 15/44
2 FILER NAME Bergman, Jennifer		3 Filer ID
4 Date 10/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manley, James	7 Amount of Contribution (\$) \$500.00
6 Contributor address: City: State: Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manley, James	Amount of Contribution (\$) \$250.00
Contributor address: City: State: Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manners, Terrie	Amount of Contribution (\$) \$40.00
Contributor address: City: State: Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) Banking		Employer (See Instructions) Austin Bank
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manners, Terrie	Amount of Contribution (\$) \$20.00
Contributor address: City: State: Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) Banking		Employer (See Instructions) Austin Bank
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria, Robert	Amount of Contribution (\$) \$1,000.00
Contributor address: City: State: Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) TexCom Realty

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/18 Rpt: 16/44
2 FILER NAME Bergman, Jennifer		3 Filer ID
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin-Clark, Janet	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address: City: State: Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) Car Dealer		9 Employer (See Instructions) Martin Chevrolet Buick GMC
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matson, John (Mr.)	Amount of Contribution (\$) \$500.00
Contributor address: City: State: Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Banking		Employer (See Instructions) Retired
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClain, Kristin	Amount of Contribution (\$) \$100.00
Contributor address: City: State: Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Healthcare Contracting		Employer (See Instructions) CommonSpirit
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNair, Craig	Amount of Contribution (\$) \$100.00
Contributor address: City: State: Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNair, Lisa	Amount of Contribution (\$) \$100.00
Contributor address: City: State: Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Information Services Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/18 Rpt: 17/44
2 FILER NAME Bergman, Jennifer		3 Filer ID
4 Date 10/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McWaters, Brent 6 Contributor address: City: State: Zip Code _____ _____	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) General Manager		9 Employer (See Instructions) Living Earth
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moody , Dawn Contributor address: City: State: Zip Code _____ _____	Amount of Contribution (\$) \$140.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Liberty County
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moody , Dawn Contributor address: City: State: Zip Code _____ _____	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Liberty County
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pafford, Chad Contributor address: City: State: Zip Code _____ _____	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions)
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearce, Ivan Contributor address: City: State: Zip Code _____ _____	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Investigator		Employer (See Instructions) Liberty County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/18 Rpt: 18/44
2 FILER NAME Bergman, Jennifer		3 Filer ID
4 Date 10/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poling, Leonard	7 Amount of Contribution (\$) \$1,300.00
6 Contributor address: City: State: Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>		
8 Principal occupation / Job title (See Instructions) Construction		9 Employer (See Instructions) Self
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Bethany	Amount of Contribution (\$) \$40.00
Contributor address: City: State: Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) Children's Director		Employer (See Instructions) Cleveland's First Baptist Church
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhoden, Harold	Amount of Contribution (\$) \$1,000.00
Contributor address: City: State: Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Dynamic Structures Inc.
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhoden, Harold	Amount of Contribution (\$) \$140.00
Contributor address: City: State: Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Dynamic Structures Inc.
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricci, Debbie	Amount of Contribution (\$) \$40.00
Contributor address: City: State: Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) Office Staff		Employer (See Instructions) Humble Surveying Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/18 Rpt: 19/44
2 FILER NAME Bergman, Jennifer		3 Filer ID
4 Date 10/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricci, Sherri	7 Amount of Contribution (\$) \$60.00
6 Contributor address; City; State; Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>		
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) Texas Children's Hospital
Date 12/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharpen, Gary	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) Detective		Employer (See Instructions) San Jacinto County
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherri , Ricci	Amount of Contribution (\$) \$220.00
Contributor address; City; State; Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Texas Children's Hospital
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sikes, Lanette	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Self- Downtown Dental Excellence
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sikes, Lanette	Amount of Contribution (\$) \$3,000.00
Contributor address; City; State; Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Self- Downtown Dental Excellence

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/18 Rpt: 20/44
2 FILER NAME Bergman, Jennifer		3 Filer ID
4 Date 10/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Allen 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 40px; margin-top: 5px;"></div>	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Electrician		9 Employer (See Instructions) Self
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Karen (Ms.) Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 40px; margin-top: 5px;"></div>	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions) Self
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Rowdy Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 40px; margin-top: 5px;"></div>	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Self
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washington, Nicole Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 40px; margin-top: 5px;"></div>	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Attorney/Prosecutor		Employer (See Instructions) Liberty County
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washington, Nicole Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 40px; margin-top: 5px;"></div>	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Attorney/Prosecutor		Employer (See Instructions) Liberty County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/18 Rpt: 21/44
2 FILER NAME Bergman, Jennifer		3 Filer ID
4 Date 10/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Michael	7 Amount of Contribution (\$) \$20.00
6 Contributor address: City: State: Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
8 Principal occupation / Job title (See Instructions) Operations Manager		9 Employer (See Instructions) Crane Freight
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Alejandra	Amount of Contribution (\$) \$40.00
Contributor address: City: State: Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) TexCom Realty
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Maria	Amount of Contribution (\$) \$1,400.00
Contributor address: City: State: Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) TexCom Realty
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willow Creek Ranch of Tomball, LLC	Amount of Contribution (\$) \$1,700.00
Contributor address: City: State: Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeats, Dale	Amount of Contribution (\$) \$40.00
Contributor address: City: State: Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/9 Rpt: 22/44	
2 FILER NAME Bergman, Jennifer		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/26/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Kem 7 Contributor address; City; State; Zip Code [REDACTED]	8 Amount of contribution (\$) \$1,000.00	9 In-kind contribution description Vacation Home Rental <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner		11 Employer (FOR NON-JUDICIAL) (See instructions) 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 contributor'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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Carrie Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,500.00	In-kind contribution description Alcohol for Yeti,spa basket, Misc. Baskets and wine for auction <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Bookkeeper		Employer (FOR NON-JUDICIAL) (See instructions) Self	
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 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Susan Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description Farm basket, cakes <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		Employer (FOR NON-JUDICIAL) (See instructions) Retired	
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/9 Rpt: 23/44	
2 FILER NAME Bergman, Jennifer		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/26/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Susan	8 Amount of contribution (\$) \$500.00	9 In-kind contribution description Wine baskets
7 Contributor address; City; State; Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See instructions) 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 contributor'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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman III, Louis	Amount of contribution (\$) \$1,500.00	In-kind contribution description Winchester 12-Guage and Yeti Cooler
Contributor address; City; State; Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Engineer		Employer (FOR NON-JUDICIAL) (See instructions) Self	
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 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buller, Jana	Amount of contribution (\$) \$75.00	In-kind contribution description Christmas Basket
Contributor address; City; State; Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Teacher		Employer (FOR NON-JUDICIAL) (See instructions) Cleveland ISD	
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/9 Rpt: 24/44	
2 FILER NAME Bergman, Jennifer		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/26/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuellar, Malinda	8 Amount of contribution (\$) \$75.00	9 In-kind contribution description Fall Wreath/Floral Arrangement
7 Contributor address; City, State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Office Manager		11 Employer (FOR NON-JUDICIAL) (See instructions) Independent Hydraulic	
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)			
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deats, Pamela	Amount of contribution (\$) \$1,000.00	In-kind contribution description Astros Tickets and baskets
Contributor address; City, State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner		Employer (FOR NON-JUDICIAL) (See instructions) Custon Built Awards	
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 11/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deats, Pamela	Amount of contribution (\$) \$150.00	In-kind contribution description Re-Elect Stickers
Contributor address; City, State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner		Employer (FOR NON-JUDICIAL) (See instructions) Custon Built Awards	
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 4/9 Rpt: 25/44	
2 FILER NAME Bergman, Jennifer		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/26/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emmons, Anna	8 Amount of contribution (\$) \$500.00	9 In-kind contribution description Golf at Walden
7 Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Prosecutor/Attorney		11 Employer (FOR NON-JUDICIAL) (See instructions) 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 contributor'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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Olga	Amount of contribution (\$) \$2,000.00	In-kind contribution description Donated food for event
Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner		Employer (FOR NON-JUDICIAL) (See instructions) Tacos Flores	
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 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freyer, Rob	Amount of contribution (\$) \$750.00	In-kind contribution description Beach House Rental
Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Prosecutor		Employer (FOR NON-JUDICIAL) (See instructions) San Jacinto County	
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 5/9 Rpt: 26/44	
2 FILER NAME Bergman, Jennifer		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/26/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haltom, Donny	8 Amount of contribution (\$) \$500.00	9 In-kind contribution description Gun Trust
7 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Attorney		11 Employer (FOR NON-JUDICIAL) (See instructions) 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)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Dillon	Amount of contribution (\$) \$500.00	In-kind contribution description Guided Fishing Trip
Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Realtor		Employer (FOR NON-JUDICIAL) (See instructions) 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 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killion, Naomi	Amount of contribution (\$) \$300.00	In-kind contribution description Priceless Quilts
Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		Employer (FOR NON-JUDICIAL) (See instructions) Retired	
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		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 CONTRIBUTIONS		\$	
5 Date 10/26/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killion, Ray	8 Amount of contribution (\$) \$100.00	9 In-kind contribution description Flower Picture
7 Contributor address: City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See instructions) 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 contributor'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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Moody, Dawn	Amount of contribution (\$) \$400.00	In-kind contribution description Purse, Jewelry Baskets, Misc. Auction Items for baskets
Contributor address: City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Office Manager		Employer (FOR NON-JUDICIAL) (See instructions) Liberty County	
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 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Bryan	Amount of contribution (\$) \$2,000.00	In-kind contribution description Sig 9mm (TWO)
Contributor address: City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner		Employer (FOR NON-JUDICIAL) (See instructions) 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 contributor'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 CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 7/9 Rpt: 28/44	
2 FILER NAME Bergman, Jennifer		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/26/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poling, Ronda	8 Amount of contribution (\$) \$250.00	9 In-kind contribution description Lottery Ticket Basket
7 Contributor address; City; State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Office Manager		11 Employer (FOR NON-JUDICIAL) (See instructions) 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 contributor'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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhoden, Allen	Amount of contribution (\$) \$500.00	In-kind contribution description Dinner for 10 cooked by Allen
Contributor address; City; State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner		Employer (FOR NON-JUDICIAL) (See instructions) 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 contributor'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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricci, Sherri	Amount of contribution (\$) \$100.00	In-kind contribution description Kate Spade wallet and earrings
Contributor address; City; State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Nurse		Employer (FOR NON-JUDICIAL) (See instructions) Texas Children's Hospital	
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 8/9 Rpt: 29/44	
2 FILER NAME Bergman, Jennifer		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/26/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, West	8 Amount of contribution (\$) \$300.00	9 In-kind contribution description Flag of Valor for Auction
7 Contributor address: City; State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Cemetery / Monument Manager		11 Employer (FOR NON-JUDICIAL) (See instructions) Pace Stancil Funeral Home	
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)			
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, David	Amount of contribution (\$) \$500.00	In-kind contribution description FirePit
Contributor address: City; State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner		Employer (FOR NON-JUDICIAL) (See instructions) Free Incorporated LLC	
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 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Maria	Amount of contribution (\$) \$1,000.00	In-kind contribution description Rounds of Golf for Auction
Contributor address: City; State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Realtor		Employer (FOR NON-JUDICIAL) (See instructions) TexCom 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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 9/9 Rpt: 30/44	
2 FILER NAME Bergman, Jennifer		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/26/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Maria	8 Amount of contribution (\$) \$500.00	9 In-kind contribution description Spa basket
	7 Contributor address; City; State; Zip Code 	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/11 Rpt: 31/44	2 FILER NAME Bergman, Jennifer	3 Filer ID
4 Date 12/31/2023	5 Payee name Anedot	
6 Amount (\$) \$191.38	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, TX 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees for Online Campaign Contributions
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2023	Payee name Bergman, Jennifer	
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code PO Box 1492 Cleveland, TX 77327	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Expenses Listed on Prior Sch G
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2023	Payee name Bergman, Jennifer	
Amount (\$) \$289.81	Payee address; City; State; Zip Code PO Box 1492 Cleveland, TX 77327	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Expenses Listed on Sch G
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/11 Rpt: 32/44	2 FILER NAME Bergman, Jennifer	3 Filer ID
4 Date 12/13/2023	5 Payee name Bergman, Jennifer	
6 Amount (\$) \$121.34	7 Payee address; City; State; Zip Code PO Box 1492 Cleveland, TX 77327	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Expenses Listed on Sch G
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2023	Payee name City of Cleveland	
Amount (\$) \$886.00	Payee address; City; State; Zip Code 210 Peach Ave Cleveland, TX 77327	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cleveland Civic Center Rental Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2023	Payee name City of Cleveland	
Amount (\$) \$655.00	Payee address; City; State; Zip Code 210 Peach Ave Cleveland, TX 77327	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Civic Center Rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/11 Rpt: 33/44		2 FILER NAME Bergman, Jennifer		3 Filer ID
4 Date 12/13/2023		5 Payee name Cleveland High School Baseball		
6 Amount (\$) \$125.00		7 Payee address; City; State; Zip Code 1600 East Houston Cleveland, TX 77327		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 11/22/2023		Payee name Dayton Noon Lions Club		
Amount (\$) \$30.00		Payee address; City; State; Zip Code 313 N Main Dayton, TX 77535		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expense for Officeholder to Attend Lions Club Event	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 11/22/2023		Payee name Dayton Noon Lions Club		
Amount (\$) \$95.00		Payee address; City; State; Zip Code 313 N Main St Dayton, TX 77535		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable Donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | 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.

1 Total pages Schedule F1: Sch: 4/11 Rpt: 34/44	2 FILER NAME Bergman, Jennifer	3 Filer ID
4 Date 10/31/2023	5 Payee name First Liberty Bank	
6 Amount (\$) \$22.00	7 Payee address; City; State; Zip Code 1900 Sam Houston Liberty, TX 77575	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2023	Payee name Good Promotions	
Amount (\$) \$135.00	Payee address; City; State; Zip Code 803 East Houston Cleveland, TX 77327	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Promotional Items
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/24/2023	Payee name Good Promotions	
Amount (\$) \$489.29	Payee address; City; State; Zip Code 803 East Houston Cleveland, TX 77327	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign T-Shirts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	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.

1 Total pages Schedule F1: Sch: 5/11 Rpt: 35/44	2 FILER NAME Bergman, Jennifer	3 Filer ID
4 Date 10/24/2023	5 Payee name Good Promotions	
6 Amount (\$) \$270.63	7 Payee address; City; State; Zip Code 803 East Houston Cleveland, TX 77327	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Promotional Items- Tablecloths and Backdrop
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/28/2023	Payee name Good Promotions	
Amount (\$) \$541.25	Payee address; City; State; Zip Code 803 East Houston Cleveland, TX 77327	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/07/2023	Payee name Henderson, Alyssa	
Amount (\$) \$175.00	Payee address; City; State; Zip Code 781 Shradeville Road Shepherd, TX 77371	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photographs for Advertisements and Campaign Materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/11 Rpt: 36/44	2 FILER NAME Bergman, Jennifer	3 Filer ID
4 Date 11/09/2023	5 Payee name Jennifer Regen Foundation	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code PO Box 9021 Liberty, TX 77575	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to Shop with a Cop
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 11/13/2023	Payee name Johnson, Tom	
Amount (\$) \$2,557.99	Payee address; City; State; Zip Code 3478 US-59 Freer, TX 78357	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Items for Campaign Auction- Big Thicket DU
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 11/21/2023	Payee name Liberty County Republican Party	
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 603 Travis St Liberty, TX 77575	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate Filing Fee for March 2024 Republican Primary
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/11 Rpt: 37/44		2 FILER NAME Bergman, Jennifer		3 Filer ID
4 Date 12/28/2023		5 Payee name McCoy's Building Supply		
6 Amount (\$) \$447.39		7 Payee address; City; State; Zip Code 1000 South Frontage Road Cleveland, TX 77327		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-Posts and Zip Ties for Campaign Signs	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 10/03/2023		Payee name Murphy Nasica		
Amount (\$) \$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) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 11/01/2023		Payee name Murphy Nasica		
Amount (\$) \$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) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/11 Rpt: 38/44	2 FILER NAME Bergman, Jennifer	3 Filer ID
4 Date 12/05/2023	5 Payee name Murphy Nasica	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2023	Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design and Production of Push Cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Website Development
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/11 Rpt: 39/44	2 FILER NAME Bergman, Jennifer	3 Filer ID
4 Date 12/29/2023	5 Payee name Murphy Nasica	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
4 Date 12/29/2023	5 Payee name Murphy Nasica	
6 Amount (\$) \$3,750.00	7 Payee address; City; State; Zip Code PO Box 1648 Austin, TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design and Placement of Digital Campaign Advertisements
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
4 Date 10/31/2023	5 Payee name PayPal	
6 Amount (\$) \$335.65	7 Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees for Campaign Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/11 Rpt: 40/44		2 FILER NAME Bergman, Jennifer		3 Filer ID	
4 Date 10/26/2023		5 Payee name Potter, Jennifer			
6 Amount (\$) \$188.36		7 Payee address; City; State; Zip Code 330 County Road 2192 Cleveland, TX 77327			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tablecloth expense for fundraiser	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 10/27/2023		Payee name Sam's Club			
Amount (\$) \$69.44		Payee address; City; State; Zip Code 9665 Farm to Market 1960 Bypass Rd W, Humbel, TX 77338			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Campaign Event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 11/13/2023		Payee name Sam's Club			
Amount (\$) \$285.21		Payee address; City; State; Zip Code 9665 Farm to Market 1960 Bypass Rd W, Humbel, TX 77338			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Items for Christmas Parade and Floats	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	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.

1 Total pages Schedule F1: Sch: 11/11 Rpt: 41/44	2 FILER NAME Bergman, Jennifer	3 Filer ID
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4 Date 11/22/2023	5 Payee name Tarkington ISD Class of 2024
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6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 2770 FM 163 Cleveland, TX 77327
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to Fundraiser
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/29/2023	Payee name Western Auto
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Amount (\$) \$264.51	Payee address; City; State; Zip Code 106 W Clayton St Dayton, TX 77535
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auction Item Purchase
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/3 Rpt: 42/44	2 FILER NAME Bergman, Jennifer	3 Filer ID
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4 Date 09/08/2023	5 Payee name City of Cleveland
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6 Amount (\$) \$265.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 210 Peach Ave Cleveland, TX 77327
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental of Civic Center
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/12/2023	Payee name Cleveland Senior Citizens Organization
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Amount (\$) \$155.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 220 Peach Street Cleveland, TX 77327
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for Purse Bingo
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/26/2023	Payee name Costco
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Amount (\$) \$94.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 21802 Townsen Blvd W Humble , TX 77338
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cakes and Cookies for Fundraiser
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/3 Rpt: 43/44	2 FILER NAME Bergman, Jennifer	3 Filer ID
4 Date 12/29/2023	5 Payee name Greater Cleveland Chamber of Commerce	
6 Amount (\$) \$150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 908 E. Houston, Suite 110 Cleveland, TX 77327	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder Membership Dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2023	Payee name Italiano's	
Amount (\$) \$289.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1414 Northpark Drive, Suite I Kingwood, TX 77339	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Dinner for DA Office Staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/20/2023	Payee name Rotary Club of Cleveland	
Amount (\$) \$200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 1243 Cleveland, TX 77327	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder Membership Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 3/3 Rpt: 44/44		2 FILER NAME Bergman, Jennifer		3 Filer ID	
4 Date 08/21/2023		5 Payee name Rotary Club of Cleveland			
6 Amount (\$) \$250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code PO Box 1243 Cleveland, TX 77327			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder Membership Dues	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/20/2023		Payee name Tarkington ISD Class of 2024			
Amount (\$) \$150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2770 FM 163 Cleveland, TX 77327			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Sponsorship - Table at Purse Bingo	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/15/2023		Payee name WordPress			
Amount (\$) \$121.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 60 29th, Suite #343 San Francisco, TX 94110			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Renewal Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	