#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 17 CANDIDATE / MS / MRS / MR FIRST MI OFFICE USE ONLY OFFICEHOLDER Jennifer NAME FEB 2 6 2024 **NICKNAME** LAST SUFFIX Bergman CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Receipt # Amount Change of Address Date Processed Date Imaged CAMPAIGN MS/MRS/MR FIRST MI **TREASURER** NAME Mr. Donald C. NICKNAME SUFFIX "Donny" Haltom CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY; STATE; ZIP CODE **TREASURER ADDRESS** (Residence or Business) CAMPAIGN **TREASURER** PHONE REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election X Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Day Year Month Day Year COVERED 01/26/2024 THROUGH 02/24/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** X Primary Month Day Runoff Other 03/05/2024 General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) District Attorney Liberty Court District Attorney, Liberty County **GO TO PAGE 2** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.9000c47

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

## FORM C/OH **COVER SHEET PG 2**

2 of 17

13 C / OH NAME	4 Filer ID			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditure.  These expenditures may have been made without the difficeholders are required to report this information of	e candidate's or officeho	older's knowledge or
Additional Pages	COMMITTEE TYPE  GENERAL	COMMITTEE NAME	9	
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS	OR GUARANTE	IZED POLITICAL CONTRIBUTIONS (OTHER THAN F ES OF LOANS, OR CONTRIBUTIONS MADE ELECT		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 29,942.88
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		<b>\$</b> 263.37
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 33,595.37
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAS RIOD	ST DAY OF THE	\$ 16,029.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF TING PERIOD	F THE LAST DAY	\$ 25,084.59
AFFIX NOT	TARY STAMP / SEAL ABO	DVE OVE	nformation required to b	re reported by me
of rebende	0.1	aid Jennifer Bergman ertify which, witness my hand and seal of office.	, this the	1
	cas Ethics Commission	Printed name of officer administering	**************************************	dministering oath

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

3 of 17

					30117
18 FIL	ER NAM	ΛΕ	19 Filer ID		
Ве	rgman,	Jennifer			
<b>20</b> SC	HEDUL	ESUBTOTALS			
NA	ME OF	SCHEDULE		SU	BTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	19,300.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	10,642.88
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	\$	33,165.57		
6.			\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	429.80
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/3 Rpt: 4/17 2 FILER NAME 3 Filer ID Bergman, Jennifer Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/07/2024 Bacon, Terry \$300.00 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Self Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 02/04/2024 Clark, William \$500.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) IT Director Texas Conference of Urban Counties, Tech-Share Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/07/2024 Eggleston, Ernest \$10,000.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Supervisor Jay Management Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/07/2024 Goodwin, Glen \$100.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Investigator Liberty County Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 02/19/2024 Hamrick, Julie \$100.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Self-Employed Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.9000c47

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/3 Rpt: 5/17 FILER NAME 3 Filer ID Bergman, Jennifer Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/07/2024 Lieck, Ed \$500.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/07/2024 Norwood, E.R. \$200.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Self Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/09/2024 Parris, Ray \$1,000.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/22/2024 Williams, Robert \$1,500.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/07/2024 Wingfield, William \$5,000.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Concrete/Trucking/Agriculture **Business Owner**

The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/17  2 FILER NAME Bergman, Jennifer  4 Date 02/07/2024  5 Full name of contributor out-of-state PAC (IDIF 7 Amount of Contribution (\$) Yarbrough, William  6 Contributor address: City: State, Zip Code  8 Principal occupation / Job title (See instructions)  9 Employer (See Instructions)	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
Bergman, Jennifer  4 Date 02/07/2024   5 Full name of contributor	The Instruction Guide explains how to complete this form.	M 2007
02/07/2024 Yarbrough, William \$100.0  6 Contributor address; City; State; Zip Code  8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)		3 Filer ID
	02/07/2024 Yarbrough, William	7 Amount of Contribution (\$) \$100.00
		5)
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.9000c4		

Version V3.5.1.9000c47f

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instri	uction Guide explains how to complete this f	form.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 7/17						
2 FILER NAME			3 Filer ID						
Bergman, J	Jennifer								
	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$						
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution contribution (\$) description						
02/23/2024	- 1 Total Carlo Carlo Texas 1 AC		\$2,000.00   Campaign Digital						
	7 Contributor address; City; State; Zip Code PO Box 622	DOS SANDERSON DE SA	Messages and Advertising						
	PO BOX 022	!	l į						
	Austin, TX 78767	1	Check if travel outside of Texas. Complete Schedule T.						
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	N-JUDICIAL) (See instructions)						
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)						
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)						
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
Date	Full name of contributor Quit-of-state PAC (ID#:								
02/14/2024			Amount of In-kind contribution contribution (\$) description						
	Contributor address; City; State; Zip Code		\$8,642.88 Campaign Mail						
	PO Box 622		l i						
	7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		1						
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.						
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-	I-JUDICIAL) (See instructions)						
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (	(FOR JUDICIAL) (See instructions)						
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)						
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
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### SCHEDULE F1

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

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

L	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:					
L	Sch: 1/7 Rpt: 8/17	Bergman, Jennifer				
4	Date	5 Payee name				
L	02/04/2024	Anedot				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$136.50	1340 Poydras Street Suite 1770				
		New Orleans, TX 70112				
8		(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Processing Fees for Online Campaign Contributions: Feb 4-22				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	H				
H	Date	Payra nama				
	02/20/2024	Payee name  Bergman, Jennifer				
$\vdash$	Amount (\$)					
	\$155.58	Payee address; City; State; Zip Code PO Box 1492				
	Ψ100.00	\$155.56 PO BOX 1492				
		Clausianal TV 77007				
L		Cleveland, TX 77327				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description				
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
	/	Repayment for Buttons - Reported on Sch G				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	02/01/2024	Bluebonnet News				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$250.00	1514 SH 105 East				
		Liberty, TX 77575				
$\vdash$	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Advertising Expense Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Campaign Digital Advertisement				
_						
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held				

### SCHEDULE F1

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

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

L	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
L	Sch: 2/7 Rpt: 9/17	Bergman, Jennifer
4	Date	5 Payee name
L	01/30/2024	CASA of Liberty & Chambers County
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code P.O. Box 9027
		Liberty, TX 77575
8	PURPOSE	
°	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
		Donation - Tickets for attedance
L		
9	Complete ONLY if direct expenditure to benefit C/OR	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	01/31/2024	Custom Built Awards
H	Amount (\$)	Payee address; City; State; Zip Code
	\$3,901.87	1106 N Houston Ave
L		Humble, TX 77338
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Printing of Campaign Signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OF	
	Date	Payee name
	02/06/2024	Custom Built Awards
	Amount (\$)	Payee address; City; State; Zip Code
	\$379.96	1106 N Houston Ave
		Humble, TX 77338
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Printing of Campaign Signs
		Finding of Campaight Signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

### SCHEDULE F1

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

Event Expense Loan
Fees Office
Food/Beverage Expense Pollin
Gift/Awards/Memorials Expense Printi

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

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 (Approx. expenses and listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 3/7 Rpt: 10/17	Bergman, Jennifer
4	Date	5 Payee name
	02/22/2024	Custom Built Awards
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$356.41	1106 N Houston Ave
		Humble, TX 77338
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Printing of Campaign Signs
		Filling of Campaign Signs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	Office field
_		
	Date	Payee name
	02/13/2024	Good Promotions
	Amount (\$)	Payee address; City; State; Zip Code
	\$634.35	803 East Houston
		Cleveland, TX 77327
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas, Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Printing of Campaign T-Shirts
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	01/30/2024	Greater Cleveland Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	908 E. Houston, Suite 110
		Cleveland, TX 77327
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Donation/Purchase of Auction Item
_		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	,	

### SCHEDULE F1

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

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

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

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 (extensive not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 4/7 Rpt: 11/17	Bergman, Jennifer
4	Date	5 Payee name
	02/21/2024	Heaven's Army
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	PO Box 197
		Cleveland, TX 77328
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Addion item
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	02/21/2024	Heaven's Army
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 197
		Cleveland, TX 77328
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		1/2 Table for Event- Donation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
_	Date	
	02/13/2024	Payee name
		Liberty County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	603 Travis St
		Liberty, TX 77575
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fee for Table at Meet and Greet
_	Complete ONII V if direct	Candidate/Officeholder name Office sought
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment					
L	Total pages Schedule F1: Sch: 5/7 Rpt: 12/17	2 FILER NAME Bergman, Jennifer 3 Filer ID				
4	Date 02/21/2024	5 Payee name Liberty Education Foundation				
	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 1517 Trinity Street 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Tickets for Event					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H				
	Date 02/06/2024	Payee name McCoy's Building Supply				
	Amount (\$) \$297.68	Payee address; City; State; Zip Code 1000 South Frontage Road  Cleveland, TX 77327				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  T-Posts for Campaign Signs				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H				
	Date 02/01/2024	Payee name Murphy Nasica				
	Amount (\$) \$8,642.88	Payee address; City; State; Zip Code PO Box 1648				
L		Austin, TX 78767				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Design, Data, Postage and Production for Campaig  Mail Advertisements	gn			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

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

L	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction G	•		Wages	s/Contract Labor		OTHER (enter a cat	tegory not listed above)
1	Total pages Schedule F1: Sch: 6/7 Rpt: 13/17	2	FILER NAM Bergman,	_					3	Filer ID	
4	02/07/2024		Payee name Murphy Na	sica				•			
	Amount (\$) \$6,000.00	7	Payee addre PO Box 16 Austin, TX	48	State;	Zip Co	ode				
8	PURPOSE OF EXPENDITURE		Advertising		the top of this sche	edule)	(b)	Check if Austin,	TX,	de of Texas. Complet officeholder living ex ement of Digit	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	ficeholder name	0	office sou	ught			Office held	
	Date 02/08/2024		Payee name Murphy Na			4					
	Amount (\$) \$654.09		Payee addre PO Box 16 Austin, TX	48	State;	Zip Co	ode				
	PURPOSE OF EXPENDITURE	(a)	Category (s Advertising	ee Categories listed at Expense	the top of this sche	edule)			TX,	de of Texas. Complete officeholder living expibution of Digit	pense
	Complete ONLY if direct expenditure to benefit C/O		andidate/Off	iceholder name	0	ffice sou	ight			Office held	
	Date 02/08/2024		Payee name Murphy Na								
	Amount (\$) \$8,642.88		Payee addre	48	State;	Zip Co	ode				
_	BUBBOOK		Austin, TX								
	PURPOSE OF EXPENDITURE		Advertising		he top of this sche	dule)		Check if Austin,	тх, с Ро		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Offi	iceholder name	Of	ffice sou	ght			Office held	

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

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

Candidate/Officeholder/Politic Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 7/7 Rpt: 14/17	2 FILER NAME Bergman, Jennifer 3 Filer ID
4 Date	5 Payee name
02/13/2024	Murphy Nasica
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	PO Box 1648
	Austin, TX 78767
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Consulting Expense Consulting Expense Consulting Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Campaign Consulting Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiditure to benefit C/O	
Date	Payee name
02/21/2024	Nancy Hart Republican Women PAC
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	PO Box 597
	Cleveland, TX 77328
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Donation for Table at Candidate Forum
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialiture to benefit C/O	1.
Date	Payee name
02/01/2024	TUFF Kids
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	1609 Ross Avenue
	Cleveland, TX 77327
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Donation for food for grand opening
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to belieff C/O	<u>.</u>

## POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	d Co	mmittee	Legal Services The Instruction Guid	Salarie	s/Wages/Contract Labor complete this form.		OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAM	E			3	Filer ID
	Sch: 1/3 Rpt: 15/17	L	Bergman,	Jennifer				
4	Date	5	Payee name	9				
	02/05/2024		Aldi					
6	Amount (\$)	7	Payee addre	ess; City;	State; Zip	Code		
	\$50.96		1387 King	wood Dr				
	Reimbursement from							
	X political contributions intended		Humble, T	X 77339				
8	PURPOSE	(a)	Category (s	See Categories listed at the	top of this schedule)	(b) Description	С	check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Event Expe	ense			С	check if Austin, TX, officeholder living expense
						Supplies for Ca	mpa	aign Event
9		Car	ndidate/Office	eholder name		Office sought		Office held
	expenditure to benefit C/OH							
=								
	Date		Payee name	9				
	02/23/2024		Canva					
	Amount (\$)		Payee addre	ess; City;	State; Zip	Code		-
	\$14.99		200 E 6th	Street				
	Reimbursement from							
	X political contributions intended		Austin, TX	78701				
	PURPOSE OF		Category (S	See Categories listed at the	top of this schedule)	Description	С	heck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Advertising	Expense			_	theck if Austin, TX, officeholder living expense
						Campaign Tech	nolo	ogy Subscription
	Complete <u>ONLY</u> if direct expenditure to benefit	Car	ndidate/Office	eholder name		Office sought		Office held
	C/OH							
=	D.A.		100					
	Date 02/04/2024		Payee name					
	02/04/2024		Custom Bu	ittons				
	Amount (\$)		Payee addre		State; Zip	Code		
	\$155.58		24825 N. 1	6th Ave., Suite 10	0			
	Reimbursement from political contributions							
	X political contributions intended		Phoenix, T.	X 85085				
	PURPOSE		Category (S	See Categories listed at the	top of this schedule)	Description	С	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising				_	heck if Austin, TX, officeholder living expense
	EXPENDITORE		-	\$ 50.000		Printing of Cam	paig	n Buttons
		Can	ndidate/Office	holder name		Office sought		Office held
	expenditure to benefit C/OH					3		
_	GIOH							

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID Sch: 2/3 Rpt: 16/17 Bergman, Jennifer 4 Date Payee name 02/06/2024 Fuel Maxx Amount (\$) Payee address; City; State; Zip Code \$23.94 13835 TX-105 Reimbursement from political contributions intended X Cleveland, TX 77327 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. (b) Description OF Check if Austin, TX, officeholder living expense Travel In District **EXPENDITURE** Fuel for Campaign Related Travel in District Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/08/2024 **HEB Gas Station** Amount (\$) Payee address; City; State; Zip Code \$73.06 100 Truly Plaza Reimbursement from X political contributions Cleveland, TX 77327 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Travel In District **EXPENDITURE** Fuel for Campaign Related Travel in District Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/24/2024 **HEB Gas Station** Amount (\$) Payee address; City; State; Zip Code \$34.95 100 Truly Plaza Reimbursement from political contributions intended Cleveland, TX 77327 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Travel In District **EXPENDITURE** Fuel for Campaign Related Travel in District Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## 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

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

	Credit Card Payment	The Instruction Guide explains how to	complete this form.
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID
L	Sch: 3/3 Rpt: 17/17	Bergman, Jennifer	
4	Date	5 Payee name	
L	02/01/2024	M&D Ace Hardware	
6	Amount (\$) \$36.78	7 Payee address; City; State; Zip ( 108 N. Washington	Code
L	X political contributions intended	Cleveland, TX 77327	_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
ı			Zip Ties for Campaign Signs
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Г	Date	Payee name	
	02/07/2024	Murphy USA	
Г	Amount (\$) Payee address; City; State; Zip Code		
	\$39.54 838 S. Washington Ave		
	Reimbursement from political contributions intended	Cleveland, TX 77327	_
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense
			Fuel for Campaign Related Travel in District
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held