

PERSONAL FINANCIAL STATEMENT

FORM PFS - TEC

Note: A PFS filed with the Texas Ethics Commission must be filed electronically. The only exception is for individuals appointed to office. See the PFS Instruction Guide for more information.

COVER SHEET**PAGE 1**

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2024, covering calendar year ending December 31, 2023.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

Filer ID

1 NAME

TITLE; FIRST; MI

Eric

NICKNAME; LAST; SUFFIX

Berg

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

100 E. Main, Ste 203
Brenham, Texas 77833☐ (Check If Filer's Home Address)**3 TELEPHONE
NUMBER**

AREA CODE

PHONE NUMBER; EXTENSION

(936) 525-7519

OFFICE USE ONLY

Date Received

4/30/2024

4:35 P.M.

CJ

Date Hand-delivered or Date Postmarked

4/30/2024

Receipt #

Amount \$

Date Processed

4/30/2024

Date Imaged

5/1/2024

**4 REASON
FOR FILING
STATEMENT**☐ CANDIDATE _____ (INDICATE OFFICE)☒ ELECTED OFFICER Judge, Washington County Court at Law (INDICATE OFFICE)☐ APPOINTED OFFICER _____ (INDICATE AGENCY)☐ EXECUTIVE HEAD _____ (INDICATE AGENCY)☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT☐ STATE PARTY CHAIR _____ (INDICATE PARTY)☐ OTHER _____ (INDICATE POSITION)**5** Family members whose financial activity you are reporting (see instructions).SPOUSE La Nae Berg

DEPENDENT CHILD 1. _____

2. _____

3. _____

In Parts 1 through 20, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14 and 20, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- ☐ N/A Part 1A - Sources of Occupational Income
- ☒ N/A Part 1B - Retainers
- ☒ N/A Part 2 - Stock
- ☒ N/A Part 3 - Bonds, Notes & Other Commercial Paper
- ☐ N/A Part 4 - Mutual Funds
- ☒ N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- ☒ N/A Part 6 - Personal Notes and Lease Agreements
- ☐ N/A Part 7A - Interests in Real Property
- ☒ N/A Part 7B - Interests in Business Entities
- ☒ N/A Part 8 - Gifts
- ☒ N/A Part 9 - Trust Income
- ☒ N/A Part 10A - Blind Trusts
- ☒ N/A Part 10B - Trustee Statement
- ☒ N/A Part 11A - Ownership of Business Associations
- ☒ N/A Part 11B - Assets of Business Associations
- ☒ N/A Part 11C - Liabilities of Business Associations
- ☐ N/A Part 12 - Boards and Executive Positions
- ☒ N/A Part 13 - Expenses Accepted Under Honorarium Exception
- ☒ N/A Part 14 - Interest in Business in Common with Lobbyist
- ☒ N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- ☒ N/A Part 16 - Representation by Legislator Before State Agency
- ☒ N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- ☒ N/A Part 18 - Legislative Continuances
- ☒ N/A Part 19 - Contracts with Governmental Entity
- ☒ N/A Part 20 - Bond Counsel Services Provided by a Legislator

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|---|--|
| 1 INFORMATION RELATES TO | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 2 EMPLOYMENT <input checked="" type="radio"/> EMPLOYED BY ANOTHER | NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address) Washington County 100 E. Main Brenham, Texas 77833 |
| <input type="radio"/> SELF-EMPLOYED | NATURE OF OCCUPATION |
| INFORMATION RELATES TO | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| EMPLOYMENT <input checked="" type="radio"/> EMPLOYED BY ANOTHER | NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address) Tres Chic Boutique 201 E. Main Brenham, Texas 77833 |
| <input type="radio"/> SELF-EMPLOYED | NATURE OF OCCUPATION |
| INFORMATION RELATES TO | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| EMPLOYMENT <input checked="" type="radio"/> EMPLOYED BY ANOTHER | NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address) Brenham Charcuterie 116 S. Park Brenham, Texas 77833 |
| <input type="radio"/> SELF-EMPLOYED | NATURE OF OCCUPATION |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

MUTUAL FUNDS

PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | |
|---|--|---------------------------------|--|
| 1 MUTUAL FUND | NAME Dreyfus Mid Cap A | | |
| 2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| 3 NUMBER OF SHARES OF MUTUAL FUND | <input type="radio"/> LESS THAN 100 <input checked="" type="radio"/> 100 TO 499 <input type="radio"/> 500 TO 999 <input type="radio"/> 1,000 TO 4,999 <input type="radio"/> 5,000 TO 9,999 <input type="radio"/> 10,000 OR MORE | | |
| 4 IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS | <input type="radio"/> LESS THAN \$10,110 <input type="radio"/> \$10,110 - \$20,219 <input type="radio"/> \$20,220 - \$50,539 <input type="radio"/> \$50,540 OR MORE | | |
| MUTUAL FUND | NAME | | |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| NUMBER OF SHARES OF MUTUAL FUND | <input type="radio"/> LESS THAN 100 <input type="radio"/> 100 TO 499 <input type="radio"/> 500 TO 999 <input type="radio"/> 1,000 TO 4,999 <input type="radio"/> 5,000 TO 9,999 <input type="radio"/> 10,000 OR MORE | | |
| IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS | <input type="radio"/> LESS THAN \$10,110 <input type="radio"/> \$10,110 - \$20,219 <input type="radio"/> \$20,220 - \$50,539 <input type="radio"/> \$50,540 OR MORE | | |
| MUTUAL FUND | NAME | | |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| NUMBER OF SHARES OF MUTUAL FUND | <input type="radio"/> LESS THAN 100 <input type="radio"/> 100 TO 499 <input type="radio"/> 500 TO 999 <input type="radio"/> 1,000 TO 4,999 <input type="radio"/> 5,000 TO 9,999 <input type="radio"/> 10,000 OR MORE | | |
| IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS | <input type="radio"/> LESS THAN \$10,110 <input type="radio"/> \$10,110 - \$20,219 <input type="radio"/> \$20,220 - \$50,539 <input type="radio"/> \$50,540 OR MORE | | |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of *more than* \$2,020 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|--|---|
| ¹ PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT | Capital One Bank |
| ² LIABILITY OF | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| ³ GUARANTOR | |
| ⁴ AMOUNT | <input checked="" type="radio"/> \$2,020--\$10,109 <input type="radio"/> \$10,110--\$20,219 <input type="radio"/> \$20,220--\$50,539 <input type="radio"/> \$50,540 OR MORE |
| PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT | Mr. Cooper (Mortgage) |
| LIABILITY OF | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| GUARANTOR | |
| AMOUNT | <input type="radio"/> \$2,020--\$10,109 <input type="radio"/> \$10,110--\$20,219 <input type="radio"/> \$20,220--\$50,539 <input checked="" type="radio"/> \$50,540 OR MORE |
| PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT | Bank of America and Citibank |
| LIABILITY OF | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| GUARANTOR | |
| AMOUNT | <input type="radio"/> \$2,020--\$10,109 <input checked="" type="radio"/> \$10,110--\$20,219 <input type="radio"/> \$20,220--\$50,539 <input type="radio"/> \$50,540 OR MORE |

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When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|--|---|
| ¹ PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT | Acura Financial |
| ² LIABILITY OF | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| ³ GUARANTOR | |
| ⁴ AMOUNT | <input type="radio"/> \$2,020--\$10,109 <input type="radio"/> \$10,110--\$20,219 <input checked="" type="radio"/> \$20,220--\$50,539 <input type="radio"/> \$50,540 OR MORE |
| PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT | |
| LIABILITY OF | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| GUARANTOR | |
| AMOUNT | <input type="radio"/> \$2,020--\$10,109 <input type="radio"/> \$10,110--\$20,219 <input type="radio"/> \$20,220--\$50,539 <input type="radio"/> \$50,540 OR MORE |
| PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT | |
| LIABILITY OF | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| GUARANTOR | |
| AMOUNT | <input type="radio"/> \$2,020--\$10,109 <input type="radio"/> \$10,110--\$20,219 <input type="radio"/> \$20,220--\$50,539 <input type="radio"/> \$50,540 OR MORE |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|---|---|
| 1 HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE |
| 3 DESCRIPTION <input checked="" type="radio"/> LOTS <input type="radio"/> ACRES | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1. Washington County |
| 4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST) | Mr. Cooper |
| 5 IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS | <input type="radio"/> LESS THAN \$10,110 <input type="radio"/> \$10,110 - \$20,219 <input type="radio"/> \$20,220 - \$50,539 <input type="radio"/> \$50,540 OR MORE |

| | |
|--|---|
| HELD OR ACQUIRED BY | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE |
| DESCRIPTION <input type="radio"/> LOTS <input type="radio"/> ACRES | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED |
| NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST) | |
| IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS | <input type="radio"/> LESS THAN \$10,110 <input type="radio"/> \$10,110 - \$20,219 <input type="radio"/> \$20,220 - \$50,539 <input type="radio"/> \$50,540 OR MORE |

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BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|-------------------------------|--|
| ¹ ORGANIZATION | Cen-Tex Juvenile Board |
| ² POSITION HELD | Board Member |
| ³ POSITION HELD BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION | |
| POSITION HELD | |
| POSITION HELD BY | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION | |
| POSITION HELD | |
| POSITION HELD BY | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION | |
| POSITION HELD | |
| POSITION HELD BY | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION | |
| POSITION HELD | |
| POSITION HELD BY | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

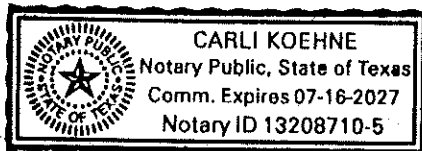
I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2023, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

4/30/2024

Signature of Filer

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Eric Berg this the 30 day of April, 2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Registrant (Declarant)