

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <u>✓</u> NICKNAME <u>ERIC</u>	FIRST <u>ERIC</u> LAST <u>BERK</u>	MI <u>T.</u> SUFFIX	OFFICE USE ONLY			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX: <u>100 E. MAIN, SUITE 203</u> APT / SUITE #: <u>BRENNAN, TX 77833</u>			Date Received <u>1/14/2026</u>			
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE <u>(936)</u>	PHONE NUMBER <u>525-7579</u>	EXTENSION	Date Hand-delivered or Date Postmarked <u>1/14/2026</u>			
6 CAMPAIGN TREASURER NAME		MS / MRS / MR <u>✓</u> NICKNAME <u>CHAD</u>	FIRST <u>CHAD</u> LAST <u>GENKE</u>	MI	Receipt # <u></u> Amount \$ <u></u>			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <u>101 E. Commerce St.</u> CITY: <u>BRENNAN</u> STATE: <u>TX</u> ZIP CODE <u>77833</u>			Date Processed <u>1/14/2026</u>			
8 CAMPAIGN TREASURER PHONE		AREA CODE <u>(979)</u>	PHONE NUMBER <u>530-0930</u>	EXTENSION	Date Imaged <u>1/14/2026</u>			
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED		Month <u>7/1/2025</u>	Day <u></u>	Year <u></u>	Month <u>12/31/2025</u>	Day <u></u>	Year <u></u>	
11 ELECTION		ELECTION DATE Month <u>3</u> Day <u>13</u> Year <u>2026</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special _____					
12 OFFICE		OFFICE HELD (if any) <u>Judge, County Court Clerk</u>	13 OFFICE SOUGHT (if known) <u>So</u>					
14 NOTICE FROM POLITICAL COMMITTEE(S)		THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME					
			COMMITTEE ADDRESS					
			COMMITTEE CAMPAIGN TREASURER NAME					
			COMMITTEE CAMPAIGN TREASURER ADDRESS					

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JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM JC/OH
COVER SHEET PG 2**

15 JC/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,000
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,500
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,018
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS		

18 SIGNATURE 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/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, 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)

100

150

te) (zip code)

node) (country)

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

Signature of Candidate/Officeholder (Declarant)

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

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1:
2 FILER NAME <i>ERIK BERK</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>12/2/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:		7 Amount of contribution (\$) <i>\$1,000</i>
6 Contributor address; <i>2257 N. Loop 336 W Conroe TX 77304</i>		City; State; Zip Code	
8 Contributor's principal occupation <i>Arry</i>		9 Contributor's job title <i>Arry</i>	
10 Contributor's employer/law firm <i>Solo</i>		11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)			
Date <i>12/2/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$) <i>\$1,000</i>
Contributor address; <i>105 W. Adams</i>		City; State; Zip Code <i>Brenham TX 77833</i>	
Contributor's principal occupation <i>Arry</i>		Contributor's job title	
Contributor's employer/law firm <i>Solo</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <i>12/2</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$) <i>\$1,000</i>
Contributor address; <i>1535 Hwy 36 N</i>		City; State; Zip Code <i>Brenham TX 77833</i>	
Contributor's principal occupation <i>Business Owner</i>		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1:
2 FILER NAME <i>Eric Bogn</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>12/2/2015</i>	5 Full name of contributor <i>SCOTT DALYARD</i>	<input type="checkbox"/> out-of-state PAC ID#: _____	7 Amount of contribution (\$) <i>\$1,000</i>
6 Contributor address; <i>3260 Parcine Ridge Burnet TX 77835</i>	City; <i>Burnet</i>	State; Zip Code <i>TX 77835</i>	
8 Contributor's principal occupation <i>Harry</i>	9 Contributor's job title <i>Harry</i>		
10 Contributor's employer/law firm <i>Burnet & Fostwear</i>	11 Law firm of contributor's spouse (if any)		
12 If contributor is a child, law firm of parent(s) (if any)			
Date <i>12/2/2015</i>	Full name of contributor <i>TRAVIS Fostwear</i>	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) <i>\$1,000</i>
Contributor address; <i>700 Locustwood Burnet</i>	City; <i>Burnet</i>	State; Zip Code <i>TX 77835</i>	
Contributor's principal occupation <i>Harry</i>	Contributor's job title		
Contributor's employer/law firm <i>Burnet & Fostwear</i>	Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <i>TRAVIS Fostwear</i>	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
Contributor address; <i>700 Locustwood Burnet</i>	City; <i>Burnet</i>	State; Zip Code <i>TX 77835</i>	
Contributor's principal occupation	Contributor's job title		
Contributor's employer/law firm	Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
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(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
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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	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
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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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