#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 67 MS / MRS / MR CANDIDATE / FIRST MΙ OFFICE USE ONLY OFFICEHOLDER Ms. JaPaula C. NAME Date Received NICKNAME · LAST SUFFIX Kemp ADDRESS / PO BOX; 4 CANDIDATE / APT / SUITE #; STATE: ZIP CODE JAN 18 2022 RCVD **OFFICEHOLDER** 3418 Aldridge Dr. Missouri City, TX 77459 MAILING **ADDRESS** .Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (713)927-3598 PHONE Receipt # Amount \$ MŠ / MRS / MR FIRST MI. CAMPAIGN TREASURER Dana Ms. Date Processed NAME NICKNAME LAST Date Imaged Gaines STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE; ZIP CODE TREASURER 6815 Trinity Trail Ln Rosenberg, TX 77459 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE ( 832 443.9059 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 12 / 31 / 21 1 / 21 **THROUGH** ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Description Special 22 General OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Judge- Fort Bend County Court No. 1 None THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR 14 NOTICE FROM POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

#### FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) JaPaula Kemp 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 0.00PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR **TOTALS** CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 36,117.37 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ TOTALS 35,857.27 **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 260.10 BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 0.00LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Ä Signature of Candidate of Officeholder Please complete either option below: VICKI C. CHARLOT Notary Public, State of Texas (1) Affidavit Comm. Expires 10-31-2023 Notary ID 132233929 NOTARY STAMP/SEAL Swom to and subscribed before me by witness my hand and seal of office. Signature of officer administering oath (2) Unsworn Declaration and my date of birth is My name is My address is

Executed in

(street)

, on the \_

(city)

(state)

Signature of Candidate/Officeholder (Declarant)

(month)

(zip code)

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19 FILER NAME  JaPaula Kemp	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 29,403.85
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 16,209.65
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	s 0.00
4. SCHEDULE E: LOANS	s 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS.	\$ 29,143.75
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 6,713.52
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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SCHEDULE A1

If the reques	sted information is not applicable, DO NO	T include this page in the	report.
The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 29
2 FILER NAME The JaPaula	Kemp Campaign	÷	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state Hussein Thomas	e PAC (ID#:)	7 Amount of contribution (\$)
07/07/2021	6 Contributor address; City;	State: Zip Code and TX 77479	100.00
	4110 Thistle Hill Court Sugar L		
Attorney	pation / Job title (See Instructions)	9 Employer (See Instruction Self	tions)
Date	Full name of contributor out-of-stat	e PAC (ID#:)	Amount of contribution (\$)
	Gwendaly Scott		
07/07/2021	Contributor address; City;	State; Zip Code	250.00
	1612 Beaconshire Rd Houston	n TX 77077	
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruct Retired	tions)
Date	Full name of contributor out-of-stat	e PAC (ID#:)	Amount of contribution (\$)
07/07/2021	Jonathan Cox		
	Contributor address; City;	State; Zip Code	250.00
	1415 North Loop West, Ste 305	Houston, TX 77008	
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instruc Self	tions)
Date	Full name of contributor out-of-stat	e PAC (ID#:)	Amount of contribution (\$)
07/07/2021	Contributor address; City;	State: Zip Code	250.00
	2616 S. Loop West, Suite 535 H	ouston, TX 77054	250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Attorney		Self	
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#### SCHEDULE A1

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ii the reques	need information is not applicable, 50 NOT III		
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME The JaPaula	Kemp Campaign		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAI Sherry Walker	7 Amount of contribution (\$)	
07/07/2021	6 Contributor address: City:	State; Zip Code	100.00
8 Principal occu Postal Worker	pation / Job title (See Instructions)	9 Employer (See Instruction USPS	ons)
Date 07/07/2021	Full name of contributor out-of-state PAG Mattehw Berg	C (ID#:)	Amount of contribution (\$)
07/07/2021	Contributor address; City;  3982 Inglewood Cir Missouri C	State: Zip Code	50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction Quality Manager	ons)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
07/07/2021	Contributor address; City; Post Office Box 734 Fresno,	State; Zip Code TX 77545	100.00
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Instruction Self	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
07/07/2021	Contributor address; City; 1705 Wimberly Hollow Rosenberg,	State; Zip Code	100.00
	ation / Job title (See Instructions) ene Supply Sales	Employer (See Instruction Self	ons)

#### SCHEDULE A1

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The	Instruction Guide explains hov	v to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME The JaPaula	Kemp Campaign			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Ken Scott	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
07/08/2021	6 Contributor address; 3411 Aldridge Dr. Miss	city; ouri City	State; Zip Code	250.00
8 Principal occup Manager	pation / Job title (See Instructions		9 Employer (See Instruct Anheiser Busch	ions)
Date 07/08/2021	Full name of contributor Tammy Moon	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
0770072021	Contributor address: 1415 North Loop West	City: , Ste 305 Ho	State: Zip Code puston, TX 77008	500.00
Principal occup Attorney	ation / Job title (See Instructions)		Employer (See Instruct Self	ions)
Date .	Full name of contributor Apriel Powell Martin	out-of-state PA(	C (ID#:)	Amount of contribution (\$)
07/08/2021	Contributor address: 5714 Grace Lane H	City;	State; Zip Code TX 77021	250.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct United Health Care	ions)
Date	Full name of contributor  Juanita Jackson	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
07/08/2021	Contributor address: 3801 Kirby, Suite 406	City;	State; Zip Code	150.00
Principal occup	pation / Job title (See Instructions)	Tiouston,	Employer (See Instruct	ions)
Attorney		4.2.	Self	
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

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

The	Instruction Guide explains how to d	complete this	s form.	1 Total pages Schedule A1:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
The JaPaul	a Kemp Campaign	‡ <sup>*</sup>			
4 Date	5 Full name of contributor	out-of-state PA(	C (ID#:)	7 Amount of contribution (\$)	
	Michael Abner	w.			
07/09/2021	6 Contributor address;	City,	State; Zip Code	25.00	
	1506 Brayson Oaks Place	, Housto	n TX 77043	23.00	
8 Principal occu	pation / Job title (See Instructions)	:	9 Employer (See Instruct	ions)	
Attorney			Harris County		
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
07/09/2021	Ashley Humphries				
07/09/2021	Contributor address;	City;	State; Zip Code	100.00	
	3053 Commodore Dr #165 G	rand Prairi	e, TX 75052		
	pation / Job title (See Instructions)		Employer (See Instruct	ons)	
Referral Coord	linator		Humana Government		
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)	
07/00/0001	Janice Smith-Polite	4. A	\$		
07/09/2021	Contributor address;	City:	State; Zip Code	50.00	
	1291 East Downey Ave.,	Flint, Ml	48505		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)	
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)	
	Atoya Collins		· .		
07/09/2021	Contributor address;	City;	State; Zip Code	250.00	
250.00 2018 Silver Moon Drive Missouri City, TX 77459					
Principal occup	pation / Job title (See Instructions)	× .	Employer (See Instruct	ons)	
Lawyer			Law Office		
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The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedu	le A1:
2 FILER NAME	Kama Camarian		4	3 Filer ID (Ethics Con	nmission Filers)
	Kemp Campaign			· · · · · · · · · · · · · · · · · · ·	
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribu	ítion (\$)
07/10/2021	Fatima Walker	·	· · · · · · · · · · · · · · · · · · · ·		
07/10/2021	6 Contributor address;	City;	State; Zip Code		100.00
	2920 Concord St. Flint,	MI 48504		(3) * (2) * (3) *	100.00
	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
Retired			Retired		
Date	Full name of contributor	out-of-state PAC	(ID#:).	Amount of contribution	ution (\$)
	Natashi Hudson Parker		. "	:	
07/10/2021	Contributor address;	City;	State; Zip Code	· · · · · · · · · · · · · · · · · · ·	50.00
N.	2020 Crestbrook Lane I		•	· ·	50.00
[3.4.2]		11111, 1711 7	-		
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)	: : ::
				<u> </u>	
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contrib	ution (\$)
07/21/2021	John Prisner			· · ·	
04/21/2021	Contributor address;	City;	State; Zip Code		100.00
	733 E 12th 1/2 St., Hous	ston, TX 7	7008		100.00
	pation / Job title (See Instructions)		Employer (See Instruc	tions)	·
Attorney			Self		
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contrib	ution (\$)
	Michael Harris				
08/10/2021	Contributor address;	City;	State; Zip Code		<b>~</b> 0000
·.	1000 0 11 0 0 15		TT		500.00
	1200 Smith St, Suite 15.	ou, Houst			
Attorney	ation / Job title (See Instructions)	·. :	Employer (See Instruction The Harris Law Firm	** ** :	** .
Attorney			The nams Law Film	1	
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The	Instruction Guide explains how to	complete thi	s form.	1 Total pages	Schedule A1:
2 FILER NAME				3 Filer ID (Et	hics Commission Filers)
The JaPaula	Kemp Campaign				· .
4 Date	5 Full name of contributor Tanisha Wilcock	out-of-state PA	C (ID#:)	7 Amount of	contribution (\$)
08/21/2021	6 Contributor address;	City;	State; Zip Code	· .	500.00
·. ·:	4615 Piper Shadow Ln	Katy	TX 77494		300.00
8 Principal occu Engineering D	ipation / Job title (See Instructions)		9 Employer (See Instru Raytheon Technolog		
Date	Full name of contributor Andrea King	out-of-state PA	C (ID#:)	Amount of	contribution (\$)
08/22/2021	Contributor address;	City;	State; Zip Code		75.00
	7831 Chaseview Dr. Mi	ssouri City	y TX 77489	-   - 	, 5.00
Principal occur Educator	pation / Job title (See Instructions)		Employer (See Instruction School Discourse)		
Date ::::08/22/2021	Full name of contributor Claudine James	out-of-state PAC	C (ID#:)	Amount of	contribution (\$)
0012212021	Contributor address: 3003 Mustang Meadow	city:	State; Zip Code		100.00
Principal occur Administrative	pation / Job title (See Instructions)		Employer (See Instruc EEOC	ctions)	
Date	Full name of contributor  Matthew Mahoney	out-of-state PAC	C (ID#:)	Amount of	contribution (\$)
08/25/2021	Contributor address;	City;	State; Zip Code		1,000.00
*2 	4915 Holly Ave Pas	adena	TX 77503		<u> </u>
Principal occup Self	pation / Job title (See Instructions)		Employer (See Instruction Attorney	ctions)	
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#### SCHEDULE A1

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The	Instruction Guide explains how t	o complete this	form.	1. Total pages Sched	ule A1:
2 FILER NAME The JaPaula	Kemp Campaign			3 Filer ID (Ethics Co	mmission Filers)
4 Date 08/25/2021	5 Full name of contributor George Farah	out-of-state PAC	C (ID#:)	7 Amount of contrib	oution (\$)
00/23/2021	6 Contributor address: 1211 Hyde Park Blvd	City; Houston	State; Zip Code TX 77006		500.00
9 Principal accur	pation / Job title (See Instructions)	Houston	9 Employer (See Instruc	*******	
Attorney	pation 7 300 title (See instructions)		Farah Law Group	mons)	
Date	Full name of contributor Kimberley Despania	out-of-state PAC	C (ID#:)	Amount of contrib	oution (\$)
08/25/2021	Contributor address: 6000 Reims Rd Unit 41	city:	State; Zip Code		50.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contril	oution (\$)
08/25/2021	Kimberley Despania		·		
00/23/2021	Contributor address; 6000 Reims Rd Unit 41	City;	State; Zip Code		150.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)	
Sales Agent			Despania		
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contrib	oution (\$)
08/25/2021	Timberly Davis  Contributor address:	City;	State; Zip Code		500.00
	2000 Crawford Street Suite	1330 Houst	on TX 77002		
•	ation / Job title (See Instructions)		Employer (See Instruc	•	
Lawyer			T.J. Davis Law Firm	, PLLC.	
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The	Instruction Guide explains how t	o complete this	s form.	1 Total pages Sched	dule A1:
2 FILER NAME				3 Filer ID (Ethics C	ommission Filers)
The JaPaula	Kemp Campaign			. ; ;	
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#: )	7 Amount of contri	bution (\$)
	Vicki Charlot		i.·	,	
08/27/2021	6 Contributor address;	City;	State; Zip Code		150.00
	2506 Scottsdale Palms	Dr Missou	ri City TX 77450	7.7.1 3.4.1	150.00
9 Delevine con	pation / Job title (See Instructions)	DI WIISSOUI	9 Employer (See Instruc	4:	
Manager	pation / Job title (See instructions)		WellMed	aions)	
			··· Olli-Acid	· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contri	bution (\$)
	Sherika Clark-Jones	17. 17.			
08/27/2021	Contributor address;	City;	State; Zip Code		75.00
	5621 Savannah Woods	Lane Rosh	aron TX 77583		73.00
Dain air al annua	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
Attorney	sation 7 Job title (See Instructions)	: .	The Clark-Jones Law		
			<u> </u>		
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contri	bution (\$)
08/27/2021	Shuamanda Papillion		: 		
08/2//2021	Contributor address;	City;	State; Zip Code		75.00
	149 South Richter Lafa	ayette	LA 70501		75.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)	· · · · ·
Project Manag	er		CGI Federal	•	:
0-1-					(6)
Date ·	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contri	bution (\$)
08/30/2021	Richard West			· . '.	
00/30/2021	Contributor address;	City;	State; Zip Code		25.00
	2711 Feather Green Trail	Fresno TX	77545-7156	. "	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions) (	·.·
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

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The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME The JaPaula	Kemp Campaign			3 Filer ID (Ethics Commission Filers)
4 Date: 08/30/2021	5 Full name of contributor Nina Fitzhugh 6 Contributor address;	out-of-state PAC	C (ID#:) State; Zip Code	7 Amount of contribution (\$) $300.00$
	5647 Horseshoe Falls	Missouri Ci	* * * * * * * * * * * * * * * * * * * *	
8 Principal occu Bakery	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 08/31/2021	Full name of contributor Lutasha Terry	out-of-state PA(	C (ID#:)	Amount of contribution (\$)
	Contributor address: 65 Yosemite Lane C		State; Zip Code	50.00
,	eation / Job title (See Instructions) Educator, MSN,RN		Employer (See Instruc Unc Rex Healthcare	tions)
Date 09/03/2021	Full name of contributor  Dana Oubre Gaines	out-of-state PA	C (ID#:)	Amount of contribution (\$)
09/03/2021	Contributor address: 6815 Trinity Trail Ln	c <sub>ity;</sub> Rosenberg	State; Zip Code g TX 77469	225.00
Principal occup Contract Adm	pation / Job title (See Instructions)		Employer (See Instruc S three	tions)
Date ·	Full name of contributor Shelly Smith	out-of-state PA(	C (ID#:)	Amount of contribution (\$)
09/05/2021	Contributor address: 3100 Richmond Ave.	City:	State; Zip Code	100.00
Principal occur	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Attorney			The Davis Law Firm	
	ATTACH ADDIT		OF THIS SCHEDULE AS N	

#### SCHEDULE A1

The	Instruction Guide explains how to	complete this form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
The JaPaula	Kemp Campaign		
4 Date	5 Full name of contributor	out-of-state PAC (ID#:	7 Amount of contribution (\$)
00/06/2021	Lonnie Knowles	· · · · · · · · · · · · · · · · · · ·	
09/06/2021	6 Contributor address;	City; State; Zip Code	370.00
	1001 Texas #720 Hou	ston TX 77002	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See	Instructions)
Attorney		Self	
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)
	Lonnie Knowles		
09/06/2021	Contributor address;	City; State; Zip Code	1 500 00
	1001 Texas #720 Hou	ston TX 77002	1,500.00
Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions)
Attorney		Self	
Date	Full name of contributor	out-of-state PAC (ID#:	
Date	Steven Overton	out-of-state FAC (IOM.	Amount of contribution (\$)
09/06/2021	Contributor address;	City; State; Zip Code	105.00
			185.00
	3802 Saintsbury Dr. S	acramento CA 93834	
	pation / Job title (See Instructions)	Employer (See	Instructions)
Driver ————————————————————————————————————	·.	Self	
Date	Full name of contributor	out-of-state PAC (ID#:	) Amount of contribution (\$)
	Alexander Bermudez		· · · · · · · · · · · · · · · · · · ·
09/07/2021	Contributor address;	City; State; Zip Code	250.00
· .	55.45 D 11: D: T	0 I 1 TV 7740	250.00
·	5547 Bellingen River L		
	pation / Job title (See Instructions)	Employer (See Travel Wifi	Instructions
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2 FILER NAME The JaPaula	Kemp Campaign			3 Filer ID (Ethics Commission Filers)
4 Date 09/08/2021	5 Full name of contributor Arthur Washington 6 Contributor address: 3730 Kirby Dr Ste 10		State; Zip Code 1 TX 77098	7 Amount of contribution (\$) $1,500.00$
8 Principal occup Attorney	pation / Job title (See Instructions	<b>)</b>	9 Employer (See Instruct Self	ions)
Date 09/09/2021	Full name of contributor  Deandrea Bolton  Contributor address,  8711 S Fitzgerald Wa	out-of-state PAG City; LY Missouri	State; Zip Code	Amount of contribution (\$) $75.00$
Principal occup Event Planner	ation / Job title (See Instructions)		Employer (See Instruct Embellished Affairs a	*
Date 09/09/2021	Full name of contributor Ramona Clark  Contributor address;  2310 Alabama St H	out-of-state PAG City;	State; Zip Code	Amount of contribution (\$) 75.00
Principal occup Stylist	nation / Job title (See Instructions)	÷.	Employer (See Instruct Diva Dolls Hair Studi	
Date 09/09/2021	Full name of contributor Albert Deloney  Contributor address;  10337 W Albeniz Pl	out-of-state PAG City: Tolleson A	State; Zip Code	Amount of contribution (\$) 50.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)

#### SCHEDULE A1

if the reque	sted information is not applicable,	DO NOT IN	iclude this page in the	report.
The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME The JaPaula	a Kemp Campaign			3 Filer ID (Ethics Commission Filers)
4 Date 09/10/2021	5 Full name of contributor Yolanda Dean 6 Contributor address: 5702 Onia Ln Richmor	city;	State; Zip Code	7 Amount of contribution (\$) $75.00$
8 Principal occu EPC Contract	upation / Job title (See Instructions)		9 Employer (See Instruct Dow Chemical	lions)
Date 09/10/2021	Full name of contributor  Myron Dillingham  Contributor address:  20616 Eagle Wood Trace	City;	State: Zip Code Porter TX 77365	Amount of contribution (\$) $250.00$
Principal occup Police	pation / Job title (See Instructions)		Employer (See Instruct HPD	ions)
Date 09/10/2021	Full name of contributor  Vanessa Bolton  Contributor address;  8711 S Fitzgerald Way	out-of-state PAC	State; Zip Code City TX 77459	Amount of contribution (\$) $75.00$
Principal occup Retired	pation / Job title (See Instructions)		Employer (See Instruct Retired	ions)
Date	Full name of contributor  LaQuanda Ross	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
09/10/2021	Contributor address: 11101 W. Airport Blvd	City; Stafford	State: Zip Code	50.00
Principal occup	pation / Job title (See Instructions)	•	Employer (See Instruct	ion's)
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#### SCHEDULE A1

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: The	Instruction Guide explains how t	o complete this	form.	1	Total pages Schedule A1:
2 FILER NAME The JaPaula	Kemp Campaign			3	Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor LaQuanda Ross	out-of-state PAC	(ID#:)	7	Amount of contribution (\$)
09/11/2021	6 Contributor address;	City;	State; Zip Code		25.00
8 Principal occu	pation / Job title (See Instructions)	)(2323 Stati	9 Employer (See Instru	ctions	<b>i)</b>
Date	Full name of contributor	out-of-state PAC	: (ID#:		Amount of contribution (\$)
09/11/2021	Tammie Campbell  Contributor address:	City	State; Zip Code		75.00
Delevine Leave		ord TX 7749	<del></del>		
Author	pation / Job title (See Instructions)		Employer (See Instru Self	ctions	)
Date	Full name of contributor Sonia Rash	out-of-state PAC	(ID#:)		Amount of contribution (\$)
09/13/2021	Contributor address, 7602 Bogard Ct. Suga	city; ar Land TX	State; Zip Code		75.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instru Rash Law Firm, PLI		
Date	Full name of contributor Cheryl Moultry	out-of-state PAC	(ID#:)		Amount of contribution (\$)
.09/15/2021	Contributor address;	City;	State; Zip Code		50.00
Principal occur	1506 Glacier Blue Dr	Fresno TX	77545-9525 Employer (See Instru	ctions	<u> </u>
			Employer (See mand	Cuons	,
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#### SCHEDULE A1

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The	Instruction Guide explains how to	complete this	form.	1	Total pages Schedule A1:
2 FILER NAME The JaPaula	Kemp Campaign			3	Filer ID (Ethics Commission Filers)
4 Date 09/15/2021	5 Full name of contributor Run Sister Run 6 Contributor address: P.O. Box 66470 Houst	out-of-state PAC City;	State; Zip Code	7	Amount of contribution (\$)
8 Principal occu Retired	ipation / Job title (See Instructions)		9 Employer (See Instruction Retired	ctions)	
Date 09/15/2021	Full name of contributor Clive Markland Contributor address; 2555 N MacGregor way	out-of-state PAC City, Houston	State; Zip Code		Amount of contribution (\$) $185.00$
Principal occup Attorney	pation / Job title (See Instructions)		Employer (See Instruc Roberts Markland	ctions)	
Date 09/15/2021	Full name of contributor Johnny Papantonakis Contributor address; 2555 N Macgreor Way	City;	State; Zip Code		Amount of contribution (\$) $185.00$
Principal occu Lawyer	I pation / Job title (See Instructions)		Employer (See Instruc Roberts Markland	ctions)	
Date 09/15/2021	Full name of contributor Clive Markland Contributor address: 2555 N Macgreor Way	out-of-state PAC	State; Zip Code		Amount of contribution (\$) $1,500.00$
	pation / Job title (See Instructions)		Employer (See Instruc Roberts Markland	ctions)	
Attorney			Koberts Markiand		
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2 FILER NAME The JaPaula	Kemp Campaign			3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Full name of contributor Marc Metze	out-of-state. PAC	C (ID#:).	7 Amount of contribu	tion (\$)
09/16/2021	6 Contributor address;	City;	State; Zip Code	1	500.00
	3007 Robinson Rd M	issouri City	yTX 77459	-,	
8 Principal occu Attorney	pation / Job title (See Instructions)		9 Employer (See Instruction Self	ctions)	
Date	Full name of contributor Vickie Noles	out-of-state PAC	C ((D#:)	Amount of contribu	tion (\$)
09/17/2021	Contributor address;	City;	State; Zip Code		75.00
	4055 Village Drive Apt. #3	3303 Pearlar	nd TX 77581		73.00
Principal occup Retired	ation / Job title (See Instructions)		Employer (See Instruc Retired	tions)	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribu	ition (\$)
09/18/2021	Addie Jackson				
	Contributor address;	City;	State; Zip Code		50.00
- 7	3322 Fountain Hills Dr	ive Missou	ri City, TX 77459		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribu	ition (\$)
09/23/2021	Danielle Johnson  Contributor address:	City;	State: Zia Cada		. :
	11106 Baldwin Circle		State; Zip Code MI 48442		50.00
Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	tions)	
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2 FILER NAME		•.	± .	3 Filer ID (Ethic	s Commission Filers)
The JaPaula	Kemp Campaign	<u> </u>			
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of co	ntribution (\$)
00/04/0001	Damon Williams				
09/24/2021	6 Contributor address:	City;	State; Zip Code		185.00
	14031 Fair Glade Ln	Cypress T	X 77429		165.00
	pation / Job title (See Instructions) ector		9 Employer (See Instru Versa Infrastructure		
				1	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of co	ntribution (\$)
09/24/2021	Khalilah McAfee				
05/2 1/2021	Contributor address;	City;	State; Zip Code		75.00
	2727 Skyview Forest I	Dr. Housto	on TX 77047		, 5.00
	ation / Job title (See Instructions)		Employer (See Instru		
Dentist			Quail Valley Family	Dental	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of co	ntribution (\$)
	Deepak Sane			1.5	
09/25/2021	Contributor address;	City;	State; Zip Code		250.00
	4139 Midstream Drive	Missouri	City TX 77459	. :	230.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)	
Systems Consu	ıltant		FIS		
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of co	ntribution (\$)
	Melvin Houston			.:	
09/28/2021	Contributor address;	City;	State; Zip Code	1	1 500 00
***	2022 Cl.:	Ver C10 III.	TV 77056	1	1,500.00
n	3033 Chimney Rock S	SE DIO HO		tions)	. "
	eation / Job title (See Instructions)		Employer (See Instru- Houston Law Group	:	
Attorney		···	Tiousion Law Gloup	, i LLC	, ·
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SCHEDULE A1

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2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
	Kemp Campaign		: W		٠.
4 Date	5 Full name of contributor Ronald Reynolds	out-of-state PAC	: (ID#:)	7 Amount of contribution (\$)	.÷ .
09/30/2021	6 Contributor address; 6140 Highway 6 South, #23	city; 33 Missouri	State: Zip Code City TX 77459	250.00	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)	v.,
State Represen	tative		Ron Reynolds (self er	nployed)	
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)	
10/02/2021	Joa Sherman  Contributor address:	City;	State; Zip Code	370.00	
	2101 Silverthorn Lane	Kemah T	X 77565	370.00	
Principal occup Attorney	ation / Job title (See Instructions)		Employer (See Instruct Sherman Watkins PL)		٠.
Date	Full name of contributor  Bonnie Fitch	out-of-state PAC	: (ID#:)	Amount of contribution (\$)	
10/17/2021	Contributor address;	City;	State; Zip Code	250.00	
	4002 Roseneath Dr. H	ouston TX	77021	."	
Principal occup Attorney	pation / Job title (See Instructions)		Employer (See Instruct Bonnie Fitch	ions)	
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)	
	Jim Fonteneaux, Sr.				
10/25/2021	Contributor address;	City;	State; Zip Code	200.00	
·	2350 Deer Meadow Dr	Missouri	City TX 77489	200.00	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)	
Investment			Self-Employed	<u> </u>	
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2 FILER NAME			3 Filer ID (Ethics Commission Filers)
The JaPaula	Kemp Campaign		
4 Date	5 Full name of contributor out-of-state	e PAC (ID#:)	7 Amount of contribution (\$)
	Dylan Russell		
11/05/2021	6 Contributor address; City;	State; Zip Code	100.00
	4518 Pebblestone Dr Missour	i City TX 77459	100.00
	pation / Job title (See Instructions)	9 Employer (See Instruction	ns)
Attorney		Hoover Slovacek LLP	
Date	Full name of contributor out-of-state	e PAC (ID#:)	Amount of contribution (\$)
	Atoya Collins		
11/11/2021	Contributor address; City;	State; Zip Code	500.00
	2018 Silver Moon drive Miss	ouri City TX 77459	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ns)
Lawyer	<u> </u>	Law Office	
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Troy Pradia		
11/11/2021	Contributor address; City;	State; Zip Code	370.00
	1415 North Loop West Suite 305 H	ouston TX 77008	370.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ns)
Attorney		The Cox Pradia Law Fi	irm
Date	Full name of contributor out-of-state	PAC (ID#	Amount of contribution (\$)
	Derrick Reed	,	
11/11/2021	Contributor address; City;	State; Zip Code	·
	Contributor address, City,	State, Zip Code	250.00
	11601 Shadow Creek Parkway Suite 111-20	67 Pearland TX 77584	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	•
Attorney		Stephens Reed & Arm	strong, PLLC
,	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
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2 FILER NAME The JaPaula	Kemp Campaign	in the second		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Kemisha Roston	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
11/11/2021		City,	State; Zip Code	500.00
	1281 Ninth Ave #620 S	San Diego		
8 Principal occu Attorney	pation / Job title (See Instructions)		9 Employer (See Instruct University of San Die	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
11/11/2021	Keito Hurd			
	Contributor address: 13819 Cove Landing Ln	City, Roshar	State; Zip Code	500.00
		- ACOSHAI		
Attorney	ation / Job title (See Instructions)		Employer (See Instruct Hurd Law Firm	ions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
11/21/2021	Cory Gaines	· · · · · · · · · · · · · · · · · · ·	·. 	
	Contributor address;	City:	State; Zip Code	185.00
	6815 Trinity Trail Lane	Rosenbe	erg TX 77469	
Principal occup VP	pation / Job title (See Instructions)		Employer (See Instruct Self	ions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
11/22/2021	Debra Collins		:	
11/23/2021	Contributor address;	City;	State: Zip Code	30.00
	1115 Hazy Trail	Fresno	TX 77545	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
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2 FILER NAME The JaPaula	Kemp Campaign	i i i i i i i i i i i i i i i i i i i		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
11/02/0001	Antonio Mitchell	 .a^		
11/23/2021	6 Contributor address;	City;	State; Zip Code	25.00
• .	11107 West Airport 122	5 Stafford	i TX 77477	25.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
<u> </u>		11		
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Carl Allen			
11/23/2021	Contributor address;	City;	State, Zip Code	250.00
	8675 Azure Sky Drive	∷. Las Vegas	NV 89129	250.00
Principal occup	ation / Job title (See Instructions)	Las Vegas	Employer (See Instruct	ione)
- incipal occup	ation 7 300 title (See manuctions)		Employer (See instruct	ions)
Date		out-of-state PAC	(ID#:)	Amount of contribution (\$)
11/25/2021	Garland James	···		
	Contributor address;	City,	State; Zip Code	50.00
	3714 Shreve Ln Missou	ri City T	X 77459	"
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
		<u> </u>		
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Yvonne Bonier	· ·		
11/30/2021	Contributor address;	City;	State; Zip Code	50.00
	19206 Mustang Pointe La	ane Rich	mond TX 77407	50.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
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2 FILER NAME The JaPaula	Kemp Campaign			3 Filer ID (E	thics Commission Filers)
4 Date	5 Full name of contributor  Larry Williams	out-of-state PAC	C (ID#:)	7 Amount of	f contribution (\$)
12/01/2021	6 Contributor address: 3127 Travis Creek Wa	city;	State; Zip Code		100.00
8 Principal occu Retired	pation / Job title (See Instructions)		9 Employer (See Instruc Retired	tions)	
Date 12/01/2021	Full name of contributor Juan Nunez	out-of-state PAC	C (ID#:).	Amount o	f contribution (\$)
12/01/2021	Contributor address; 3419 Aldridge Dr M	c <sub>ity;</sub> issouri City	State: Zip Code		185.00
Principal occur Director	pation / Job title (See Instructions)		Employer (See Instruc HCA West Housto	itions)	
Date 12/04/2021	Full name of contributor Umeka Piccolo	out-of-state PAC	C (ID#:)	Amount o	f contribution (\$)
1210412021	P.O. Box 28353	city: Housto	State; Zip Code		250.00
Principal occur Lawyer	pation / Job title (See Instructions)		Employer (See Instruc The Lewis Law Grou		
Date	Full name of contributor JaPaula Kemp	out-of-state PAC	: (ID#:)	Amount o	f contribution (\$)
12/05/2021	Contributor address;  3418 Aldridge Dr M	city: issouri City	State: Zip Code		1,500.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)	

#### SCHEDULE A1

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2 FILER NAME				3 1	iler ID (Ethics Commission Filers)
The JaPaula	Kemp Campaign	· /			
4 Date	5 Full name of contributor April Jones	out-of-state PA(	C (ID#:)	7 /	Amount of contribution (\$)
12/07/2021		City;	State; Zip Code		100.00
	8506 Rose Garden Drive	Housto	on TX 77083		100.00
8 Principal occup Business Owne	oation / Job title (See Instructions)		9 Employer (See Instru AL Jones Contractin		sulting Services, LLC.
Date		out-of-state PAC	: (ID#:)	. ,	Amount of contribution (\$)
12/08/2021	Krishna Ougrah				
·		City,	State; Zip Code		100.00
	9539 Stillcove Ln Hou	ston TX 7	7089	1	
Principal occup Attorney	ation / Job title (See Instructions)		Employer (See Instru Kris Ougrah	ctions)	
Date	Full name of contributor	out-of-state PAC	; (ID#:)		Amount of contribution (\$)
12/14/2021	Brian McCoy	turis Liti	· ······		: : · · · · · · · · · · · · · · · · · ·
	Contributor address;	City;	State; Zip Code		25.00
	6162 Pinacle Point	Houston	TX 77085	<u> </u>	<u>;</u>
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	ctions)	
Date	Full name of contributor	out-of-state PAC	(ID#:)-		Amount of contribution (\$).
·/	Atoya Collins				
12/15/2021	Contributor address;	City;	State; Zip Code		100.00
A (	2018 Silver Moon Drive	Missou	ri city TX 77459		100.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	ctions)	
Lawyer			Self	·	
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The	Instruction Guide explains how t	o complete this form.	1 Total pages Schedule A1:
2 FILER NAME The JaPaula	Kemp Campaign		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Kimya Mckinney	out-of-state PAC (ID#:	7 Amount of contribution (\$)
12/16/2021	6 Contributor address;	City, State; Zip Code	50.00
	5338 Fairgreen Ln 5 I	Iouston TX 77048	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Ins	structions)
Date	Full name of contributor Mandy Jones	out-of-state PAC (ID#:	— Amount of contribution (\$)
12/16/2021	Contributor address: 16610 Pademelon Dr.	City: State: Zip Code Sugar Land TX 77498	100.00
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Ins	structions) olic Defender's Office
Date	Full name of contributor	out-of-state PAC (ID#:	) Amount of contribution (\$)
12/16/2021	Yolanda Dean	······································	
	Contributor address: 5702 Onia Ln Richmo	City; State; Zip Code	150.00
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)
Entrepreneur		Dow	<u></u>
Date	Full name of contributor Biannka Jones	out-of-state PAC (ID#:	) Amount of contribution (\$)
12/16/2021	Contributor address;	City; State; Zip Code	100.00
	2603 Plantation Hollow Co	urt Missouri City TX 77459	100.00
	ation / Job title (See Instructions)	Employer (See Ins	
Flight attendan	t	Southwest airline	s :
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2 FILER NAME The JaPaula	: a Kemp Campaign			3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Full name of contributor Kimberley Despania	out-of-state PA	C (ID#:)	7 Amount of contribut	ion (\$)
12/16/2021	6 Contributor address: 6000 Reims Rd Unit 4101	City; 4101 Houst	State: Zip Code		150.00
8 Principal occi Realtor	upation / Job title (See Instructions)		9 Employer (See Instru Despania's Real Esta		
Date, 12/16/2021	Full name of contributor TyaNeka Edwards	out-of-state PA(	C (ID#:)	Amount of contribut	tion (\$)
12/10/2021	Contributor address:  20619 Rubble Lane F	city. Richmond T	State: Zip Code		50.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ctions)	
Date 12/17/2021	Full name of contributor Diallo Smith	out-of-state PAC	C (ID#:)	Amount of contribu	tion (\$)
12/1//2021	Contributor address: 5631 Bedford	city; Detr	State: Zip Code		25.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ctions)	:-
Date	Full name of contributor  Matt Berg	out-of-state PAC	C (ID#:)	Amount of contribut	ion (\$)
12/27/2021	Contributor address; PO BOX 1398	city; Fresno	State: Zip Code		250.00
	pation / Job title (See Instructions)		Employer (See Instru	ctions)	:
Quality Mana	ger		PAC	·	
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2 FILER NAME The JaPaula	Kemp Campaign			3 Filer ID (Ethics Commission Filers).
4 Date	5 Full name of contributor Alicia Leonard-Lewis	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
12/30/2021	6 Contributor address: 3224 Ridgecliffe Dr	City; Flint MI 48	State; Zip Code	100.00
8 Principal occu Teacher	pation / Job title (See Instructions)	·.	9 Employer (See Instruc Richfield Public Scho	
Date	Full name of contributor Adeola Heyliger	out-of-state PA	C (ID#:)	Amount of contribution (\$)
09/15/2021	Contributor address: 4222 Oak Forest Dr.	c <sub>ity;</sub> Missouri (	State: Zip Code	477.30
Principal occur Information Te	pation / Job title (See Instructions) chnology		Employer (See Instruc Center Point Energy	tions)
Date	Full name of contributor Dru Spady	out-of-state PA	C (ID#:)	Amount of contribution (\$)
10/01/2021	Contributor address: 3418 Aldridge Dr	c <sub>ity:</sub> Missouri (	State; Zip Code City TX 77459	1,147.78
Principal occup Owner/Operato	pation / Job title (See Instructions)		Employer (See Instruc Heniff	tions)
Date	Full name of contributor  Dana Gaines	out-of-state PA	C (ID#:)	Amount of contribution (\$)
12/06/2021	Contributor address;	City;	State: Zip Code	158.77
Principal occup Contract Admir	pation / Job title (See Instructions)		Employer (See Instruct	
:				

#### SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
The JaPaula	Kemp Campaign			
4 Date	5 Full name of contributor	out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
07/07/0001	Sheila Smith			
07/27/2021	6 Contributor address;	City;	State; Zip Code	150.00
	3411 Aldridge Dr. M	Iissouri City	TX 77459	150.00
9	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Retired			Army	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
11/21/2021	Vivian Burley			
11/21/2021	Contributor address;	City;	State: Zip Code	25.00
	1138 Mossridge	Missouri Ci	ty TX 77489	25.00.
		1711550 di 1 C1		
None Principal occup	ation / Job title (See Instructions)		Employer (See Instruc Retired	tions)
	· . · · · .			
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
11/01/0001	Birdie Kelly			· .
11/21/2021	Contributor address;	City;	State; Zip Code	25.00
	7631 S Glen Willow Ln	Missouri (	City TX 77489	25.00
	<u></u>	IVIISSOUIT C		
	ation / Job title (See Instructions)		Employer (See Instruc	tions)
None			Retired	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Janet Dawson		· ·	÷
11/06/2021	Contributor address;	City;	State; Zip Code	
	Commodition additions,			50.00
Ì	431 Mistflower Dr	Richmond	TX 77469	·
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
None	in the second se		Retired	2
			•	
	$\frac{k^{-1}k_1^2}{k^{-1}k_1^2}$			:2
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· · · · · · · · · · · · · · · · · · ·	ATTACH ADDITI	ONAL COPIES , please see Instr	OF THIS SCHEDULE AS Nuction guide for additional	IEEDED reporting requirements.

#### SCHEDULE A1

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The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME		· · ·		3 Filer ID (Ethics Commission Filers)
The JaPaula	Kemp Campaign			
4 Date	5 Full name of contributor	out-of-state PAC	: (ID#:)	7 Amount of contribution (\$)
09/29/2021	Phymeon Jackson	· · · · · · · · · · · · · · · · · · ·		
4	6 Contributor address;		State; Zip Code	75.00
	14 Riva Del Lago Dr.			
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
09/29/2021	Evelyn Wicks			
09/29/2021	Contributor address;	City	State; Zip Code	50.00
	2023 Secretariet Dr.	Stafford T	X 77477	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
		·		
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
00/00/0001	Rubylene Jones	÷	3	,
09/29/2021	Contributor address;	City;	State; Zip Code	100.00
	3018 Apple Valley Ln	Missouri C	ity TX 77459	100.00
Principal occur	pation / Job title (See Instructions)		Employer (See Instruct	ions)
None	<u>:</u>			• •
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
00/00/0001	Carmen Turner		• • •	
09/29/2021	Contributor address;	City;	State; Zip Code	100.00
	10223 Broadway St.	Pearland	TX 77584	100.00
Principal occup	pation / Job title (See Instructions)	1	Employer (See Instruct	ions)
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#### SCHEDULE A1

If the reques	sted information is not applicabl	e, DO NOT inc	lude this	page in the rep	oort.
The	Instruction Guide explains how t	o complete this	form.	1	Total pages Schedule A1:
2 FILER NAME The JaPaula	Kemp Campaign			3	Filer ID (Ethics Commission Filers)
4 Date 09/29/2021	5 Full name of contributor Sharon Berry 6 Contributor address;	out-of-state PAC (	ID#:		Amount of contribution (\$)
	4698 County Rd 4200		TX Z		75.00
8 Principal occu	pation / Job title (See Instructions)		Employe	er (See Instruction	s)
Date 09/29/2021	Full name of contributor  Jonita Wallace  Contributor address;	out-of-state PAC (		ip Code	Amount of contribution (\$)  75.00
	8222 Bluebird Ln	Missouri Cit	y TX	77459	
Principal occup	ation / Job title (See Instructions)		Employe	r (See Instruction	s)
Date 09/29/2021	Full name of contributor Birdie Kelly	out-of-state PAC (	ID#:	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)
07/27/2021	Contributor address: 7631 Willow Glen Ln	City: Missouri Ci	State; Z	77489	100.00
Principal occup	pation / Job title (See Instructions)		Employe	er (See Instruction	s)
Date	Full name of contributor  Joyce Eugene	out-of-state PAC (	ID#:		Amount of contribution (\$)
09/29/2021	Contributor address;	City;		p Code	75.00
Principal occur	15115 Ridingwood pation / Job title (See Instructions)	Missouri City		7459 er (See Instruction	s)
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#### SCHEDULE A1

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The	Instruction Guide explains hov	to complete this for	rm. 1	Total pages Schedule A1: 29
2 FILER NAME The JaPaula	Kemp Campaign		3	Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor William Bobrick	out-of-state PAC (ID#	,7	Amount of contribution (\$)
12/23/2021	6 Contributor address;	City; , 5	State; Zip Code	50.00
ern Mari	744 Brooks St.	Sugar Land	TX 77478	
8 Principal occu	pation / Job title (See Instructions	9	Employer (See Instruction	is)
Date 12/23/2021	Full name of contributor Addie Johnson	out-of-state PAC (ID#	*	Amount of contribution (\$)
12/23/2021	Contributor address; 3322 Fountain Hills Dr		State: Zip Code TX 77459	50.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruction	s)
Date 12/23/2021	Full name of contributor  JaPaula Kemp  Contributor address;	out-of-state PAC (ID:	#:State; Zip Code	Amount of contribution (\$) $200.00$
	3418 Aldridge Dr	Missouri City	TX 77459	
Principal occup	oation / Job title (See Instructions)	·	Employer (See Instruction	is)
Date	Full name of contributor	out-of-state PAC (ID	#:	Amount of contribution (\$)
07/00/2021	Troy Pradia			
07/09/2021	Contributor address:	*	State; Zip Code	1,545.00
: Deineitables	1415 North Loop West,		on TX 77008	· · · · · · · · · · · · · · · · · · ·
Attorney	pation / Job title (See Instructions)	·	Employer (See Instruction	is)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

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ТІ	ne Instruction Guide explain	s how to complete this for	n.	1 Total pages Sched	dule A2: 6
2 FILER NAM	E .			3 Filer ID (Ethics Co	ommission Filers)
JaPaula	Kemp			·	
4 TOTAL O	F UNITEMIZED IN-KINI	D POLITICAL CONTRII	BUTIONS	\$	
5 Date	6 Full name of contributor	Out-of-state PAC (ID#:	)	8 Amount of	9 In-kind contribution
	Katie Herrington		٠.	Contribution \$	description
09/20/2021	7 Contributor address;	City; State;	Zip Code	5,993.41	Venue Discount, Table Decor & Musician
	1610 Mustang Lane	Missouri City TX 7	7459	Check if travel outs	lide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-J	IUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Staff Direct	• .		Fort Bend	County	
12 Contributor's	principal occupation (FOR JUI	DICIAL)			JDICIAL) (See Instructions)
				,	
14 Contributor's	employer/law firm (FOR JUDIO	CIAL)	. <b>15</b> Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
					<u> </u>
16 If contributor	is a child, law firm of parent(s)	(if any) (FOR JUDICIAL)			
				: 10 m	
	Full name of contributor	out-of-state PAC (ID#:			1
Date	Tony Barnett	out-of-state PAG (IGM.		Amount of Contribution \$	In-kind contribution description
12/06/2021	Contributor address;	City; State;	Zip Code	1,885.00	Photography & Raffle Prizes
	8001 Easton St #5	Houston TX 77	017	Check if travel outsi	de of Texas, Complete Schedule T.
Principal occ	upation / Job title (FOR NON-J	UDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)		
Golf Cod			Self		in 12) (Ooo men a julione)
	principal occupation (FOR JUI	DICIAL)		itor's job title (FOR JU	IDICIAL) (See Instructions)
	,			,	
Contributor's	employer/law firm (FOR JUDIO	CIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
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If contributor	is a child, law firm of parent(s)	(if any) (FOR JUDICIAL)			··
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

Revised 8/17/2020

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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TH	ne Instruction Guide explains i	now to complete this form	1.	1 Total pages Sched	ule A2: 6
2 FILER NAM				3 Filer ID (Ethics Co	ommission Filers)
JaPaula l	Kemp				
4 TOTAL O	F UNITEMIZED IN-KIND	POLITICAL CONTRIE	BUTIONS	\$	
5 Date		out-of-state PAC:(ID#:		8 Amount of Contribution \$	9 In-kind contribution' description
	Gwen Gallian				Event Decorating
09/26/2021	7 Contributor address;	City; State;	Zip Code	1,000.00	Discount
	P.O. Box 1192	Stafford TX	77497	Check if travel outs	lide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUI ordinator	DICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDIO	CIAL)		itor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIA	AL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if	any) (FOR JUDICIAL)			
Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of	In-kind contribution
2.5	Bonita Billings			Contribution \$	description     Fundraiser; Venue
07/07/2021	Contributor address;	City; State;	Zip Code	700.00	Discount
	8770 Hwy 6 #300,	Missouri City, TX	77459	Check if travel outsi	de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUI			er (FOR NON-JUDICI	AL)(See Instructions)
	s/Establishment Owner		Self	itor's job title (FOR II	JDICIAL) (See Instructions)
			00111100	ior 3 job title (i ort 3c	(See mandenons)
Contributor's	employer/law firm (FOR JUDICI/	\L)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if	any) (FOR INDICIAL)			· · · · · · · · · · · · · · · · · · ·
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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

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Th	e Instruction Guide explains how to complete this	form.	1 Total pages Sched	ule A2: 6
2 FILER NAME	<b>E</b>		3 Filer ID (Ethics Co	mmission Filers)
JaPaula l	Kemp			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONT	RIBUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of	9 In-kind contribution
	Jonita Reynolds		Contribution \$	description
09/26/2021		 è; Zip Code	500.00	Host/Emcee
		,		
	2440 Texas Pkwy #102, Missouri City	, IX //489	Check if travel outside	de of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL)(See Instruction	ns) 11 Employ	yer (FOR NON-JUDICIA	AL)(See Instructions)
<del></del>	t Community Services Association, Inc	CEO	: *	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrit	butor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributors	employer/law firm (FOR JUDICIAL)	15 Law fir	m of contributor's spous	se (if any) (FOR JUDICIAL)
	, N° ,			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
430, 5				
		<del></del>		
Date	Full name of contributor	-	Amount of Contribution \$	In-kind contribution description
	Lonnie Knowles		1	Raffle Prize/Golf
10/23/2021	Contributor address; City; Stat	e; Zip Code	941.24	Watch & Putter
# ·		X 77002	Check if travel outside	de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instruction	ns) Emplo	yer (FOR NON-JUDICIA	AL)(See Instructions)
Attorney		Self		
Contributor's	principal occupation (FOR JUDICIAL)	Contrit	outor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law fir	m of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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### NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requ	ested information is not applicable, DO NOT includ	e this page	in the report.
	he Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:
2 FILER NAM			3 Filer ID (Ethics Commission Filers)
JaPaula	Kemp	:	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date	6 Full name of contributor		8 Amount of 9 In-kind contribution Contribution \$   description
	Tony Barnett	4	
12/06/2021	7 Contributor address; City; State;	Zip Code	3,840.00 Venue Fee & Meal Preparation
	8001 Easton St #5 Houston TX 776	017	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
Golf Coor	dinator	Self	e di liga
12 Contributors	s principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor'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 .   out-of-state PAC (ID#:		Amount of In-kind contribution
	Deandrea Bolton	<i>:</i>	Contribution \$   description
12/16/2021	Contributor address; City; State;	Zip Code	350.00 Fundraiser Decorations
· ·	8711 South Fitzgerald Way Missouri City TX	77459	Check if travel outside of Texas. Complete Schedule T.
Principal occ	Locupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
	lanner/Decorator	Self	:
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)
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If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		:
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## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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ТН	ne Instruction Guide explains how to complete this form	m.	1 Total pages Schedule A2:	6
2 FILER NAM	E :		3 Filer ID (Ethics Commission I	Filers)
JaPaula I	Kemp	.;.		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	· · · · · ·
5 Date	6 Full name of contributor : Out-of-state PAC (ID#:	··)	8 Amount of 9 In-kin	nd contribution
	Jennifer Cantu	. ; ;		ription
11/06/2021		 	200.00 Free	Consultation
11/00/2021	7 Contributor address; City; State;	Zip Code	3 , 3	,V. +
î:	104 Industrial Blvd. Ste 106 Sugar Land TX	77478	Check if travel outside of Texas	. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See I	nstructions)
Consultan		Self		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUDICIAL) (	See Instructions)
		·. ·	<u> </u>	
14 Contributors	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any)	(FOR JUDICIAL)
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16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		457	
	Full name of contributor		· · · ·	
Date		·/		d contribution
·	Muzzamil Sajjad	•	· L _	
10/23/2021	Contributor address; City; State;	Zip Code	200.00   Free	Consultation
	10862 Redstone Ct Missouri City TX	77459	Check if travel outside of Texas.	. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See II	
Consulta		Self	,	,
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Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any)	(FOR JUDICIAL)
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If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		:	
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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

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2 FILER NAME	E·.			3 Filer ID (Ethics C	ommission Filers)
JaPaula l	Kemp			,	
4 TOTAL O	F UNITEMIZ	ED IN-KIND POLITICAL CONT	RIBUTIONS	\$	
5 Date	Atoya Contributor 2018 Silve	address; City; State	; Zip Code 77459	8 Amount of Contribution \$ 600.00	9 In-kind contribution description Fundraiser/Venue Fee side of Texas. Complete Schedule T.
		e (FOR NON-JUDICIAL) (See Instruction		er (FOR NON-JUDIC	IAL)(See Instructions)
Attorney		(505)   1000	Self		
12 Contributors	pnncipal occupa	ation (FOR JUDICIAL)	13 Contrib	utors job title (FOR J	UDICIAL) (See Instructions)
14 Contributor's	employer/law fir	rm (FOR JUDICIAL)	15 Law firm	m of contributor's spor	use (if any) (FOR JUDICIAL)
16 If contributor	is a child, law fi	rm of parent(s) (if any) (FOR JUDICIAL)	10.		
	23 % V	<u> </u>			
Date	Full name	of contributor		Amount of	In-kind contribution
				Contribution \$	description
	Contributor	address; City; State	z; Zip Code		
		Oky, State	2, 2,p Code		
Principal occ	upation / lob titl	e (FOR NON-JUDICIAL) (See Instruction		1	side of Texas. Complete Schedule T.
Fillicipal occ	apation / 300 titl	e (FOR NON-JODIÇIAL) (See Instruction	Employ	er (FOR NON-JUDIC	IAL)(See Instructions)
Contributor's	principal occup	ation (FOR JUDICIAL)	Contrib	utors job title (EOP II	UDICIAL) (See Instructions)
			Contract	ator 3 job title (r ort 3	obioine)(dec mandenons)
Contributor's	employer/law fir	rm (FOR JUDICIAL)"	Law firr	n of contributor's spor	use (if any) (FOR JUDICIAL)
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If contributor	is a child, law fi	rm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>	<del></del>	
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) JaPaula Kemp 4 Date 5 Payee name 07/01/2022 B's Wine Bar 6 Amount (\$) 7 Payee address; City; Zip Code 300.00 8770 Highway 6, Suite 300 Missouri City TX 77489 (b) Description (a) Category (See Categories listed at the top of this schedule) PURPOSE **Event Expense** Fundraiser OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH JaPaula Kemp Judge Fort Bend CCL No. 1 Payee name Date **Dollar Tree** 07/07/2021 State: Amount (\$) Zip Code Payee address; City; TX.: 77584 30.31 11901 Shadow Creek Pkwy Pearland Category (See Categories listed at the top of this schedule) Description PURPOSE Event Expense Decorations EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH JaPaula Kemp Judge Fort Bend CCL No. 1 Payee name 07/07/2021 HEB Payee address; City; State; Zip Code Amount (\$) 77459 8900 Highway 6 Missouri City TX 95.28 Description Category (See Categories listed at the top of this schedule) PURPOSE Party Tray Event Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete **ONLY** if direct

JaPaula Kemp

expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Judge Fort Bend CCL No. 1

### 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
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/Waces/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Sala  The Instruction Guide explains how	ries/Wages/Contract Labor	Other (enter a category not listed above)
Total pages Schedule F1:		to complete time remin	3 Filer ID (Ethics Commission Filers)
Total pages Schedule F1:	JaPaula Kemp		The respective commencer is any
Date 07/07/2021	5 Payee name M3 Graphics		1.
Amount (\$)	7 Payee address:	City;	State, Zip Code
443.73	11730 S Wilcrest Dr	Houston	TX 77099
3	(a) Category (See Categories listed at the top of this schedu	le) (b) Description	
PURPOSE OF	Printing Expense	T Shirts	
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n. TX. officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
<ul> <li>Complete ONLY if direct expenditure to benefit C/Oł</li> </ul>		Judge Fort Bend CCL	_ No. 1
Date	Payee name		
07/11/2021	M3 Graphics		
Amount (\$)	Payee address;	City:	State; Zip Code
753.08	11730 S Wilcrest Dr	Houston	TX 77099
	Category (See Categories listed at the top of this schedul	é) Description	
PURPOSE OF EXPENDITURE	Printing Expense	T Shirts	
	Check if travel outside of Texas. Complete Schedule	≥T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Oh	¹ JaPaula Kemp	Judge Fort Bend CCL	L No. 1
Date	Payee name		
07/13/2021	M3 Graphics		• . •
Amount (\$)	Payee address;	City	State; Zip Code
81.19	11730 S Wilcrest Dr	Houston	TX 77099
	Category (See Categories listed at the top of this schedul	e) Description	
PURPOSE OF EXPENDITURE	Printing Expense	Pushcards	2   
	Check if travel outside of Texas, Complete Schedule	T. Check If Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Oh	¹ JaPaula Kemp	Judge Fort Bend CCL	No. 1

### 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 Accounting/Banking Consulting Expense Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Printing Expense, 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) JaPaula Kemp 4 Date 5 Payee name 07/19/2021 JaPaula Kemp 6 Amount (\$) 7 Payee address; City; State: Zip Code 500.00 3418 Aldridge Dr. Missouri City TX 77459 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Loan Repayment Reimbursement EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense: Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH JaPaula Kemp Payee name 07/26/2021 JaPaula Kemp Amount (\$) Payee address; City; State; Zip. Code 500.00 3418 Aldridge Dr. Missouri City TX 77459 Category (See Categories listed at the top of this schedule) Description PURPOSE Loan Repayment Reimbursement EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH JaPaula Kemp Judge Fort Bend CCL No. 1 Payee name 08/15/2021 M3 Graphics Amount (\$) Payee address; State; Zip Code 11730 S Wilcrest Dr Houston TX 77099 119.08 Category (See Categories listed at the top of this schedule) Description PURPOSE Printing Expense T Shirts OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH JaPaula Kemp Judge Fort Bend CCL No. 1 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Political	Committee Legal Services Salaries	s/Wages/Contract Labor Other (enter a cate	gory not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME JaPaula Kemp	3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee name		
08/02/2021	JaPaula Kemp		
6 Amount (\$)	7 Payee address;	City; State;	Zip Code
503.00	3418 Aldridge Dr.	Missouri City TX	77459
8.**	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Monthly Payment	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder livi	ng expense
9: Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	JaPaula Kemp	Judge Fort Bend CCL No. 1	
Date	Payee name		
08/09/2021	Antron Johnson- Victory Consulting	1	
Amount (\$)	Payee address:	City; State;	Zip Code
500.00	1034 Sauliner St.	Houston TX	77019
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Consulting Fee	Consultant	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder livi	ng expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	<sup>¹</sup> JaPaula Kemp	Judge Fort Bend CCL No. 1	• •
Date	Payee name		:
08/15/2021	M3 Graphics		
<u> </u>			
Amount (\$)	Payee address;	City; State;	Zip Code
201.23	1730 S Wilcrest Dr	Houston TX	77099
	Category (See Categories listed at the top of this schedule)	Description	* * * * * * * * * * * * * * * * * * * *
PURPOSE OF	Printing Expense	T Shirts	
EXPENDITURE			· · · · · · · · · · · · · · · · · · ·
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living	ng expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	JaPaula Kemp	Judge Fort Bend CCL No. 1	
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDED	

### 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 Accounting/Banking Event Expense Solicitation/Fundraising Expense 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 Salanes/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: JaPaula Kemp 4 Date 5 Payee name 08/22/2021 Run Sister Run PAC 6 Amount (\$) 7 Payee address; City: State: Zip Code 350.00 P.O. Box 66470 Houston TX 77266 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Contribution Membership OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH JaPaula Kemp Judge- Fort Bend CCL No. 1 Payee name 08/23/2021 Precisioin Graphix Amount (\$) Payee address; City: Zip Code State: 75.00 precisiongraphixgroup@gmail.com Category (See Categories listed at the top of this schedule) Description Advertising Expense **PURPOSE** Design OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH JaPaula Kemp Judge- Fort Bend CCL No. 1 Payee name 08/23/2021 **Precision Graphix** Amount (\$) Payee address; Zip Code City; State: precisiongraphixgroup@gmail.com 25.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense **Edits** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Judge- Fort Bend CCL No. 1 JaPaula Kemp ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Event Expense Fées Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sálanes/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Other (enter a categ			
1 Total pages Schedule F1	The Instruction Guide explains how to	complete this form.	3 Filer ID (Ethic	s Commission Filers)		
Total pages concurred in	JaPaula Kemp			S Germandson t nersy		
4 Date	5 Payee name	:				
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225.00	precisiongraphixgroup@gmail.com	:				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	Advertising Expense	Design				
EXPENDITURE						
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	slin, TX, officeholder living	g expense		
9 Complete ONLY if direct	State   Stat					
expenditure to benefit C/Or	¹ JaPaula Kemp	Judge- Fort Bend Co	CL No. 1			
Date	Payee name					
08/28/2021	Precisioin Graphix					
Amount (\$)	Payee address:	City;	State;	Zip Code		
35.00	precisiongraphixgroup@gmail.com	:		; ·		
	Category (See Categories listed at the top of this schedule)	Description				
	Advertising Expense	Design		:		
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experience to belief C/O	JaPaula Kemp	Judge- Fort Bend Co	CL No. 1			
Date · ;	Payee name	p. F	•			
08/23/2021	Precision Graphix	•				
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	Category (See Categories listed at the top of this schedule)	Description				
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	Check if travel outside of Texas. Complete Schedule T,	Check if Aus	tin, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OH	1	-	•	Office held		
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Design  Complete QNIX if direct expenditure to benefit C/OH  Date  Payee name  Precision Graphix  Amount (s)  Purpose OF EXPENDITURE  Candidate / Office hold or name  Design  Purpose OF EXPENDITURE  Candidate / Office hold or name  Design  Purpose OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Description  Design  Category (See Categories listed at the top of this schedule)  Description  Design  Category (See Categories listed at the top of this schedule)  Description  Design  Candidate / Office hold  Description  Design  Category (See Categories listed at the top of this schedule)  Description  Design  Check if Austin, TX, officeholder living expense  Complete QNIX if direct appenditure to benefit C/OH  Description  Candidate / Office hold  JaPaula Kemp  Judge- Fort Bend CCL No. 1.  Payee name  Precision Graphix  Payee name  Precision Graphix  Payee address;  Payee address;  City; State; Zip Code  precisiongraphixgroup@gmail.com  Category (See Categories listed at the top of this schedule)  Description  Advertising Expense  Category (See Categories listed at the top of this schedule)  Advertising Expense  Check if Austin, TX, officeholder living expense  Complete QNIX if direct  Candidate / Office hold  Cand					
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### 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals 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

Total pages Schedule Ft 2 FILER NAME JaPaula Kemp 3 Filer ID (Ethics Commission Filers) JaPaula Kemp 5 Payee name 09/01/2021 5 Payee name JaPaula Kemp 5 Payee address; City: State: Zip Code 5503.00 3418 Aldridge Dr. Missouri City TX 77459    PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit Croll JaPaula Kemp Judge-Fort Bend CCL No. 1  Date Payee address; City: State: Zip Code 1 Complete QNLY if direct expenditure to benefit Croll Judge-Fort Bend CCL No. 1  Date Payee name Fort Bend Junior League Payee address; City: State: Zip Code 1,500.00 P.O. Box 17387 Sugar Land, TX 77496  Category (See Categories listed at the top of this schedule) Description Christmas Market  Candidate Officeholder name City: State: Zip Code 1,500.00 P.O. Box 17387 Sugar Land, TX 77496  Category (See Categories listed at the top of this schedule) Description Christmas Market  Complete QNLY if direct expenditure to benefit Croll JaPaula Kemp JaPaula Kemp JaPaula Kemp JaPaula Kemp Judge-Fort Bend CCL No. 1  Date Payee name Office benefit Croll JaPaula Kemp JaPaula Kemp Judge-Fort Bend CCL No. 1  Date Payee address; Categories Insted at the top of this schedule) Adge-Fort Bend CCL No. 1	Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries		ther (enter a cated	ct gory not listed above	;)
JaPaula Kemp  5 Payee name  99/01/2021  Amount (\$) 7 Payee address; City: State: Zip Code  90/03.00  3418 Aldridge Dr. Missouri City TX 77459  (a) Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  (b) Check if favel outside of fesss. Complete Schedule T. Check if Austin, TX. officeholder fiving expense  Complete ONLY if direct or benefit Croh  Payee name  Port Bend Junior League  Payee address: City: State: Zip Code  Payee address: City: State: Zip Code  Category (See Categories listed at the top of this schedule)  Purpose Expenditure to benefit Croh  Payee address: City: State: Zip Code  Complete ONLY if direct observed in the schedule of fesss. Complete Schedule T. Check if Austin, TX. officeholder living expense  Complete ONLY if direct observed in the schedule of fesss. Complete Schedule T. Check if Austin, TX. officeholder living expense  Complete ONLY if direct of the schedule of fess complete Schedule T. Check if Austin, TX. officeholder living expense  Complete ONLY if direct of the schedule of fess complete Schedule T. Check if Austin, TX. officeholder living expense  Complete ONLY if direct of the schedule of fess complete Schedule T. Check if Austin, TX. officeholder living expense  Complete ONLY if direct of fess complete Schedule T. Check if Austin, TX. officeholder living expense  Complete ONLY if direct of fess complete Schedule T. Check if Austin, TX. officeholder living expense  Complete ONLY if direct or the schedule of fess complete Schedule T. Check if Austin, TX. officeholder living expense  Complete ONLY if direct or the schedule of fess complete Schedule T. Check if Austin, TX. officeholder living expense  Complete ONLY if direct or the schedule of fess complete Schedule T. Check if Austin, TX. officeholder living expense  Complete ONLY if direct or the schedule of fess complete Schedule T. Check if Austin, TX. officeholder living expense  Complete ONLY if direct or the schedule T. Check if Austin, TX. officeholder living expense  Complete ONLY if direc		The Instruction Guide explains how to	complete this form.	<u> </u>		
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Amount (\$) 7 Payee address; City: State: Zip Code 503.00 3418 Aldridge Dr. Missouri City TX 77459 (a) Category (See Categories listed at the top of this schedula) (b) Description  PURPOSE OF EXPENDITURE  (c) Check if travel outside of Texas: Complete Schedula*)  Loan Repayment  Complete QNLY if direct expenditure to benefit CiOH  Payee address; City: State: Zip Code 7190 (See Categories listed at the top of this schedula*)  Payee address; City: State: Zip Code 7190 (See Categories listed at the top of this schedula*)  Purpose OF EXPENDITURE  Candidate / Officeholder name	4 Date	5 Payee name		· :	· · · · · ·	
3418 Aldridge Dr. Missouri City TX 77459  PURPOSE OF EXPENDITURE  (c) Check if saved outdider of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense expenditure to benefit CiOH  Date  Payee name  Payee address;  Candidate / Officeholder name  O9/02/2021  Fort Bend Junior League  Amount (s)  Payee name  Candidate / Officeholder invine the top of this schedule)  Advertisement  Candidate / Officeholder name  Ostroe New Travel outdide of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense  Candidate / Officeholder name  O9/08/2021  Category (See Categories listed at the top of this schedule)  Description  Christmas Market  Check if austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit CiOH  Date  Payee name  Candidate / Officeholder name  O9/08/2021  Candidate / Officeholder name  Office sought  Office sought  Category (See Categories listed at the top of this schedule)  Payee name  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  OF Contribution  Category (See Categories listed at the top of this schedule)  OF Category (See Categories listed at the top of this schedule)  OF Category (See Categories listed at the top of this schedule)  OF Category (See Categories listed at the top of this schedule)  OF Category (See Categories listed at the top of this schedule)  Office sought  Office sought  Office held  Date Candidate / Officeholder name  Office sought  Office sought  Office sought  Office held  Date Candidate / Officeholder name  Office sought  Office sought  Office sought	09/01/2021	JaPaula Kemp		· .		
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Reimbursement  Reimbursement  (c) Check if Javael audide of Texas. Complete Schedule T.  Candidate / Office hold Judge-Fort Bend CCL No. 1  Payee name  Payee address:  P.O. Box 17387  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Candidate (Office hold schedule)  Date  Payee name  Sugar Land Fire Fighter's Ball  Amount (s)  Payee address:  City: State: Zip Code  Sugar Land Fire Fighter's Ball  Amount (s)  Payee address:  City: State: Zip Code  Sugar Land Fire Fighter's Ball  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top	6 Amount (\$)	7 Payee address:	City;	State	Zip Code	· : : '
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Complete ONLY if direct expenditure to benefit C/OH  Date  Payee address:  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Date  Op/08/2021  Category (See Categories listed at the top of this schedule)  Date  Op/08/2021  Category (See Categories listed at the top of this schedule)  Date  Op/08/2021  Category (See Categories listed at the top of this schedule)  Date  Op/08/2021  Category (See Categories listed at the top of this schedule)  Date  Op/08/2021  Category (See Categories listed at the top of this schedule)  Date  Op/08/2021  Category (See Categories listed at the top of this schedule)  Date  Op/08/2021  Category (See Categories listed at the top of this schedule)  Date  Op/08/2021  Category (See Categories listed at the top of this schedule)  Date  Op/08/2021  Candidate / Officeholder name  Op/08/2021  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Check if vasilin, Tx. difficeholder living expense  Camplete ONLY if direct  Category (See Categories listed at the top of this schedule)  Check if vasilin, Tx. difficeholder living expense	8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	: :		
EXPENDITURE  (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, difficeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  JaPaula Kemp  Payee name  09/02/2021  Amount (\$)  Payee address;  City: State: Zip Code  1,500.00  P.O. Box 17387  Sugar Land, TX 77496  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Candidate / Officeholder name  Office sought  Office sought  Office sought  Office held  JaPaula Kemp  Office sought  Office sought  Office held  JaPaula Kemp  Category (See Categories listed at the top of this schedule)  Candidate / Officeholder name  Office sought  Office sought  Office sought  Office held  Sugar Land, TX 77479  Category (See Categories listed at the top of this schedule)  Date  Payee name  Office sought  Office held  Sugar Land Fire Fighter's Ball  Amount (\$)  Payee address;  City: State: Zip Code  Office held  Sugar Land, TX 77479  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Check if Austin, TX, officeholder living expense		Loan Repayment	Reimbursement	`	• ;	
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Date  Date  Date  D9/02/2021  Fort Bend Junior League  Payee name  Fort Bend Junior League  Payee address; City: State: Zip Code  1,500.00  P.O. Box 17387  Sugar Land, TX 77496  Category (See Categories listed at the top of this schedule)  PURPOSE EXPENDITURE  Complete QNLX if direct expenditure to benefit C/OH  Date  D9/08/2021  Payee address: Check if vavel outside of Texas. Complete Schedule T.  Candidate / Office held  JaPaula Kemp  D9/08/2021  Sugar Land Fire Fighter's Ball  Amount (\$) Payee name  Sugar Land Fire Fighter's Ball  Amount (\$) Payee address: Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Contribution  Category (See Categories listed at the top of this schedule)  Contribution  Category (See Categories listed at the top of this schedule)  Check if vavel outside of Texas. Complete Schedule T.  Check if Austin, TX. officeholder living expense  Check if furvel outside of Texas. Complete Schedule T.  Check if Austin, TX. officeholder living expense		(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder livin	g expense	
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Amount (\$) Payee address; City: State: Zip Code  1,500.00 P.O. Box 17387 Sugar Land, TX 77496  Category (See Categories listed at the top of this schedule) Advertisement Christmas Market  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  Date Date Date Date Dayee name Sugar Land Fire Fighter's Ball  Amount (\$) Payee address; City: State: Zip Code  2700 Town Center Blvd. North Sugar Land, TX 77479  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Contribution  Contribution  Contribution  Candidate / Officeholder name Office sought  Description  Table Sponsorship  Check if rured outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  JaPaula Kemp  Judge- Fort Bend CCL No. 1	Date	Payee name				
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Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  D9/08/2021  Sugar Land Fire Fighter's Ball  Amount (\$\$)  Payee address;  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Check if ravel outside of Texas. Complete Schedule T.  Category (See Categories listed at the top of this schedule)  Contribution  Check if ravel outside of Texas. Complete Schedule T.  Check if ravel outside of Texas. Complete Schedule T.  Check if ravel outside fiving expense  Candidate / Office holder name  Office sought  Office held  JaPaula Kemp  Judge- Fort Bend CCL No. 1	Amount (\$)	Payee address;	City;	State;	Zip Code	
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Date Payee name  D9/08/2021 Sugar Land Fire Fighter's Ball  Amount (\$) Payee address; City; State; Zip Code  2700 Town Center Blvd. North Sugar Land, TX 77479  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  JaPaula Kemp  Judge- Fort Bend CCL No. 1		Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX	officeholder living	g expense	
Date  Payee name  Sugar Land Fire Fighter's Ball  Amount (\$) Payee address; City: State: Zip Code  2700 Town Center Blvd. North Sugar Land, TX 77479  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Candidate / Office held  JaPaula Kemp  Judge-Fort Bend CCL No. 1	Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
Sugar Land Fire Fighter's Ball  Amount (\$) Payee address; City; State; Zip Code  2700 Town Center Blvd. North Sugar Land, TX 77479  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  JaPaula Kemp  Judge- Fort Bend CCL No. 1	expenditure to benefit C/O	<sup>1</sup> JaPaula Kemp	Judge- Fort Bend CCL No	o. 1		
Amount (\$) Payee address; City; State; Zip Code 2700 Town Center Blvd. North Sugar Land, TX 77479  Category (See Categories listed at the top of this schedule) OF EXPENDITURE  Contribution Contribution  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Candidate / Officeholder name Office sought Office held JaPaula Kemp Judge- Fort Bend CCL No. 1	Date	Payee name				
Amount (\$) Payee address; City; State; Zip Code 2700 Town Center Blvd. North Sugar Land, TX 77479  Category (See Categories listed at the top of this schedule) OF EXPENDITURE  Contribution Contribution  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Candidate / Officeholder name Office sought Office held JaPaula Kemp Judge- Fort Bend CCL No. 1	00/00/2024			· . ·		
2700 Town Center Blvd. North  Sugar Land, TX 77479  Category (See Categories listed at the top of this schedule)  Contribution  Contribution  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  JaPaula Kemp  Office Fort Bend CCL No. 1	09/06/2021	Sugar Land Fire Fighter's Ball				
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Contribution  Contribution  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  JaPaula Kemp  Judge- Fort Bend CCL No. 1	Amount (\$)	Payee address;	City;	State:	Zip Code	
PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought Office held  JaPaula Kemp Judge- Fort Bend CCL No. 1	450.00	2700 Town Center Blvd. North	Sugar Land,	TX	77479	:
Complete ONLY if direct expenditure to benefit C/OH  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Candidate / Officeholder name  Office sought  Office held  JaPaula Kemp  Judge- Fort Bend CCL No. 1		Category (See Categories listed at the top of this schedule)	Description			:
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  JaPaula Kemp  Judge- Fort Bend CCL No. 1		Contribution	Table Sponsorshi	D .	·	
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expenditure to benefit C/OH  JaPaula Kemp  Judge- Fort Bend CCL No. 1		Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	officeholder living	expense	
expenditure to benefit C/OH  JaPaula Kemp  Judge- Fort Bend CCL No. 1	Complete ONLY if direct	Candidate / Officeholder name	Office sought	<del></del>	Office held	
		¹ JaPaula Kemp	udge- Fort Bend CCL No	.1		
		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D .		

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

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services			Travel in District Travel Out Of District Other (enter a categor	y not listed above)
Credit Card Payment		The Instruction Guide e	xplains how to c	omplete this form.		•
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethics	Commission Filers)
	JaPaula I	Kemp	· .			
4 Date	5 Payee na	ame				. • •
09/08/2021	Literacy	Council				
6 Amount (\$)	7 Payee a	ddress		City:	State:	Zip Code
206.00	12530 E	mily Court		Sugar Land	TX	77478
	(a) Categor	y (See Categories listed at the to	o of this schodule)	(b) Description	The second of the second	
8			p or this schedule)			- :
PURPOSE OF	Charita	ble Contribution		Spelling Bee		
EXPENDITURE			<u> </u>			·
	(c)	Check if travel outside of Texas. Cor	mplete Schedule T.	Check if Austin	. TX, officeholder living	expense
9 Complete ONLY if direct		late / Officeholder name		Office sought		Office held
expenditure to benefit C/OI	<sup>1</sup> JaPaul	a Kemp		Judge- Fort Bend CCI	_ No. 1	
Date	Payee na	ame				
00/00/2024	Litoracy	Coupeil				
09/09/2021	Literacy	Council			14.	
Amount (\$)	Payee a	ddress;		City,	State;	Zip Code
100.00	12530 E	Emily Court		Sugar Land	TX	77478
	Categor	(See Categories listed at the top	of this schedule)	Description		
PURPOSE		able Contribution	•	· ·	·.·	
OF EXPENDITURE	Cilania	ible Contribution		Spelling Bee	٠	
		Check if travel outside of Texas. Cor	mplete Schedule T.	· · Check if Austir	, TX, officeholder living	expense
Complete ONLY if direct	Candio	late / Officeholder name		Office sought	. (	Office held
expenditure to benefit C/OH	¹ JaPa	ula Kemp	,	Judge- Fort Bend CCI	_ No. 1	
Date	Payee n	ame				
00/00/2024				• .		
09/09/2021	Literacy	Council		•		
Amount (\$)	Payee a	ddress;		City	State;	Zip Code
40 00	12530 E	mily Court		Sugar Land	TX	77478
40.00						
	Category	(See Categories listed at the top	of this schedule)	Description		
PURPOSE	Charital	ble Contribution		Spelling Bee	4 ST 4	
OF EXPENDITURE	2			Cheming Dee		
		Check if travel outside of Texas. Con	nolete Schedule T.	Check if Austin	TX, officeholder living	expense
Complete ONLY is dis	Candid	late / Officeholder name				
Complete ONLY if direct expenditure to benefit C/OH				Office sought	• • • • •	Office held
	Jarau	la Kemp	Jı	udge- Fort Bend CCL	NO. 1	
	AT	TACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS NEE	DED	

### 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 Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B		Polling Expense Printing Expense	Travel In District Travel Out Of District
Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME JaPaula Kemp		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		<u> </u>
09/13/2021	Nyce Graphix		
6 Amount (\$)	7 Payee address:	City;	State, Zip Code
216.50	2626 South Loop West, Ste 26	3 Hous	ton TX 77054
	(6) 601	schedule) (b) Description	
8 PURPOSE	(a) Category (See Categories listed at the top of this s		
OF	Advertisement	Printing	
EXPENDITURE			<u> </u>
	(C) Check if travel outside of Texas. Complete Sci	hedule T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H JaPaula Kemp	Judge- Fort Bend CC	L No. 1
Date	Payee name		
00/00/2024	Canva		
09/09/2021	Canva		* •
Amount (\$)	Payee address:	City;	State: Zip Code
119.99	Canva.com	74 4	2
113.33		,	
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE	Advertising	Graphic	·
OF EXPENDITURE			•
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	<sup>1</sup> JaPaula Kemp	Judge- Fort Bend CC	L No. 1
Date	Payee name		
00/00/2024			
09/09/2021	Delightful Bites	·	· .
Amount (\$)	Payee address;	City;	State: Zip Code
190.00	delightfulbites18@gmail.com		
180.00			
: ^	Category (See Categories listed at the top of this sol	hedule) Description	
PURPOSE	Event Expense	Dessert	
OF EXPENDITURE	Event Expense	Dessert	
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	<sup>1</sup> JaPaula Kemp	Judge- Fort Bend CCL	. No. 1
	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE AS NEE	:DEU

## 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
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 Salanes/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME JaPaula Kemp	3	Filer ID (Ethics Commission Filers)
4 Date 09/13/2022	S Payee name Quail Valley Gold Course		
6 Amount (\$)	7 Payee address;	City	State: Zip Code
699.00	2880 La Quinta Dr.	Missouri City	TX 77459
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Expense	Venue Deposit	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name JaPaula Kemp	Office sought  Judge- Fort Bend CCL N	Office held
Date	Payee name		
09/14/2022	Antron Johnson- Victory Consulting		
Amount (\$)	Payee address;	City;	State: Zip Code
500.00	1034 Sauliner St.	Houston	TX 77019
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Consulting Fee	Consultant	
EXPENDITURE	· · · · · · · · · · · · · · · · · · ·		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 1	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O/	JaPaula Kemp	Judge- Fort Bend CCL I	No. 1
Date	Payee name		
09/17/2021	PayPal		
Amount (\$)	Payee address;	City;	State: Zip Code
775.00	paypal.com		· · · · · · · · · · · · · · · · · · ·
113.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Credit Card Payment	Reimbursement	
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	JaPaula Kemp	Judge- Fort Bend CCL N	0. 1
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED	ED

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politic	the state of the s		Travel Out Of Distr Other (enter a cated	ict gory not listed above)
Credit Card Payment	The Instruction Guide explains how		,	
4 Total pages Schodule Edi	The second secon	<del></del>	Files ID (Ethi	cs Commission Filers)
1 Total pages Schedule F1:	JaPaula Kemp	4	Filer ID (Ellin	cs Commission Filers)
4 Date	5 Payee name		<del></del>	<del> </del>
09/15/2021	M3 Graphics			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
456.92	11730 S Wilcrest Dr	Houston	TX	77099
8	(a) Category (See Categories listed at the top of this schedule	) (b) Description	•	
PURPOSE OF	Printing Expense	Advertisement		
EXPENDITURE				
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX, officeholder livir	ng expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/O	H JaPaula Kemp	Judge Fort Bend CCL I	No. 1	4.0
Date	Payee name	1, 4,		
00/40/0004		4.4 4.7		
09/16/2021	Regions Bank			
Amount (\$)	Payee address;	City:	State;	Zip Code
32.00	9129 Hwy 6	Missouri City	TX	77459
32.00	3	·····ooour· Çiriy		77,100
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Other	Business Check	c Order	
OF EXPENDITURE		240,11000 011001	. 0.46.	•
EXI ENDITORE				
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder livin	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
experience to benefit or or	JaPaula Kemp	Judge Fort Bend CCL I	No. 1	
Date	Payee name			
	\$ 100 miles	• :		
09/17/2021	Richard Malone			
Amount (\$)	Payee address;	City;	State;	Zip Code
F00 00	7600 Regency Square, Ste 180	Houston	TX	77036
502.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Printing Evnense	T Shirts		<i>:</i> .
OF EXPENDITURE	Printing Expense	I Simils		· ·
	Check if travel outside of Texas. Complete Schedule T.	Chack if Austin 3	X. officeholder livin	expense
0	Candidate / Officeholder name	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/Oh	1		0 1	- Cilide inclu
	JaPaula Kemp	Judge Fort Bend CCL N	0. 1	
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEED	ED	

### 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
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 Salanes/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer	ID (Ethics Commission Filers)
	JaPaula Kemp		
4 Date	5 Payee name		
09/21/2021	Uline		vi siky
6 Amount (\$)	7 Payee address;	City	State; Zip Code
925.39	12575 Uline Drive	Pleasant Prairie,	WI 53158
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising Expense	Door Hanger	
OF EXPENDITURE		3.00	
: :	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	holder living expense
O Complete ONLY if direct			Office held
		Judge Fort Bend CCL No. 1	.70
Date	Payee name		
00/24/2021	Innovative Solutions IT		
	· · · · · · · · · · · · · · · · · · ·		
Amount (\$)	Payee address;	City;	
400.00	10862 Redstone Ct	Missouri City	TX 77459
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising Expense	Design Fee	€,
EXPENDITURE	·		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	cholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	<sup>1</sup> JaPaula Kemp	Judge Fort Bend CCL No. 1	. 4
	Fayee name		, A- , e- , to
09/27/2021	MC 1 Hour Cleaners	•	
Amount (\$)	Payee address;	City;	State; Zip Code
050 45	1641 Cartwright Rd	Missouri City	TX 77459
250.45	i i i i i i i i i i i i i i i i i i i	moodan day.	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Event Expense	Press Table 100 Clot	he
OF EXPENDITURE		TOUS TUDIC TOU CIO	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	holder living expense
Uline Amount (\$) 7 Payee address; City: State: 925.39 12575 Uline Drive Pleasant Prairie, WI  Advertising Expense (c) Check if vave outside of fexas. Complete Schedule 1. Check if Austin, TX, officeholder fiving expenditure to benefit C/OH JaPaula Kemp  Door Hanger  Candidate / Officeholder name JaPaula Kemp  Dougle Fort Bend CCL No. 1  Payee address: City: State;  Office sought Judge Fort Bend CCL No. 1  Payee address: City: State;  Amount (\$) Purpose OF Expenditure  Category (See Categories listed at the top of this schedule) Description			Office held
	<sup>1</sup> JaPaula Kemp	Judge Fort Bend CCL No. 1	
1	AT INCHADOLITONAL COPIES OF THE	G GOLIEDOLE NO MEEDED	•

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment			vel Out Of Distr er (enter a cate	rict gory not listed abov	/e).	
<u> </u>	The Instruction Guide explains how to					
Total pages Schedule F1:	2 FILER NAME JaPaula Kemp	3 F	iler ID (Ethi	cs Commission F	lers)	
Date	5 Payee name				<del></del>	
09/24/2021	Antron Johnson- Victory Consulting			·		
Amount (\$)	7 Payee address:	City;	State;	Zip Code	74	
600.00	1034 Sauliner St.	Houston	TX	77019		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	Other	Canvassing		• .	2.5	
OF EXPENDITURE		Canvaceing			1.2	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder livi	no expense	· ·	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		
expenditure to benefit C/O		Judge Fort Bend CCL No	. 1			
Date	Payee name	i	•	-	÷.	
09/27/2021	Javonte Davis					
Amount (\$)	Payee address;	City;	State;	Zip Code	1,00	
750.00	2526 Business Center Dr	Pearland	TX	77584	.: ::	
:.	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Photography				
·	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		
expenditure to benefit C/Oh		Judge Fort Bend CCL No	. 1		``. :	
Date	Payee name				.*. •	
08/15/2021	Katy Area Democrats					
Amount (\$)	Payee address;	City;	State;	Zip Code	7	
250.00	P.O. Box 6952	Katy	TX	77491	٠	
	Category (See Categories listed at the top of this schedule)	Description			<del></del>	
PURPOSE	Contributions	Sponsorship for P	icnic			
OF EXPENDITURE	Contributions	Shousousith for L				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX,	officeholder livi	ng expense	•	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		
expenditure to benefit C/Oh		Judge Fort Bend CCL No.	1		· . ·	
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDED	)		-	
				Povised 9		

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 Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Salanes/\	/ages/Contract Labor	Travel Out Of Distri Other (enter a categ	ct ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME	explains now to c	ompiete tins form.	3 Filer ID (Ethic	s Commission Filers)
i Total pages Schedule F1.	JaPaula Kemp			, <b>3</b> ; iiei ; is (euiic	
4 Date	5 Payee name				
10/01/2021	Innovative Solutions IT				
6 Amount (\$)	7 Payee address:		City;	State;	Zip Code
50.00	10862 Redstone Ct		Missouri City	тX	77459
8	(a) Category (See Categories listed at the t	op of this schedule)	(b) Description		
PURPOSE	Advertising Fee		Design Edit		
OF EXPENDITURE				<u> </u>	
	(c) Check if travel outside of Texas. C	omplete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/OI	JaPaula Kemp		Judge Fort Bend CC	L No. 1	· · · · · · · · · · · · · · · · · · ·
Date	Payee name				
10/13/2021	Zach Jones- Cyber Cinco	Graphic De	esign	****;	· ·
Amount (\$)	Payee address;	• •	City;	State:	Zip Code
45.00	https://www.cybercinco.c	om			
	Category (See Categories listed at the to	p of this schedule)	Description		
PURPOSE	Advertising		Flyer		
OF EXPENDITURE					
	Check if travel outside of Texas, C	omplete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/Oh	JaPaula Kemp Judge Fort Bend CCL No. 1				
Date	Payee name	. :			
10/15/2021	Rush Order Tees				
Amount (\$)	Payee address;		City;	State;	Zip Code
77.53	2727 Commerce Way	· .	Philadelphia	PÄ	19154
77.00					<u> </u>
	Category (See Categories listed at the to	p of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense		T Shirts		
~	Check if travel outside of Texas. Co	omplete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	JaPaula Kemp	. Jı	udge Fort Bend CCL	. No. 1 :	
	ATTACH ADDITIONAL CO	OPIES OF THIS	SCHEDULE AS NEE	DED	

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Cities (and a second political above)

Contributions/Donations Made B Candidate/Officeholder/Politica	•	inting Ex danes∕W	pense /ages/Contract Labor	Travel Out Of District Other (enter a category)		). ·
Credit Card Payment	The Instruction Guide explains he	ow to c	omplete this form.			
1 Total pages Schedule F1:	At a			3 Filer ID (Ethic	s Commission Fil	lers)
:	JaPaula Kemp	:				
4 Date	5 Payee name	·				
10/15/2021	VistaPrint	:		· · · · · · · · · · · · · · · · · · ·		
6 Amount (\$)	7 Payee address:	. ::::	City;	State;	Zip Code	
490.05	vistaprint.com					
430.03		:	· .			
8	(a) Category (See Categories listed at the top of this sche	dule)	(b) Description			• •
PURPOSE	Advertising		Advertising/Pr	inting Expen	se	
OF EXPENDITURE	Adventising		/ tavortionig/i	mang Expon	90	
EXPENDITORE		<u> </u>				
- V	(c) Check if travel outside of Texas. Complete Schedu	ıle T.	Check if Austi	n, TX, officeholder livin		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name		Office sought		Office held	
expenditure to benefit or or	1 JaPaula Kemp		ludge Fort Bend CCI	. No. 1		
Date	Payee name		•			
10/18/2021	Nyce Graphix			172		
		1.2	City;	State:	Zip Code	
Amount (\$)	Payee address:		•		•	
252.55	2626 South Loop West, Ste 263	10°	Houston	TX	77054	
	Category (See Categories listed at the top of this sched	ule)	Description			-
PURPOSE	Printing Expense		Rack Cards	•		
OF	Trining Experies		Track Cards			
EXPENDITURE		<del></del>	<u></u>	<del></del>		
	Check if travel outside of Texas. Complete Schedu	de T.	Check if Austin	n, TX, officeholder living	g expense	
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held	
expenditure to benefit C/OH	<sup>¹</sup> JaPaula Kemp	لذ∶	ludge Fort Bend CCI	_ No. 1		
Date	Payee name					
40/00/004	•					
10/22/2021	Innovative Solutions					
Amount (\$)	Payee address;		City;	State;	Zip Code	
175.00	10862 Redstone Ct		Missouri City	TX	77459	
	Category (See Categories listed at the top of this schedu	ule)	Description			
PURPOSE	Consulting Expense	·.!	Campaign Sigr	Budget & D	esian	
OF .	Consulting Expense		Çarıpaığıı Olgi İ	. Dadget a D	Jongin	
EXPENDITURE						
	Check if travel outside of Texas. Complete Schedu	de T.		n, TX, officeholder living		
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held	
expenditure to benefit C/OH	JaPaula Kemp	Ju	udge Fort Bend CCL	No. 1		
	ATTACH ADDITIONAL COPIES OF	THIS	SCHEDULE AS NEE	DED		

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
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

Credit Card Payment .	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	JaPaula Kemp	·	<u> </u>
4 Date	5 Payee name		
10/25/2021	Fort Bend Junior League		
6 Amount (\$)	7 Payee address;	City;	State: Zip Code
192.00	P.O. Box 17387	Sugar Land,	TX 77496
182.00	1.0.20011001	Ougu. Lu., o,	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advortising	Sugar Plum Ma	arket
OF	Advertising	Sugar Fluiri Wi	ainet
EXPENDITURE		<u> </u>	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	. TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	JaPaula Kemp	Judge Fort Bend CCL	. No. 1
Date	Payee name	·	
40/05/0004	Cractive Inflations		
10/05/2021	Creative Inflations		· · .
Amount (\$)	Payee address;	City;	State: Zip Code
948.87	P.O. Box 1192	Stafford	TX 77497
340.07	2		: ••
	Category (See Categories listed at the top of this schedule)	Description	·
PURPOSE	Event Expense	Event Planner	/Decorations
OF EXPENDITURE			
	Charlest survey a spide of Towar Complete School of T	Charle if Austin	TV officeholder living eveness
,	Check if travel outside of Texas. Complete Schedule T.	<u></u>	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	JaPaula Kemp	Judge Fort Bend CCL	- No. 1
Date	Payee name		·
10/10/2021			
10/19/2021	Antron Johnson- Victory Consulting	•	·
Amount (\$)	Payee address;	City;	State; Zip Code
500.00	1034 Sauliner St.	Houston	TX 77019
500.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Consulting Eq.	Consultant	
OF EXPENDITURE	Consulting Fee	Consultant	*: - <sup>**</sup>
EXPENDITURE	1		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX. officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	JaPaula Kemp	Judge Fort Bend CCL	No. 1
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED

SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor

Credit Card Payment	The Instruction Guide explains how	o complete this form.	Other (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME JaPaula Kemp		3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name	; Payee name					
10/19/2021	Antron Johnson- Victory Consulting	Antron Johnson- Victory Consulting					
6 Amount (\$)	7 Payee address:	City;	State; Zip Code				
325.00	1034 Sauliner St.	Houston	TX 77019				
8	(a) Category (See Categories listed at the top of this schedule	(b) Description					
PURPOSE	Other	Canvassing	•				
OF EXPENDITURE							
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n. TX, officeholder living expense				
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/OF	JaPaula Kemp	Judge Fort Bend CCL	- No. 1				
Date	Payee name						
11/02/2021	Innovative Solutions IT						
Amount (\$)	Payee address:	City;	State; Zip Code				
200.00	10862 Redstone Ct	Missouri City	TX 77459				
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE	Consulting Fee	Pushcard Des	ign				
OF EXPENDITURE							
·	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/OH	JaPaula Kemp	Judge Fort Bend CCL	. No. 1				
Date	Payee name						
11/02/2021	Innovative Solutions IT	·	⊕ 				
Amount (\$)	Payee address;	City;	State; Zip Code				
242.20	10862 Redstone Ct	Missouri City	TX 77459				
212.38							
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE	Consulting Fee	Road Sign Des	ign				
OF EXPENDITURE			· · · · · · · · · · · · · · · · · · ·				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/OH	JaPaula Kemp	Judge Fort Bend CCL	No. 1				
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEE	DED				

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	•	er (enter a category not instea above)
1 Total pages Schedule F1:	2 FILER NAME JaPaula Kemp	3 F	iler ID (Ethics Commission Filers)
4 Date 11/08/2022	5 Payee name Cheesecake Factory		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
155.60	16535 Southwest Fwy, Sugar Land	, TX 77479	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meet the Candida	te
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  H JaPaula Kemp	Office sought Judge Fort Bend CCL No.	Office held . 1
Date	Payee name	<del></del>	
11/10/2021	Hott Houston Media		
Amount (\$)	Payee address;	City;	State; Zip Code
315.00	P.O. Box 3226	Missouri City	TX 77459
	Category (See Categories listed at the top of this schedule)	Description	· ·
PURPOSE OF	Other	Photography	
EXPENDITURE	:	4.	<u>.</u>
	Check if travel outside of Texas. Complete Schedule T.	outside of Texas, Complete Schedule T. Check if Austin, TX,	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Oh	¹ JaPaula Kemp	Judge Fort Bend CCL No	.1
Date	Payee name		
11/12/2021	Best Buy	* .	
' Amount (\$)	Payee address;	City;	State; Zip Code
649.49	bestbuy.com		$\lambda_{\Lambda}$
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Gift/Raffle Expense	65" TV for Raffle	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	¹ JaPaula Kemp	Judge Fort Bend CCL No.	1
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	

### 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 Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politics		Printing Expense Tra	vel In District vel Out Of District er (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explain	s how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME JaPaula Kemp	3 F	filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
11/12/2021	Zach Jones- Cyber Cinco Gra	phics		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
35.00	cybercinco.com			
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description		
PURPOSE OF EXPENDITURE	Advertising	Flyer		
	(C) Check if travel outside of Texas. Complete Si	chedule T. Check if Austin, TX,	officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OI	JaPaula Kemp	Judge Fort Bend CCL No	• •	
Date	Payee name			
11/15/2021	Innovative Solutions IT	: :	:	
Amount (\$)	Payee address;	City;	State; Zip Code	
303.61	10862 Redstone Ct	Missouri City	TX 77459	
	Category (See Categories listed at the top of this se	chedule) Description		
PURPOSE	Advertising	Golf Tournament	Banner	
OF EXPENDITURE		·		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/Oh	JaPaula Kemp	Judge Fort Bend CCL No	. 1	
Date	Payee name			
11/17/2021	Jennifer Cantu			
Amount (\$)	Payee address;	City;	State; Zip Code	
	gofundme.com			
57.50	goraniono.		. •	
	Category (See Categories listed at the top of this so	hedule) Description	· · · · · · · · · · · · · · · · · · ·	
PURPOSE	Contribution	Fundraiser	· .	
OF EXPENDITURE		i didialsei	₩ 	
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/Oh	JaPaula Kemp	Judge Fort Bend CCL No.	1	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEEDED	)	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.					
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	·		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office ( Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Dverhead/Rental Expense Expense g Expense s/Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense	
Credit Card Payment	The Instruction Guide explains how t	o complete this form.	:		
1 Total pages Schedule F1:	2 FILER NAME	·	3 Filer ID (Ethic	s Commission Filers)	
:	JaPaula Kemp			:	
4 Date	5 Payee name		v.	: ::	
11/22/2021	Innovative Solutions IT	· .			
6 Amount (\$)	7 Payee address:	City;	State;	Zip Code	
353.10	10862 Redstone Ct	Missouri City	TX	77459	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	* .		
PURPOSE	Advertising	Tournament Ba	ack Drop		
OF EXPENDITURE			, <b>,-</b> -		
in the second	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF		Judge Fort Bend CCL	No. 1		
Date	Payee name				
44/00/0004	Daniel Markilla				
11/29/2021	Boost Mobile				
Amount (\$)	Payee address;	City;	State;	Zip Code	
228.00	1615 Cartwright Rd #30	Missouri C	ity TX	77489	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Other	Campaign Pho	one		
OF EXPENDITURE		Jampaign 1 110		_	
	Check if travel outside of Texas, Complete Schedule T.	Chart if Austin	TV officeboldes living		
0	Candidate / Officeholder name	Office sought	, TX, officeholder living	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			· No. 4	Office field	
	Jaraula Kemp	Judge Fort Bend CCL	- NO. 1		
Date	Payee name				
11/23/2021	Fort Bend Democratic Party			:	
Amount (\$)	Payee address;	City;	State;	Zip Code	
1,000.00	13515 Southwest Fwy #204	Sugar Land	TX	77478	
1,000.00		_			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Printing Expense	Party Listing for	r Primary		
OF EXPENDITURE		,		•	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	4	Office held	
expenditure to benefit C/OH		Judge Fort Bend CCL	No. 1		
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NËE	NED		

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 Accounting/Banking Consulting Expense

Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	By G	-ood/Beverage Expense Sift/Awards/Memorials E Legal Services	xpense Prin	ling Expense nting Expense anes/Wages/Contract Labor.	· Trave	el In District el Out Of Distri r (enter a categ	ct pory not listed abo	ve)
		The Instruction Gu	ide explains hov	w to complete this form.	•			
Total pages Schedule F1:	2 FILER NAM JaPaula Ke	_		·.	3 File	er ID (Ethic	s Commission	Filers)
Date	5 Payee name	<del>`</del>	· · · · · · · · · · · · · · · · · · ·		_1-:			<u>.                                    </u>
12/06/2021	Antron Jo	hnson- Victor	v Consulti	na :				1
Amount (\$)	7 Payee addr	···	,	City;	<del>- : :</del>	State:	Zip Code	<u> </u>
500.00	1034 Sa	uliner St.		Houston		TX	77019	) }
000.00	1				-} .			
	(a) Category (	(See Categories listed at t	he top of this schedu	ule) (b) Description				,
PURPOSE	Consultin	og Foo		Consultant			•	
OF	Consultin	ig ree		Consultant		•	• •	· ' - / .:
EXPENDITURE			· · · ·		<u> </u>		<del></del>	••
	(c) Ch	neck if travel outside of Texa	s. Complete Schedule	eT. Check if Au	ustin, TX, off	ficeholder living	g expense	
Complete ONLY if direct		e / Officeholder nan	ne	Office sought			Office held	1.
expenditure to benefit C/OF	H JaPaula h	Kemp		Judge Fort Bend C	CL No. 1			
Date	Payee name	e	. :	······································				7.55
12/06/2021	Tour 18 G	olf Course						
Amount (\$)	Payee addr	ess;		City;		State;	Zip Code	٠
1,972.28	3102 Farn	n to Market 1	960 E	Humble	•	TX	77338	•
	Category (S	See Categories listed at th	e top of this schedule	e) Description			<del></del>	
PURPOSE	Event Ex	pense		Tournament	•			
OF EXPENDITURE		F		roumamone				
EXPENDITURE			· · · · · · · · · · · · · · · · · · ·					
	Ch	eck if travel outside of Texas	s. Complete Schedule	T. Check if Au	stin, TX, off	ficeholder living	expense	•
Complete ONLY if direct		/ Officeholder nam	ie	Office sought			Office held	٠:
expenditure to benefit C/OH	¹ laPaul	a Kemp		Index Foot Donal C		i		: :
	Jai aui			Judge Fort Bend C	CL No. 1			
Date	Payee name	·		Judge Fort Bend C	CL No. 1			
. •	Payee name	e		Juage Fort Bena C	CL No. 1			
. •	Payee name	·	. :	Juage Fort Bena C	CL No. 1			1 5
. •	Payee name	e Solutions IT		City;	CL No. 1	State;	Zip Code	1 3
12/07/2021 Amount (\$)	Payee name	e Solutions IT	. :	City;		State;		
12/07/2021	Payee name	e Solutions IT					Zip Code 77459	
12/07/2021	Innovative Payee addre 10862 Rec	e Solutions IT	≥ top of this schedule	City: Missouri City		State;		
12/07/2021 Amount (\$)	Payee name Innovative Payee addre 10862 Rec	e Solutions IT ess; dstone Ct ee Categories listed at the	∋ top of this schedule	City; Missouri City  Description		State;		
12/07/2021 Amount (\$) 100.00  PURPOSE OF	Innovative Payee addre 10862 Rec	e Solutions IT ess; dstone Ct ee Categories listed at the	e top of this schedule	City: Missouri City		State;		
12/07/2021 Amount (\$) 100.00 PURPOSE	Payee name Innovative Payee addre 10862 Rec Category (Sc Advertisin	e Solutions IT ess; dstone Ct ee Categories listed at the	· .	City: Missouri City  Description Sign Design		Śtate; TX	77459	
12/07/2021  Amount (\$)  100.00  PURPOSE OF EXPENDITURE	Payee name Innovative Payee addre 10862 Rec Category (Se Advertisin	e Solutions IT ess; dstone Ct ee Categories listed at the	s, Complete Schedule	City: Missouri City  Description Sign Design  T. Check if Au		State;	77459	
12/07/2021 Amount (\$) 100.00  PURPOSE OF	Payee name Innovative Payee addre 10862 Rec Category (Sc Advertisin	e Solutions IT ess; dstone Ct ee Categories listed at the	s, Complete Schedule	City: Missouri City  Description Sign Design	stin. TX. offi	Śtate; TX	77459	

### 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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME JaPaula Kemp 4 Date 5 Payee name 12/13/2021 Vistaprint 6 Amount (\$) Zip Code 7 Payee address; City; 280.36 vistaprint.com (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Advertising Expense Car Magnets EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH JaPaula Kemp Judge Fort Bend CCL No. 1 Payee name Date 12/13/2021 Innovative Solutions IT Amount (\$) Payee address; City; State; Zip Code 692.80 10862 Redstone Ct Missouri City TX 77459 Category (See Categories listed at the top of this schedule) Description PURPOSE Printing Expense Push Cards EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH JaPaula Kemp Judge Fort Bend CCL No. 1 Payee name 12/14/2021 Water's Edge Winery Amount (\$) Payee address; City; State: Zip Code 4828 Waterview Town Center Dr Ste. 700 Richmond TX 77407 403.50 Category (See Categories listed at the top of this schedule) Description PURPOSE Event Expense Deposit for Venue OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH JaPaula Kemp Judge Fort Bend CCL No. 1 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## 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 Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment				Travel In District Travel Out Of Distri Other (enter a cate)	ict gory not listed above)
Credit Card Payment	The Instruction Guide ex	plains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME JaPaula Kemp			3 Filer ID (Ethic	cs Commission Filers)
4 Date	5 Payee name				•
12/22/2021	UPS Store		•	14 9 1	
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
660.00	9119 Hwy 6 Ste 230		Missouri Ci	ty TX	77459
8	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		·
PURPOSE	Out and	*	Dulle Dootono		
OF EXPENDITURE	Other		Bulk Postage		
	(c) Check if travel outside of Texas. Comp	olete Schedule T;	Check if Austi	n, TX, officeholder livin	ng expense
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	4	Office held
expenditure to benefit C/OI	<sup>1</sup> JaPaula Kemp		Judge Fort Bend CCI	L No. 1	
Date	Payee name				
12/20/2021	Regions Bank				
Amount (\$)	Payee address;	:	City;	State;	Zip Code
36.00	9129 Hwy 6		Missouri City	TX	77459
	Category (See Categories listed at the top of	this schedule)	Description		
PURPOSE	Banking		Bank Fee		
OF EXPENDITURE		<u> </u>			
	Check if travel outside of Texas. Comp	olete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	<del></del>	Office sought		Office held
expenditure to benefit C/OF	JaPaula Kemp		Judge Fort Bend CCI	_ No. 1	
Date :	Payee name			:	
12/22/2021	Regions Bank		•		
Amount (\$)	Payee address;		City;	State;	Zip Code
36.00	9129 Hwy 6		Missouri City	TX	77459
• • • • • • • • • • • • • • • • • • • •	Category (See Categories listed at the top of	this schedule)	Description		
PURPOSE OF EXPENDITURE	Banking	_	Bank Fee	· · · · · · · · · · · · · · · · · · ·	
•	Check if travel outside of Texas. Comp	lete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/Oh	•	Jı	udge Fort Bend CCL	No. 1	
	ATTACH ADDITIONAL COP	IES OF THIS	SCHEDULE AS NEE	DED	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Outer (emer trainings)	iot noise above,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics C	ommission Filers)
	JaPaula Kemp	9 - 1		·.
4 Date	5 Payee name		• • •	
12/20/2021	Fort Bend Democratic Party			
6 Amount (\$)	7 Payee address;	City	State;	Zip Code
1,500.00	13515 Southwest Fwy #204	Sugar Land	TX	77478
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Contribution	Candidate Fili	ng Fee	
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in. TX, officeholder living ex	pense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	. 0	ffice held
expenditure to benefit C/OI		Judge Fort Bend CC	'-	
Date	Payee name			
12/03/2021	Sprint 2 Print			
Amount (\$)	Payee address;	City;	State;	Zip Code
879.53	8748 Clay Rd #300, Houston, TX 77	7080	:	
010.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Printing Expense	Yard Sign	·	
OF EXPENDITURE		Tara Olgi.		
EXTENSIONE :				
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living ex	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		ffice held
···	¹ JaPaula Kemp	Judge Fort Bend CC	CL No. 1	
Date	Payee name	·.		
00/02/2024			•	
08/02/2021	Regions Bank			
Amount (\$)	Payee address;	City;	State;	Zip Code
3.00	9129 Hwy 6	Missouri City	TX . •	77459
0.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Banking	ATM Fee		
OF EXPENDITURE	Banking	ATIMIT CO		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living ex	pense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	<u>.</u>	Office held
expenditure to benefit C/Oh		, -		
	JaPaula Kemp	Judge Fort Bend CCL	_ INU. 1	
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NE	EDED	

### 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 Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Relat

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	y Gift/Aw	everage Expense ards/Memorials Expense	Polling Ex Printing Ex		Travel In District Travel Out Of District	
Credit Card Payment				ry not listed above)		
1 Total pages Schedule F1:	2 FILER NAME			··· ,	3 Filer ID (Ethics	Commission Filers)
	JaPaula Kemp			<i>:</i>	•	
4 Date	5 Payee name					
08/31/2021	Regions Ban	k				
6 Amount (\$)	7 Payee address;			City;	State:	Zip Code
12.00	9129 Hwy 6			Missouri City	TX	77459
8	(a) Category (See C	ategories listed at the top of this	schedule)	(b) Description		
PURPOSE OF	Banking		··.	Monthly Fee		
EXPENDITURE				12.		
*	(c) Check if to	ravel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct		ficeholder name		Office sought		Office held
expenditure to benefit C/OI	JaPaula Kem	р		Judge Fort Bend CCL	. No. 1	·
Date	Payee name					
09/02/2021	Regions Bank	<b>C</b>				··
Amount (\$)	Payee address;			City;	State;	Zip Code
3.00	9129 Hwy 6	% 		Missouri City	TX ,	77459
	Category (See Cat	egories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Banking			ATM Fee		
•	Check if tr	avel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Off	iceholder name		Office sought		Office held
expenditure to benefit C/OH	JaPaula K	emp		ludge Fort Bend CCL	. No. 1	
Date	Payee name					
09/17/2021	Regions Bank			111		
		· · ·				
Amount (\$)	Payee address;	• •		City	State;	Zip Code
3.00	9129 Hwy 6			Missouri City	TX	77459
1.4	Category (See Cat	egories listed at the top of this so	chedule)	Description		:
PURPOSE	Banking			ATM Fee		
OF EXPENDITURE						. •
	Check if tra	avel outside of Texas. Complete Sc	hedule T.	Check if Austin	TX. officeholder living	expense
Complete ONLY if direct	Candidate / Of	ficeholder name		Office sought		Office held
expenditure to benefit C/OH	JaPaula Ke	mp ·	Jι	udge Fort Bend CCL	No. 1	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### 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
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 Salanes/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to		other (enter a category not listed above)
1 Total pages Schedule F1:	r · ·	3	Filer ID (Ethics Commission Filers)
26	JaPaula Kemp		
4 Date 12/14/2021	5 Payee name Regions Bank	(1) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
6 Amount (\$)	7 Payee address:	City;	State; Zip Code
3.00	9129 Hwy 6	Missouri City	TX 77459
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Banking	ATM Fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name.  dd JaPaula Kemp	Office sought  Judge Fort Bend CCL N	Office held
-	Payee name		
Date · .			
12/31/2021	Raise the Money		
Amount (\$)	Payee address;	City:	State; Zip Code
1,245.45	P.O. Box 26466	Little Rock	AR 72221
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Other Accounting	Service Fees	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, T	X, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	JaPaula Kemp	Judge Fort Bend CCL N	lo. 1
Date	Payee name		
			•
Amount (\$)	Payee address;	City;	State; Zip Code
•.			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			•
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense.
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Oh	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEED	
	AT INVITADULIONAL COFIES OF THE	C COLLEGEE WO MEED!	

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) JaPaula Kemp 4 Date 5 Payee name 07/05/2021 Quinton Boughton 6 Amount (\$) 7 Payee address; City: Zip Code 500.00 www.stonesmedia.net political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Video/Photography Advertising EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct JaPaula Kemp Judge Fort Bend County Court No. 1 expenditure to benefit C/OH. Payee name Date 07/07/2021 Linday Levingston Amount (\$) Payee address; City; State; Zip Code 900.00 3695 Highway 6 S, Suite 220 Sugar Land TX 77478 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Event Coordination and Voice-over Service Fundraising Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH JaPaula Kemp Judge Fort Bend County Court No. 1 Payee name Date 07/07/2021 Jay Davis Amount (\$) Payee address; City; State: Zip Code 300.00 2526 Business Center Blvd Pearland TX 77584 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE Event Photographer Fundraising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete **ONLY** if direct expenditure to benefit C/OH JaPaula Kemp Judge Fort Bend County Court No. 1 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

•	EXPENDITURE CATEGORII	ES FOR BOX 8(a)	· ;
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Pollin By Gift/Awards/Memonals Expense Printi	Repayment/Reimbursement be Overhead/Rental Expense gg E	nt & Related Expense
1 Total pages Schedule G:	2 FILER NAME JaPaula Kemp	3 Filer ID (Ethics Co	ommission Filers)
4 Date 10/13/2021	5 Payee name Vistaprint		
6 Amount (\$) 490.05 Reimbursement from political contributions intended	7 Payee address: vistaprint.com	City: State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising/Marketing	(b) Description Writing Pens with Logo & Men	norabalia
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  JaPaula Kemp		ense ffice held
Date 11/12/2021	Payee name Vistaprint		:- :
Amount (\$) 257.47  Reimbursement from political contributions intended	Payee address; vistaprint.com	City: State:	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/Marketing	Writing Pens with Logo	:
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  DH JaPaula Kemp		ffice held
Date 12/11/2021	Payee name Canva		
Amount (\$) 545.00  Reimbursement from political contributions intended	Payee address; Canva.com	City; State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/Marketing	Holiday Card	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  JaPaula Kemp	Check if Austin, TX, officeholder living experience Sought Office sought Office Fort Bend County Court No. 1	ffice held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

### **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/Memonals Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor

Credit Card Payment	cal Committee Legal Services Sala  The Instruction Guide explains how	nes/Wages/Contract Labor v to complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	<u>.</u>	
3	JaPaula Kemp				
4 Date	5 Payee name			-	
12/20/2021	Innovative Solutions IT				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
2,355.00 Reimbursement from	10862 Redstone Ct	Missouri City	TX 77459	;	
political contributions intended					
8	(a) Category (See Categories listed at the top of this schedule	(b) Description		<del>-</del>	
PURPOSE OF EXPENDITURE	Printing Expense	Road Signs			
	(c) Check if travel outside at Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH	JaPaula Kemp	Judge Fort Bend County Court N	o. 1		
Date	Payee name				
12/31/2021	Koretta Brown		1:		
Amount (\$)	Payee address:	City;	State; Zip Code		
284.00  Reimbursement from political contributions intended	1911 Summer Place Dr	Missouri Cit	y TX 77489		
DUDDOGS	Category (See Categories listed at the top of this schedule	Description			
PURPOSE OF EXPENDITURE	Advertising	Canvassing	·	•	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/C	эн JaPaula Kemp	Judge Fort Bend County Court N	0. 1		
Date	Payee name	1	<u> </u>	_	
12/26/2021	Real People Politically Active		· · · · · · · · · · · · · · · · · · ·		
Amount (\$)	Payee address;	City;	State: Zip Code		
1,082.00	2440 Texas Parkway, Ste 343	Missouri City	TX 77489		
Reimbursement from political contributions intended	13	,			
	Category (See Categories listed at the top of this schedule)	Description	: :		
PURPOSE OF EXPENDITURE	Advertising	Canvassing			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 1	X, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH	JaPaula Kemp	Judge Fort Bend County Court No	<b>3.</b> 1		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					