#### 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. 3 CANDIDATE / MS / MRS / MR MI OFFICE USE ONLY OFFICEHOLDER Ms. JaPaula C. NAME **Date Received** NICKNAME LAST SUFFIX Kemp 4 CANDIDATE / APT / SUITE #: RECEIVED ADDRESS / PO BOX; CITY; STATE: ZIP CODE OFFICEHOLDER 3418 Aldridge Dr. Missouri City, TX 77459 MAILING FEB 2 3 2022 **ADDRESS** Change of Address FORT BEND COUNTY ELECTIONS AREA CODE 5 CANDIDATE/ PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (713)927-3598 PHONE Receipt # Amount S MS / MRS / MR FIRST CAMPAIGN TREASURER Dana Ms. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Gaines STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CAMPAIGN CITY: STATE; ZIP CODE TREASURER 6815 Trinity Trail Ln Rosenberg, TX 77459 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN EXTENSION **TREASURER** PHONE *(* 832 443.9059 9 REPORT TYPE 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 2 22 / 22 19 / 22 THROUGH ELECTION TYPE 11 ELECTION ELECTION DATE Primary Rusoff Other Description Month Dav 22 General Special 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 / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEGGE OR COMSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEGGE OR COMSENT. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

0, ,	THE TABLE THE TA		
15 C/OH NAME JaPaula Kemp	11	6 Filer ID (Ethi	lcs Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,810.22
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	2,673.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$	136.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF I LAST DAY OF THE REPORTING PERIOD	THE \$	
	swear, or affirm, under penalty of perjury, that the accompanying report is true adquired to be reported by me under Title 15, Election Code.	and correct an	d includes all information
•	Addition to de reported by the dilicer rate 10; Election code.		
	Signature of Cano	didate or Office	eholder
	Organistic of Contract		
	Please complete either option below:		
(1) Affidavit			
NOTARY STAMP/SEA			
Sworn to and subscribed		day o	of,
20, to certify	y which, witness my hand and seal of office.		
Signature of officer administ	ering oath Printed name of officer administering oath	Title of	officer administering oath
	OR		
(2) Unsworn Declarat	lon		
My name is JaPaula	, and my date or omit to _	2/28/1969	
My address is 3418 Alo	ridge Dr. Missouri City TX	77459	Fort Bend
Executed in Fort Bend	(street) (city) (state of Texas on the 22 day of Ceb (month)	, 202	ear)
	1		/

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmiss	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,810.22
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,250.00
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			0.00
4.	4. SCHEDULE E: LOANS			0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$	2,673.47
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0.00
8.	3. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			0.00
10,	D. 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 CONTRIBUTI TO FILER	ONS RETURNED	\$	0.00

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 form.	1 Total pages Schedule A1:			
<sup>2</sup> FILER NAME The JaPa	ula Kemp Campaign	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Yolanda Dean	7 Amount of contribution (\$)			
02/05/2022	6 Contributor address; City; State; Zip Code 5702 Onia Ln Richmond TX 77469	50.00			
8 Principal occu Contracts Adr	pation / Job title (See Instructions)  9	tions)			
Date	Full name of contributor out-of-state PAC (ID#:)  Omonsuzi Imobioh	Amount of contribution (\$)			
02/05/2022	Contributor address; City; State; Zip Code 20507 Viola Dale Ct Humble TX 77338	500.00			
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	ctions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
02/05/2022	Qaisar Imam  Contributor address; City; State; Zip Code  09 St. Christopher Ct, Sugar Land TX 77479	50.00			
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
02/05/2022	Stephanie Brown Contributor address; City; State; Zip Code	50.00			
Denoinal accura	1206 Blue Diamond Missouri City TX 77489				
Administrator	ation / Job title (See Instructions)  Employer (See Instructions)  Marshall High School	· ·			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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 complete this	form.	1 Total pages Schedule A1:			
<sup>2</sup> FILER NAME The JaPa	ula Kemp Campaign		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC Lance Hamm	(LD#:)	7 Amount of contribution (\$)			
02/11/2022	6 Contributor address; City; 1200 Rothwell St. Houston	State; Zip Code	200.00			
8 Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instructi Self	ions)			
Date	Full name of contributor out-of-state PAC Bryan Savoy	(10#:)	Amount of contribution (\$)			
02/12/2022	Contributor address; City; 1200 Rothwell St. Houston	State; Zip Code	250.00			
Principal occup Attomey	ation / Job title (See Instructions)	Employer (See Instructi Self	ons)			
Date		(10#:)	Amount of contribution (\$)			
02/13/2022	Matthew Mahoney  Contributor address: City:  4915 Holley Ave Pasader	State; Zip Code	1,000.00			
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Instructi Self	ons)			
Date	Full name of contributor out-of-state PAC Theodore Randolph	(ID#:)	Amount of contribution (\$)			
02/15/2022	Contributor address; City;	State; Zip Code	50.00			
Principal occup Attomey	ation / Job title (See Instructions)	Employer (See Instructi Self	ons)			
	ATTACH ADDITIONAL COPIES O		EDED			
	If contributor is out-of-state PAC, please see Instru					

### 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	form.	1 Total pages Schedule A1:		
2 FILER NAME JaPaula Ke	emp Campaign		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (	(ID#:)	7 Amount of contribution (\$)		
02/16/2022	6 Contributor address; City; 3018 Apple Valley Ln, Missouri (	State: Zip Code City TX 77459	5.22		
8 Principal occu Retired		9 Employer (See Instruct Retired	ions)		
Date	Full name of contributor out-of-state PAC	(10#:)	Amount of contribution (\$)		
02/16/2022		State;" Zip Code	200.00		
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instruct Self	ions)		
Date	Full name of contributor out-of-state PAC (	(10#:)	Amount of contribution (\$)		
02/19/2022		State; Zip Code	100.00		
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instruct Goodman & McGill	ions)		
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 complete this fo	orm.	1 Total pages Schedule A1:		
<sup>2</sup> FILER NAME The JaPai	ula Kemp Campaign		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Katie Herrington		7 Amount of contribution (\$)		
02/06/2022	6 Contributor address; City; 1610 Mustang Crossing Missouri (	100.00			
8 Principal occu Director	pation / Job title (See Instructions) 9	Employer (See Instructiont Bend County	ions)		
Date	Full name of contributor out-of-state PAC (ID	)#:)	Amount of contribution (\$)		
02/06/2022	Mary Ross  Contributor address: City;  2507 Shadow Oaks Missouri C	State; Zip Code ity TX 77459	100.00		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date		)#:)	Amount of contribution (\$)		
02/06/2022	Bill Bobrick  Contributor address;  City;  207 Brooks St, Sugar Land	State; Zip Code	30.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
Date		#:	Amount of contribution (\$)		
02/06/2022		State; Zip Code	75.00		
	1219 Kings Creek, Missouri C	ity TX 7459			
	pation / Job title (See Instructions)	Employer (See Instruction			
Founder	Inc	oney Brown Hope F	oundation		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 complete this	form.	1 Total pages Schedule A1:			
<sup>2</sup> FILER NAME The JaPa	ula Kemp Campaign	3 Filer ID (Ethics Commission Filers)				
4 Date 02/06/2022	5 Full name of contributor out-of-state PAC Vivian Burley 6 Contributor address; City; 1138 Mossridge Missouri C	State; Zip Code	7 Amount of contribution (\$)  100.00			
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  Retired			ions)			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
	Contributor address; City,	State; Zip Code	,			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
•	Contributor address; City;	State; Zip Code				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

Tł	ne Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:		
<sup>2</sup> FILER NAM JaPaula			3 Filer ID (Ethics Co	nmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date 02/05/2022 10 Principal occ	6 Full name of contributor out-of-state PAC (ID#:	,l	:		
12 Contributor's Veterinari	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)	
	employer/law firm (FOR JUDICIAL)		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 02/05/2022	Bonita Billings		Amount of Contribution S 500.00	In-kind contribution description Fundraiser Venue de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		r (FOR NON-JUDICIA		
Bar/Rest	principal occupation (FOR JUDICIAL) aurant Owner	Owner	of contributor's spouse (if any) (FOR JUDICIAL)		
	employer/law firm (FOR JUDICIAL)	Law iim	of Contributor's spou	se (ii aliy) (i ok oobloine)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Relat

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense tee Legal Services Salaries/Wages/Contract Labor		xpense	Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment		The Instruction Guide explai	ns how to d	complete this form.			
1 Total pages Schedule F1:	2 FILER N JaPaula l				3 Filer	ID (Ethics	Commission Filers)
4 Date	5 Payee na	ime					
01/28/2022	Zac Jon	es					
6 Amount (S)	7 Payee ac	idress;		City;		State;	Zip Code
35.00	cybercin	ico.com					
8	(a) Categor	y (See Categories listed at the top of thi	s schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Adverti	sement		Flyer			
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, office	holder living	expense
9 Complete ONLY if direct		ate / Officeholder name		Office sought			Office held
expenditure to benefit C/OI	H JaPaula	a Kemp		Fort Bend County C	ourt 1	none	
Date	Payee na	me					
01/24/2022	Brandor	Hamilton					
Amount (S)	Payee ac	idress;		City;		State;	Zip Code
144.00	10901 N	leadowglen Ln		Houston, T	X		77042
	Category	(See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Other			Contract Labo	r		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, office	holder living	expense
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		(	Office held
expenditure to benefit C/Oł	JaPa	ula Kemp	•	Fort Bend County C	Court 1	none	<b>.</b>
Date	Payee n	ame					
01/25/2022	Brandor	n Hamilton					
Amount (\$)	Payee ac	idress;		City;		State;	Zip Code
125.00	10901 M	leadowglen Ln		Houston, T	X		77042
	Category	(See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Other			Contract Labor			
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, office	holder living	expense
Complete ONLY if direct		ate / Officeholder name		Office sought			Office held
expenditure to benefit C/Oh	¹ JaPaul	a Kemp	F	ort Bend County Co	ourt 1	none	
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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District 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) 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 01/28/2022 Zac Jones City; 6 Amount (\$) 7 Payee address; State: Zip Code 35.00 www.cybercinco.com (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Advertisement Flyer 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 Fort Bend County Court 1 none Payee name **Brandon Hamilton** 01/31/2022 Amount (\$) City; State: Zip Code Payee address; 340.00 77042 10901 Meadowglen Ln Houston, TX Description Category (See Categories listed at the top of this schedule) **PURPOSE** Other Contract Labor 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 Fort Bend County Court 1 none Payee name 02/08/2022 **Brandon Hamilton** Payee address; Amount (\$) City; State; Zip Code 77042 Houston, TX 10901 Meadowglen Ln 400.00 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Other Contract Labor OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH JaPaula Kemp Fort Bend County Court 1 none 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/Opnations Made By
Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME JaPaula Kemp		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
02/10/2022	Zac Jones			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
65.00	www.cybercinco.com			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertisement	Flyer		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX, officeholder livin	g expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH JaPaula Kemp Fort Bend County Court 1 none				
Date	Payee name			
02/14/2022	Butlerwiseman			
Amount (\$)	Payee address;	City;	State;	Zip Code
300.00	fortbendvoternews.com			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertisement	E Blast		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	' JaPaula Kemp	Fort Bend County Co	ourt 1 non	ie
Date	Payee name			
02/16/2022	Regions Bank			
Amount (\$)	Payee address;	City;	State;	Zip Code
24.50	9129 Hwy 6, Missouri City, TX 77459			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Banking	Fees		
	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	ort Bend County Co	urt 1 none	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	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/Danations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollin y Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense ies/Wages/Contract Labor to complete this form.	Solicitation/Fundratsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers)		
Total pages concerns to	JaPaula Kemp				
4 Date	5 Payee name	•			
02/18/2022	Koretta Brown				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
1,000.00	1911 Summer Place Miss	ouri City	TX 77489		
8	(a) Category (See Categories listed at the top of this schedule	(b) Description			
PURPOSE OF EXPENDITURE	Polling Expense	Poll Worker			
	(c) Check if travel outside of Texas. Complete Schedule 1	Check if Aust	in, TX, afficeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	JaPaula Kemp	Fort Bend County	Court 1 none		
Date	Payee name				
02/16/2022	HEB .				
Amount (\$)	Payee address;	City;	State; Zip Code		
60.00	Sienna Plantation				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Travel in District	Gas			
OF EXPENDITURE					
	Check if travel outside of Texas, Complete Schedule T	. Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		Fort Bend County (	Court 1 none		
Date	Payee name				
02/21/2022	Brandon Hamilton				
Amount (\$)	Payee address;	City;	State: Zip Code		
360.00	10901 Meadowglen Ln	Houston	TX 77042		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Polling Expense	Poll Worker			
	Check if travel outside of Texas. Complete Schedule 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	JaPaula Kemp	Fort Bend County C	ourt 1 none		
	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/Benking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Credit Card Paymers	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	5 Payee name		
02/22/2022	Raise the Money		,
6 Amount (\$)	7 Payee address:	City;	State; Zip Code
126.48	P.O. Box 26466 Little Rock, AR 722	21	·
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Accounting Expense	Vendor Fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, Ta	X, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	JaPaula Kemp	Fort Bend County Cou	irt 1 none
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	<sup>1</sup> JaPaula Kemp	Fort Bend County Cou	irt 1 none
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	C. officehalder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	JaPaula Kemp	Fort Bend County Cour	t 1 none
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDE	D