CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

THE GROWING WORLD	Guide explains how	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	nico.
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST JaPaula	MI C.	OFFICE	E USE ONLY
NAME	NICKNAME	Kemp	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	3418 Aldridg		uri City, STATE: ZIP CODE TX 77459		OCT 11 2022
Change of Address					
OFFICEHOLDER PHONE	(713)	927-3598	EXTENSION	Date Hand-delivere	d or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR Ms.	FIRST Dana	MI	Receipt #	Amount \$
NAME			J.	Date Processed	
	NICKNAME	Gaines	SUFFIX	Date Imaged	
CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SL	JITE #; CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	6815 Trinity	Trail Ln	Rosenberg,	TX	77459
(Residence or Business)					
CAMPAIGN TREASURER PHONE	(832)	PHONE NUMBER 443-9059	EXTENSION		
	(832)	443-3033	All the second s		
REPORT TYPE	January 15	30th day before el	ection Runoff		fter campaign appointment
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit		rt (Attach C/OH - FR)
0 PERIOD COVERED	Month	Day Year	Month	Day Yea	
COVERED	7	/ 1 / 22	THROUGH 10	/ 11 / 22	2
1 ELECTION	ELECTION DA	NTE	ELECTION TYPE		
	Month Day	Year Primary	Runoff Other		
	11 / 8		Description Special		
	11 / 0 /	, 22			
2 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known Judge- Fort Bend		urt at Law 1
4 NOTICE FROM	THIS BOX IS FOR NOTIC	CE OF POLITICAL CONTRIBUTIONS /	ACCEPTED OR POLITICAL EXPENDITURES M.		
POLITICAL	THE CANDIDATE / OFFICE	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND ED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMUTEE NAME			
		COMMITTEE ADDRESS			
Additional Pages	GENERAL				
Additional Pages	GENERAL SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		

CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

Forms provided by Texas Ethics Commission

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

15 C/OH NAME JaPaula Kemp	16 F	iler ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 12,020.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,020.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 13,239.74
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,239.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 155.81
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,811.13
	wear, or affirm, under penalty of perjury, that the accompanying report is true and juired to be reported by me under Title 15, Election Code.	correct and includes all information
	Signature of Candidat	te or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEA		
Sworn to and subscribed 20, to certify	before me by this the which, witness my hand and seal of office.	day of,
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati		aladiara
My name is	Aldridge Or Missouri City T	X 77459 Fort Ban
	(state) County, State of Texas, on the (city) (state)	(zip code) (country) , 20 2.6 (year)
	Signature of Candidate/O	officeholder (Declarant)
Torme provided by Tayer F	hice Commission www.ethics.state.tx.us	Revised 8/17/2020

www.ethics.state.tx.us

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 The JaPaula	Kemp Campaign			3 Filer ID (Ethics Commission Filers)
4 Date	6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	
07/01/2022			185.00	
	4518 Pebblestone Dr	Missouri		
8 Principal occu Attorney	pation / Job title (See Instructions)		9 Employer (See Instruct Hoover Slovacek LLP	
Date	Full name of contributor Sonia Brown Marshall	out-of-state PA	C (ID#:)	Amount of contribution (\$)
07/01/2022	Contributor address;	City;	State; Zip Code	100.00
	407 Jewel Landing Misso	uri City, 12	X //439	
Principal occupation / Job title (See Instructions) Marshall Management Group Inc Self		tions)		
Date	Full name of contributor Andrew McGee	utor out-of-state PAC (ID#:)		Amount of contribution (\$)
07/01/2022	Contributor address;	City;	State; Zip Code	200.00
	4720 Emancipation	Houston,	TX 77004	
Principal occup Attorney	pation / Job title (See Instructions)		Employer (See Instruction Self	tions)
Date	Full name of contributor Donna Ellis	out-of-state PAI	C (ID#:)	Amount of contribution (\$)
07/12/2022	Contributor address;	City;	State; Zip Code	50.00
	13910 Placid Wood Ct	Sugar Lan	id, TX 77498-2659	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Consultant		Self		
	ATTACH ADDITIO	NAL COPIES	OF THIS SCHEDULE AS N	IEEDED

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 thi	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 PAC (ID#:) William Bobrick		7 Amount of contribution (\$)
07/12/2022			30.00
8 Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instruction	tions)
Date	Full name of contributor out-of-state PAI Dylan Russel	C (ID#:)	Amount of contribution (\$)
07/12/2022	Contributor address; City; 4518 Pebblestone Dr Missouri City,	State; Zip Code	100.00
Principal occupation / Job title (See Instructions) Attorney Employer (See Instructions) Hoover Slovacek		cions)	
Date	Full name of contributor out-of-state PAG Patricia Haggard	C (ID#:)	Amount of contribution (\$)
07/13/2022	Contributor address; City; 6103 Waterfall Trace Ln, Fulshear	State; Zip Code	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG Barbara Hudson	C (ID#:)	Amount of contribution (\$)
08/05/2022	Contributor address; City; 4615 Southwest Freeway Houston, 7	State; Zip Code	250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

SCHEDULE A1

Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
		3 Filer ID (Ethics Commission Filers)
Full name of contributor out-of-state PAC (ID#:) Troy Pradia		7 Amount of contribution (\$)
6 Contributor address; City; 1415 North Loop West, Suite 305 Housto	State; Zip Code on TX 77008 77271	370.00
		ons)
Full name of contributor out-of-state PAC Damon Williams	(ID#:)	Amount of contribution (\$)
		185.00
pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)
	State; Zip Code TX 77098	250.00
	Employer (See Instruction Self	ons)
	(ID#:)	Amount of contribution (\$)
Contributor address; City;		185.00
pation / Job title (See Instructions)	Employer (See Instruction	ons)
Attorney Hoover Slovacek LLP		
ATTACH ADDITIONAL COPIES O	F THIS SCHEDUL F AS NE	FDFD
	s Kemp Campaign 5 Full name of contributor Troy Pradia 6 Contributor address; City; 1415 North Loop West, Suite 305 Houston pation / Job title (See Instructions) Full name of contributor Damon Williams Contributor address; City; 13615 Keneva Dr Cypress, TX pation / Job title (See Instructions) Full name of contributor Oliver Sprott Contributor address; City; 3801 Kirby Dr, Suite 411 Houston pation / Job title (See Instructions) Full name of contributor Out-of-state PAC Oliver Sprott Contributor address; City; 4518 Pebblestone Missouri City Totation / Job title (See Instructions)	A Kemp Campaign 5 Full name of contributor Troy Pradia 6 Contributor address; City; State; Zip Code 1415 North Loop West, Suite 305 Houston TX 77008 77271 Apation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Damon Williams Contributor address; City; State; Zip Code 13615 Keneva Dr Cypress, TX 77429 Dation / Job title (See Instructions) Full name of contributor Oliver Sprott Contributor address; City; State; Zip Code 3801 Kirby Dr, Suite 411 Houston TX 77098 Dation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Contributor address; City; State; Zip Code 3801 Kirby Dr, Suite 411 Houston TX 77098 Employer (See Instructions) Employer (See Instructions) Dylan Russell Contributor address; City; State; Zip Code 4518 Pebblestone Missouri City TX 77459 Employer (See Instructions)

SCHEDULE A1

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

			1 Total pages Schedule A1:
The	Instruction Guide explains how to complete this	form.	Total pages Schedule A1.
2 FILER NAME	V		3 Filer ID (Ethics Commission Filers)
The JaPaula	Kemp Campaign		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Becky Boykin		7 Amount of contribution (\$)
08/20/2022	6 Contributor address; City;	State; Zip Code	50.00
	19819 Queensbridge Dr Sugar	Land TX 77498	
8 Principal occu Retired		9 Employer (See Instruction Retired	ns)
Date		(ID#:)	Amount of contribution (\$)
08/27/2022	Joel Lake Contributor address; City; 19805 South Mingo Rd Bixby, O	State; Zip Code K 74008	185.00
Principal occup Project Manage	eation / Job title (See Instructions)	Employer (See Instructio Cleveland Integrity Serv	
Date	Full name of contributor out-of-state PAC (ID#:) Samuel Taylor		Amount of contribution (\$)
08/28/2022	Contributor address; City;	State; Zip Code	185.00
Principal occup Business Devel	opment (See Instructions)	Employer (See Instructio WECS Renewables	ns)
Date	Full name of contributor out-of-state PAC Myron Davis	(ID#:)	Amount of contribution (\$)
08/17/2022	Contributor address; City;	State; Zip Code	185.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction Self	ns)

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:
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#:) David Knowles		7 Amount of contribution (\$)
08/28/2022	6 Contributor address; City;	State; Zip Code	450.00
	1001 Texas Ave Houston, TX	77002	730.00
8 Principal occu Retired		9 Employer (See Instructi Retired	ons)
Date	Full name of contributor out-of-state PAC Janice Neely	(ID#:)	Amount of contribution (\$)
08/28/2022	Contributor address; City; State; Zip Code		50.00
9900 S Mason Rd, apt. 1341 Richmond, TX 77406			
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired			ons)
Date		(ID#:)	Amount of contribution (\$)
08/28/2022	Barbara Hudson		
00/20/2022	Contributor address; City;	State; Zip Code	250.00
	4615 Southwest Fwy, Ste 820 He	ouston TX 77027	220.00
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Instructi Self	ons)
D-4-			
Date		ID#:)	Amount of contribution (\$)
08/29/2022	Chaun Hubbard		
00/29/2022	Contributor address; City;	State; Zip Code	250.00
	2010 Shadow Bend Sugar Land	TX 77479	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Attorney		Self	

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 The JaPaula	Kemp Campaign	1	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Ismael Pink		7 Amount of contribution (\$)
08/30/2022	6 Contributor address; City; State; Zip Code		500.00
		City TX 77459	
8 Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instruction Walter J Pink & Associ	
Date	Full name of contributor out-of-state PAGE Ferrell Bonner	C (ID#:)	Amount of contribution (\$)
08/30/2022	Contributor address; City; P.O. Box 1063 Fresno, TX	State; Zip Code	100.00
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instructi Retired	ons)
Date	Lynette Reddix	C (ID#:)	Amount of contribution (\$)
08/28/2022	Contributor address; City;	State; Zip Code Houston TX 77057	250.00
Principal occup CEO Sisters Ne	pation / Job title (See Instructions) etwork	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID#:) Dana Gaines		Amount of contribution (\$)
08/30/2022	Contributor address; City;	State; Zip Code	250.00
	6815 Trinity Trail Rosenberg,		
Principal occupation / Job title (See Instructions) Employer (S Contract Admin S Three		Employer (See Instructi S Three	ons)

SCHEDULE A1

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

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME The JaPaula	Kemp Campaign		3 Filer ID (Ethics Commission Filers)
4 Date 09/10/2022	5 Full name of contributor out-of-state PAC (ID#:) Brenda Meeks		7 Amount of contribution (\$) 50.00
8 Principal occup Business Owne	pation / Job title (See Instructions)	9 Employer (See Instructi Dolly's Organic	ons)
Date	Jonita Wallace Reynolds	C (ID#:)	Amount of contribution (\$)
09/10/2022	Contributor address; City;	State; Zip Code y, TX 77459	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction Gulf Coast Community	
Date 09/11/2022	Justine Cherne	C (ID#:) State; Zip Code	Amount of contribution (\$) 50.00
Principal occup	6028 Rawlings Needville TX	Employer (See Instruction Allen Boone Humphrie	ons)
Date		C (ID#:)	Amount of contribution (\$)
09/12/2022	Contributor address; City; 325 S Point Blvd, apt 221 McDonou	State; Zip Code	500.00
Principal occup Social Worker	pation / Job title (See Instructions)	Employer (See Instructi Self	ons)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	-EDED
	If contributor is out-of-state PAC, please see Inst		

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Revised 8/17/2020

SCHEDULE A1

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			•
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	Full name of contributor out-of-state PAC (ID#:) Lynn Clouser		7 Amount of contribution (\$)
09/12/2022 6 Contributor address; City; State; Zip Code 3006 Sadie Court Missouri City TX 77459		100.00	
8 Principal occu Marketing	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
09/10/2022	Contributor address; City; 3003 South Loop West, Suite 400	State; Zip Code Houston TX 77054	150.00
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instruct Self	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Grady Prestage		Amount of contribution (\$)
07/12/2022	Contributor address; City; PO Box 835 Missouri City	State; Zip Code	1,000.00
Principal occup Legal Assistant	pation / Job title (See Instructions)	Employer (See Instruct Allen Boone Humphrie	
Date	Full name of contributor out-of-state PAG Katie Herrington	C (ID#:)	Amount of contribution (\$)
08/24/2022	Contributor address; City;	State; Zip Code	300.00
	1610 Mustang Crossing Missouri Cit	y TX 77459	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct Fort Bend County	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

1 Total pages Schedule A1:
3 Filer ID (Ethics Commission Filers)
7 Amount of contribution (\$)
te; Zip Code 100.00
7053
mployer (See Instructions)
Amount of contribution (\$)
te; Zip Code 50.00
mployer (See Instructions)
Amount of contribution (\$)
200.00 77053
mployer (See Instructions) Bend County
Amount of contribution (\$)
te; Zip Code 100.00
07
mployer (See Instructions) red
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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	Gilbert Thompson		7 Amount of contribution (\$)
08/21/2022	6 Contributor address; City;	State; Zip Code	100.00
	13903 Grand Plantation Dr Misso	ouri City TX 77459	100.00
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruct Retired	tions)
Date	Full name of contributor out-of-state PAC Audrey Berry	C (ID#:)	Amount of contribution (\$)
08/24/2022	Contributor address; City;	State; Zip Code	100.00
	619 Deer Hollow Sugar I	Land TX 77479	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Counselor Self		Employer (See Instruct Self	ions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
00/24/2022	Ron Reynolds		
08/24/2022	Contributor address; City;	State; Zip Code	100.00
	8222 Bluebird Ln Missouri City	TX 77459	100.00
	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Legislature		State Rep	
Date		C (ID#:)	Amount of contribution (\$)
09/11/2022	Birdie Kelley Contributor address; City;	State; Zip Code	
			100.00
	7631 Glen Willow Ln Missouri Cit		
	eation / Job title (See Instructions)	Employer (See Instruct	tions)
Retired		Retired	

SCHEDULE A1

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

		1 Total pages Schedule A1:
The	Instruction Guide explains how to complete this form.	Total pages conedule A1.
FILER NAME		3 Filer ID (Ethics Commission Filers)
The JaPaula	Kemp Campaign	
Date	5 Full name of contributor out-of-state PAC (ID#:) Pamela Moton	7 Amount of contribution (\$)
09/11/2022	6 Contributor address; City; State; Zip Code 5002 Perry St Houston TX 77021	50.00
		A
aregiver	pation / Job title (See Instructions) 9	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Samuel Stewart	Amount of contribution (\$)
08/26/2022	Contributor address; City; State; Zip Code	100.00
	2601 Cartwright Rd Missouri City TX 77459	
Principal occup Appraiser; Brok	ation / Job title (See Instructions) Employer (See Instructions) Self	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Bonita Billings	
8/25/2022	Contributor address; City; State; Zip Code	250.00
	8770 Hwy 6, Ste 300 Missouri City TX 77459	
Principal occup usiness Owne	ration / Job title (See Instructions) Employer (See Instructions) Self	tions)
Date	Full name of contributor out-of-state PAC (ID#:) William Bobrick	Amount of contribution (\$)
10/05/2022	Contributor address; City; State; Zip Code PO Box 637 Sugar Land TX 77487	100.00
Principal occur	eation / Job title (See Instructions) Employer (See Instructions)	tions)

SCHEDULE A1

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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 (Ethics Commission Filers)
The JaPaula	Kemp Campaign		
4 Date		.C (ID#:)	7 Amount of contribution (\$)
07/01/2022	Frank Yeverino		
07/01/2022	6 Contributor address; City;	State; Zip Code	2,500.00
	1119 Oak Creek Dr, Richmond, TX 7	77469	2,300.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Caregiver		Self	
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Markeon Stevens		
07/13/2022	Contributor address; City;	State; Zip Code	60.00
	3418 Aldridge Dr Missouri City	TX 77459	00.00
	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Lab Tech		St. Lukes Hosptial	
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
00/10/2022	Shelly Smith		
08/18/2022	Contributor address; City;	500.00	
	3100 Richmond Ave, Houston T	X 77098	300.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Attorney		Self	
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Katy Area Democrats PAC # 128		
10/11/2022	Contributor address; City;	State; Zip Code	5 00 00
			500.00
D.::	https://katydemocrats.nationbuilder.co	m/ Employer (See Instruction	ione)
none	ation / Job title (See Instructions)	none	ons
110110			
	And the second s		
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Instr		

SCHEDULE A1

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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 PAC (ID#:) Beverly Walker			7 Amount of contribution (\$)
09/11/2022	6 Contributor address; 23307 Peareson Bend Ln	City;	State; Zip Code nd, TX 77468	100.00
8 Principal occupation / Job title (See Instructions) Clerk 9 Employer (See Instruct Fort Bend County				tions)
Date	Full name of contributor out-of-state PAC (ID#:) Biannka Walker			Amount of contribution (\$)
09/11/2022	Contributor address; 8711 Fitzgerald Way	City;	State; Zip Code i City TX 77459	100.00
Principal occupation / Job title (See Instructions)			Employer (See Instruct Southwest Airlines	ions)
Date	Date Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PA(C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
none			none	All and a second a
	ATTACH ADDITIO		OF THIS SCHEDULE AS Nuction guide for additional	

f contributor is out-of-state PAC, please see Instruction guide for additional reporting re

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 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 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 07/05/2022 Nyce Graphix 6 Amount (\$) 7 Payee address; City; State: Zip Code 323.67 2626 South Loop West # 263 Houston, TX 77054 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Advertising **Push Cards** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH JaPaula Kemp Judge Fort Bend CCL No. 1 Payee name 07/08/2021 Uline Amount (\$) Payee address; City; State; Zip Code Chicago IL 60680 750.00 PO Box 88741 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising **Door Hanger Bags** 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 Date 07/11/2021 Office Depot Amount (\$) Payee address; City; State; Zip Code TX 77459 5943 Highway 6 Missouri City 15.80 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising Printer Paper **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 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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Transportation Equipment & Related Expense Travel In District Travel Out Of District 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				
07/12/2021	Grab & Go Tacos				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
311.24	4821 LJ Parkway M	lissouri City T	TX 77459		
8	(a) Category (See Categories listed at the top of this sched	ule) (b) Description			
PURPOSE	Food/Beverage	Event Expens	e		
OF EXPENDITURE	o de la companya de l				
	(c) Check if travel outside of Texas. Complete Schedul	eT. Check if Aust	in, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	JaPaula Kemp	L No. 1			
Date	Payee name				
07/18/2021	Courtyard Marriot				
Amount (\$)	Payee address;	State; Zip Code			
224.57	310 S. Houston St	Dallas TX	75202		
	Category (See Categories listed at the top of this schedu	le) Description			
PURPOSE	Travel out of District	Democratic C	onvention		
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedul	eT. Check if Aust	in, 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 CC	CL No. 1		
Date	Payee name				
07/18/2021	Texas Coalition of Black Democra	ats			
Amount (\$)	Payee address;	City;	State; Zip Code		
75.00	P.O. Box 163712	Fort Wortl	n, TX 76161		
	Category (See Categories listed at the top of this schedu	le) Description			
PURPOSE OF EXPENDITURE	Event Expense	Candidate Bre	eakfast		
	Check if travel outside of Texas. Complete Schedul	eT. Check if Aust	in, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/O	^¹ JaPaula Kemp	Judge Fort Bend CCI	_ No. 1		
	ATTACH ADDITIONAL COPIES OF	THIS 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Constituting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment						Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NA JaPaula k	IAME			3 Filer ID (Ethi	ics Commission Filers)			
4 Date	5 Payee na	<u> </u>							
07/18/2022	Deandre	ea Bolton							
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code			
350.00	8611 Fit	tzgerald Way		Missouri City	TX	77459			
8	(a) Categor	ry (See Categories listed at the top of this s	schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Event E	Expense		Planning/Dec	or for Fundra	iiser			
	(c)	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Aust	tin, TX, officeholder livir	ng expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	-	date / Officeholder name a Kemp		Office sought		Office held			
Date	Payee nai	ime							
07/27/2022	Walmart	t							
Amount (\$)	Payee ad	Idress;		City;	State;	Zip Code			
29.79	11210 W	V. Airport	Staf	fford TX	77477				
	Category	(See Categories listed at the top of this so	chedule)	Description					
PURPOSE OF EXPENDITURE	Printing	1		Card Stock/Ad	dvertising				
		Check if travel outside of Texas, Complete Sci	chedule T,	Check if Austi	in, TX, officeholder livin	ng expense			
Complete ONLY if direct		ate / Officeholder name		Office sought		Office held			
expenditure to benefit C/OH	JaPaı	ula Kemp		Judge Fort Bend CC	L No. 1				
Date	Payee na	ame							
07/25/2022	Fort Ben	nd Democratic Party							
Amount (\$)	Payee add	idress;		City;	State;	Zip Code			
2,500.00	13515 Sc	outhwest Fwy	Su	ugar Land	TX	77478			
	Category	(See Categories listed at the top of this sol	chedule)	Description					
PURPOSE OF EXPENDITURE	Contribu	ution Made by Candida	ate	Donation to Co	oordinated Ca	ampaign			
1		Check if travel outside of Texas. Complete Sch	hedule T.	Check if Austin	n, TX, officeholder livin	g expense			
Complete ONLY if direct		ate / Officeholder name		Office sought		Office held			
expenditure to benefit C/OH	JaPaul	a Kemp	Ju	udge Fort Bend CCL	. No. 1				
1	AT7	TACH 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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor			Travel in District Travel Out Of District Other (enter a category not listed above)				
Credit Card Payment		The Instruction Guide explain	ns how to	complete this form.					
1 Total pages Schedule F1:	2 FILER N JaPaula				3 Filer	ID (Ethics	Commission Filers)		
4 Date	5 Payeen	ame							
08/02/2021	Amazoı	า							
6 Amount (\$)	7 Payee address; City;					State;	Zip Code		
129.85	amazon	.com							
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Event 6	Expense		Table Vases					
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, offic	eholder living	expense		
9 Complete ONLY if direct	-			Office sought			Office held		
expenditure to benefit C/Oh	¹ JaPaul	a Kemp		Judge Fort Bend CCL	. No. 1				
Date	Payee na	ame							
08/11/2022	TGM Pr	inting							
Amount (\$)	Amount (\$) Payee address;			City;		State;	Zip Code		
75.00	13910 N	Murphy Rd		Stafford 1		77	477		
	Categor	(See Categories listed at the top of this s	schedule)	Description					
PURPOSE OF EXPENDITURE	Advert	sing		Golf Flyer					
		Check if travel outside of Texas. Complete S	Schedule T.	eT. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct		late / Officeholder name		Office sought		Office held			
expenditure to benefit C/OF	¹ JaPa	ula Kemp		Judge Fort Bend CCL	No. 1				
Date	Payee n	ame							
08/15/2021	Koretta	Brown							
Amount (\$)	Payee a	ddress;		City;		State;	Zip Code		
400.00	1911 Su	ımmer Place		Missouri City		TX	77489		
	Categor	(See Categories listed at the top of this s	schedule)	Description					
PURPOSE OF EXPENDITURE	Other			Canvassing					
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	, TX, office	eholder living	expense		
Complete ONLY if direct	Candio	date / Officeholder name		Office sought			Office held		
expenditure to benefit C/Oh	¹ JaPau	la Kemp	J	ludge Fort Bend CCL	No. 1				
	AT	TACH 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 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 (or the research of listed shows)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	s/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME JaPaula Kemp	3	3 Filer ID (Ethic	s Commission Filers)				
4 Date	5 Payee name							
08/22/2021	Quail Valley Golf Course							
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code				
1,692.47	2880 Laquinta	Missouri City,						
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
PURPOSE	Event Expense	Golf Tournamer	nt					
OF EXPENDITURE	LVCIII EXPONSO	Oon Tournaine.	11					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	g 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							
09/01/2021	Etsy	Etsy						
Amount (\$)	Payee address;	City;	State;	Zip Code				
69.90	etsy.com							
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE OF EXPENDITURE	Event Expense Table Seating Chart							
	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 I	No. 1					
Date	Payee name							
09/06/2022	Hobby Lobby							
Amount (\$)	Payee address;	City;	State;	Zip Code				
44.27	5744 Highway 6 M	issouri City TX		77459				
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE OF EXPENDITURE	Event Expense	Flowers						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 1	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 N	lo. 1					
	ATTACH ADDITIONAL COPIES OF THI	IS SCHEDULE AS NEED	ED					

SCHEDULE F1

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

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

Travel In District Travel Out Of District Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment 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 09/07/2021 **Nyce Graphix** 6 Amount (\$) 7 Pavee address: City; State; Zip Code 108.25 2626 South Loop West, Ste 263 Houston TX 77054 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE **Event Expense** Printing OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH JaPaula Kemp Judge- Fort Bend CCL No. 1 Payee name 09/07/2022 Innovative Solutions Amount (\$) Payee address: City; State: Zip Code 575.43 isitonline.com Description Category (See Categories listed at the top of this schedule) PURPOSE Advertising Expense **Push Cards 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 Judge- Fort Bend CCL No. 1 Payee name Date 09/12/2022 Bonnie Patino (Bon Appetit Charcuterie) Pavee address: State; Zip Code Amount (\$) City; bonnie.patino@outlook.com 416.00 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Catering **Event Expense** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought 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 Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District Travel Out Of District Legal Services 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 09/21/2022 Fort Bend Junior Service League 6 Amount (\$) 7 Payee address; City; State; Zip Code 780.00 Sugar Land, Texas P.O. Box 17387 77496 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising Expense Ad 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 09/26/2022 Exxon Amount (\$) City; State; Zip Code Payee address: 78.50 Lake Olympia Pkwy Missouri City 77459 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Travel in District Fuel for canvassing 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 Judge- Fort Bend CCL No. 1 Pavee name 09/12/2022 Deandrea Bolton Amount (\$) Payee address; City: State; Zip Code 8711 Fitzgerald Way, Missouri City TX 77459 200.00 Description Category (See Categories listed at the top of this schedule) PURPOSE Decor/Balloon Wall **Event Expense** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office sought Office held 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
Credit Card Payment

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Printing Expense Salaries/Wages/Contract Labor now to complete this form.	Travel Out Of District 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					
09/14/2022	Fort Bend County Democratic F	arty				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
2,500.00	13515 Southwest Freeway	Houston, TX	77478			
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description				
PURPOSE OF EXPENDITURE	Contribution made by Candidate Donation to Coordinated Campaign					
	(c) Check if travel outside of Texas. Complete Sche	duleT. 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	JaPaula Kemp	Judge- Fort Bend CCI	L No. 1			
Date	Payee name					
09/27/2022	Koretta Brown					
Amount (\$)	Payee address;	City;	State; Zip Code			
500.00	1911 Summer Place	Missouri City	TX 77489			
	Category (See Categories listed at the top of this sche	dule) Description				
PURPOSE OF EXPENDITURE	Advertising	Canvassing				
	Check if travel outside of Texas, Complete Scheo	chedule 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 CCI	_ No. 1			
Date	Payee name	, , , , , , , , , , , , , , , , , , , ,				
09/30/2022	Robert Hightower					
Amount (\$)	Payee address;	City;	State; Zip Code			
1,090.00	5239 Honeyvine Dr	Houston TX	77048			
	Category (See Categories listed at the top of this sche	dule) Description				
PURPOSE OF EXPENDITURE	Advertisement	Sign Placemen	t/Fence Posts			
	Check if travel outside of Texas. Complete Scheo	dule 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 NEE	DED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica			Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F4:	2 FILER NAME JaPaula Kemp			3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TOACR	EDIT CARD	\$			
5 Date 08/15/2022	6 Payee name TGM Printing						
7 Amount (\$) 8 Payee address; City; State; Zip (487.13 13910 Murphy Rd Stafford TX 77477							
9 TYPE OF EXPENDITURE	Political	Non-Po	litical				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Advertisement	chedule)	(b) Description Push Cards				
(c) Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Check if the Check i				ustin, TX, off	oceholder living		
Date 08/10/2022	Payee name Muzzamill Sajjad						
Amount (\$)	Payee address;		City;		State;	Zip Code	
1,060.23	10862 Redstone Ct	Miss	souri City	TX	7745	9	
TYPE OF EXPENDITURE	Political	Non-Po	litical				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Description Push Cards; Push Card Edits					its	
	Check if travel outside of Texas. Complete So	chedule T.	Check if A	ustin, TX, of	ficeholder living	expense	
Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH JaPaula Kemp Judge- Fort Bend Cou					Office he	eld	
	ATTACH ADDITIONAL COPIES OF	THIS S	CHEDULE AS NE	EDED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

ii trie requested iirion	Tradion is not applicable, DO NOT inclu d	ie uns	page	iii tiie iep	, or t.				
	EXPENDITURE CATEGOR			. ,					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica				Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District Other (enter a category not listed above)					
	The Instruction Guide explains ho	ow to co	mplete	this form.	1				
1 Total pages Schedule F4:	2 FILER NAME JaPaula Kemp				3 Filer	ID (Ethics (Commission Filers)		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO	ACR	EDIT (CARD	\$				
5 Date	6 Payee name								
08/15/2022	Lake Olympia Civic Assoc								
7 Amount (\$)	8 Payee address;			City;		State;	Zip Code		
850.00	180 Island Blvd Miss	ouri (City	TX	77	459			
9 TYPE OF EXPENDITURE	Political	Non-Poli	itical						
10	(a) Category (See Categories listed at the top of this schedule	tule)	(b) D	escription					
PURPOSE OF EXPENDITURE	Event Expense		Ren	t Space					
	(c) Check if travel outside of Texas. Complete Sched	ule T.		Check if Au	stin, TX, off	iceholder living	expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JaPaula Kemp	Off	fice sou	ught		Office he	eld		
Date	Payee name								
09/30/2022	MH Outdoor								
Amount (\$)	Payee address;			City;		State;	Zip Code		
1,414.00	11750 Katy Fwy, Ste 1300	Н	ousto	on	TX	7707	9		
TYPE OF EXPENDITURE	Political	Non-Pol	itical						
	Category (See Categories listed at the top of this sche	dule)	D	escription					
PURPOSE OF EXPENDITURE	Advertisement		Billb	oard					
EXPENDITURE	Check if travel outside of Texas. Complete Sched	fule T.		Check if Au	stin, TX, off	ficeholder living	g expense		
	Candidate / Officeholder name	Off	fice sou	ught		Office h	eld		
Complete ONLY if direct expenditure to benefit C/OH	JaPaula Kemp	Judge	- Fort B	end County C	ourt 1				
	ATTACH ADDITIONAL COPIES OF T	HIS SC	HEDU	JLE AS NE	EDED				