CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	^{filed:} 12
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST JaPaula	MI	OFFIC	E USE ONLY
NAME	NICKNAME	LAST Kemp	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 3418 Aldridg Missouri City	e Dr.	CITY: STATE: ZIP CODE		FEB 5 2024 R
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(713)	PHONE NUMBER 927-3598	EXTENSION		ed or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
TREASURER	Mrs.	Dana		Date Processed	
NAME	NICKNAME	LAST	SUFFIX		
		Gaines		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS 6815 Trinity Rosenberg,		SUITE #: CITY:	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	election		after campaign appointment der Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Rep	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year	Month THROUGH 2	Day Ye	
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	:	
	Month Day	Year Primary	Runoff Other Description		
	3 / 5	24 General	Special	ne het nelve af ble her adges an er et en er en er	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known Justice of the P		2, Place 2
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER, THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES M S MAY HAVE BEEN MADE WITHOUT THE CAN IRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHO	DLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME Friends of The JaPaula	Kemp Campaign		
Additional Pages	GENERAL	COMMITTEE ADDRESS 13098 Westheimer F	Rd. Houston, TX 77077		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME JaPaula		ler ID (Ethics 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)	\$ 4,749.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,619.66				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,339.03				
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 	\$				
required to be reported by me under Title 15, Election Code Signature of Candidate or Officeholder Please complete either option below: JAMES L. GOULDSMITH NOTARY PUBLIC, STATE OF TEXAS Notary ID #5740051 Expires November 18, 2025						
711	before me by <u>APAJA Kemp</u> this the <u>DS</u> which, witness my hand and seal of office. Arres Gouldsmith Printed name of officer administering oath OR	day of February,				
My name is	, and my date of birth is					
My address is		··				
Executed in	(street) (city) (state)County, State of, on the day of(month)					
	(month)	(year)				
	Signature of Candidate/O	fficeholder (Declarant)				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20	Filer ID (Ethics Commis	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	4,749.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	S	1,025.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	IBUTIONS \$	3,619.66
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	935.49
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL COM	ITRIBUTIONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	1,056.73
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUS	SINESS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	S RETURNED \$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report.						
The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:			
2 FILER NAME JaPaula Ke	emp	3 Filer ID (Ethics Commission Filers)				
4 Date 01/02/2024	 5 Full name of contributor out-of-state P/ Nobie Gooden 6 Contributor address; City; 10719 High Red Mesa, Missouri C 	7 Amount of contribution (\$) 2,000.00				
8 Principal occu Business Owr	pation / Job title (See Instructions) N C r	9 Employer (See Instruct Self- Pro Weld Indus				
Date 01/02/2024	Full name of contributorout-of-state P/Raymond MayberryContributor address;City;Contributor address;City;13503 Faith Place, Houston, T		Amount of contribution (\$)			
Principal occup Truck Driver	pation / Job title (See Instructions)	Employer (See Instruct Self- Biggg Trucking	tions)			
Date 01/23/2024	Ashley Stevens	AC (ID#:) State; Zip Code Duston, TX 77077	Amount of contribution (\$) 349.00			
Principal occup Technician	 pation / Job title (See Instructions)	Employer (See Instruct Lab Corp	tions)			
Date 01/27/2024	Full name of contributor out-of-state P/ Yolanda Dean Contributor address; City; 9900 S Mason Rd Apt #1341 Rick	AC (ID#:) State; Zip Code hmond , TX 77406	Amount of contribution (s)			
Principal occup Contract Man	bation / Job title (See Instructions) ager	Employer (See Instruct Dow Chemical	tions)			
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst					

MONETARY POLITICAL CONTRIBUTIONS 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		3 Filer ID (Ethics Commission Filers)			
4 Date		C (ID#:)	7 Amount of contribution (\$)			
01/24/2024	⁶ Contributor address; City; 2503 Suncreek Ln, Pearland, TX	150.00				
8 Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instruct Self	ions)			
Date	Full name of contributor out-of-state PAC Dru Spady	C (ID#:)	Amount of contribution (\$)			
01/15/2024	Contributor address; City; 3418 Aldridge Dr Missouri City,	1,200.00				
Principal occup Truck Driver	pation / Job title (See Instructions)	Employer (See Instruct Self	ions)			
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occu	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
		1				
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N uction guide for additional	EEDED reporting requirements.			
Forms provided by	Texas Ethics Commission www.ethics	.state.tx.us	Revised 8/17/2020			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

			A MARK ANALYSIS OF THE AVERAGE AND		
Th	e Instruction Guide explains how to complete this form	ı.	1 Total pages Sched	ule A2:	
2 FILER NAME	Ξ		3 Filer ID (Ethics Commission Filers)		
	lamn		S Filer ID (Ethics Co	mmission Fliers)	
JaPaula I	/emp				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of	9 In-kind contribution	
5 Date		,	Contribution \$	description	
	Sheila Smith			1	
01/05/2024		75.00	canvassing		
01100/2024	7 Contributor address; City; State;	Zip Code	Bonna and	1	
	3407 Aldridge Dr. Missouri City, TX	77459	Check if travel outs	de of Texas. Complete Schedule T.	
	1		1		
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JL	JDICIAL) (See Instructions)	
pathologis	st	HISD			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's shou	se (if any) (FOR JUDICIAL)	
		13 Law III			
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	
Date	Chaile Creith		Contribution \$	description	
	Sheila Smith				
01/12/2024	Contributor addresses City Otots	75.00			
	Contributor address; City; State;	75.00	canvassing		
	3407 Aldridge Dr. Missouri City, TX	77459	Check if travel outs	ide of Texas. Complete Schedule T.	
Principal and					
Fincipal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	ributor's job title (FOR JUDICIAL) (See Instructions)		
pathologis	st				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spou	ise (if any) (FOR JUDICIAL)	
10					
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF T	HIS SCHED	ULE AS NEEDED		
	If contributor is out-of-state PAC, please see Instructi	on guide for	r additional reportin	g requirements.	

1	MONETARY (IN-KIND) POLITIC RIBUTIONS	AL		SCHEDULE A2	
If the requ	lested information is not applicable, DO NOT includ	le this page	in the report.		
TI	he Instruction Guide explains how to complete this for	m.	1 Total pages Sched	dule A2:	
² _{FILER NAM} JaPaula			3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	e	
5 Date 01/05/2024	Full name of contributor) Zip Code	8 Amount of Contribution \$ 800.00	9 In-kind contribution description sign installation	
	3418 Aldridge Dr. Missouri City, TX		Check if travel outs	 ide of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's driver	principal occupation (FOR JUDICIAL)	13 Contribu Black Kat		JDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	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)	<u> </u>			
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description	
01/12/2024	Contributor address; City; State;	Zip Code	75.00	I phone bank	
Dringinglass	7631 S Glen Willow Ln, Missouri City, T	1	I	de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
Contributor's retired	principal occupation (FOR JUDICIAL)	Contribu retired	utor's job title (FOR JUDICIAL) (See Instructions)		
	employer/law firm (FOR JUDICIAL)	Law firm	rm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi			n roquiromente	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

		EXPENDITURE CA	ATEGORIES F	OR 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 Expens Legal Services	Office Over Polling Exp Printing Exp		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
Credit Card Payment		The Instruction Guide ex	plains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER N JaPaula I				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
01/16/2024	Orlando	Williams				
6 Amount (\$) 1,200.00	7 Payee a 15612 E	^{ddress;} Brookwood Lake Pl	., Sugar La	^{City;} nd, TX 77498	State;	Zip Code
8	(a) Catego	ry (See Categories listed at the top	of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	adverti	sing expense		canvassing		
	(c)	Check if travel outside of Texas. Com	plete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete ONLY if direct	Candio	date / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	⁺ JaPaul	a Kemp	J	ustice of the Peace, Precinct	2, Place 2 NONE	9
Date	Payee na	ame				
01/08/2024	Milton H	leyliger				
Amount (\$)	Payee address; City; State; Zip Code					
340.00	4222 O	ak Forest Dr. Misso	ouri City, T	K 77459		
	Categor	y (See Categories listed at the top of	of this schedule)	Description		
PURPOSE OF EXPENDITURE	adverti	sing expense		canvassing		
		Check if travel outside of Texas. Corr	plete Schedule T.	Check if Aust	in, TX, officeholder livin	ig expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name la Kemp	J	Office sought ustice of the Peace, Precinct	t 2, Place 2 NONE	Office held
Date	Payee n	ame				
01/08/2024	Innovat	ive Solutions				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
273.37	10862 F	REDSTONE CT	ISSOURI	CITY, TX 7745	9	
	Categor	(See Categories listed at the top of	of this schedule)	Description		
PURPOSE OF EXPENDITURE	advertis	sing expense		banner		
		Check if travel outside of Texas. Com	plete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct		late / Officeholder name		Office sought	-	Office held
expenditure to benefit C/OF	JaPau	la Kemp	Ju	stice of the Peace, Precinct 2	2, Place 2 NONE	e
	AT	TACH ADDITIONAL-CO	PIES OF THIS	SCHEDULE AS NEI	EDED	

Forms provided by Texas Ethics Commission

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	Transpor Travel In Travel Oi	tation Equip District ut Of Distric	ng Expense ment & Related Expense t ry not listed above)
1 7-1-1 0-1	0 54 55 14	The Instruction Guide explain	s now to t	complete this form.			
1 Total pages Schedule F1:	JaPaula				3 Filer	ID (Ethics	Commission Filers)
4 Date	5 Payee na	ime					
01/08/2024	Innovati	ve Solutions					
6 Amount (\$) 526.71	7 Payee ad 10862 R	REDSTONE CT MISS	Souri	city; CITY, TX 7745		State;	Zip Code
8	(a) Categor	y (See Categories listed at the top of this s	schedule)	(b) Description	-		
PURPOSE OF EXPENDITURE	advertis	sing		push cards			
	(c)	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Aust	in, TX, officel	holder living	expense
9 Complete ONLY if direct	Candid	ate / Officeholder name		Office sought			Office held
expenditure to benefit C/OI	^H JaPaula	a Kemp		Justice of the Peace, Po	ct 2, PI 2	none	
Date	Payee na	me					
01/10/2024	Innovativ	ve Solutions					
Amount (\$)	Payee ad	dress;		City;	:	State;	Zip Code
187.38	10862 R	EDSTONE CT MISS	Souri	CITY, TX 7745	9		
	Category	(See Categories listed at the top of this so	chedule)	Description			
PURPOSE OF EXPENDITURE	advertis	sing		stickers for roa	ad sign	S	
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austi	n, TX, officel	nolder living	expense
Complete ONLY if direct	Candida	ate / Officeholder name		Office sought			Office held
expenditure to benefit C/OF	[†] JaΡaι	ula Kemp		Justice of the Peace, Po	ct 2, PI 2	none	Э
Date	Payee na	Ime					
01/16/2024	Home D	epot					
Amount (\$)	Payee ad	dress;		City;	5	State;	Zip Code
138.01	14440 Hi	ilcroft, Houston TX 770	085				
	Category	(See Categories listed at the top of this sc	hedule)	Description			
PURPOSE OF EXPENDITURE	advertisi	ing		sign posts			
		Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austi	n, TX, officeh	older living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	_	ate / Officeholder name a Kemp	Ju	Office sought ustice of the Peace, Pct	2, PI 2	none	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Food/Beverage Expense Food/Beve	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 (Ethics Commission Filers)
4 Date	5 Payee name		
01/23/2024	Innovative Solutions		
6 Amount (\$)	7 Payee address; 10862 REDSTONE CT MISS	^{City;} OURI CITY, TX 774	State; Zip Code 59
8	(a) Category (See Categories listed at the top of this sc	hedule) (b) Description	
PURPOSE OF EXPENDITURE	advertising expense	stickers for ro	oad signs
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Au	stin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name ^H JaPaula Kemp	Office sought Justice of the Peace, Precin	Office held ct 2, Place 2 NONE
Date	Payee name		
01/29/2024	Fort Bend Herald		
Amount (\$)	Payee address;	City;	State; Zip Code
500.00	1902 South Fourth St., Rosent	berg, TX 77471	
	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE OF EXPENDITURE	advertising	ad insert	
	Check if travel outside of Texas, Complete Sche	edule T. Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Fort Bend Herald	Justice of the Peace, Precin	ct 2, Place 2
Date	Payee name		
01/12/2024	JaPaula Kemp		
Amount (\$)	Payee address;	City;	State; Zip Code
450.00	3418 Aldridge Dr. Missouri City,	TX 77459	
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	advertising expense	ad insert	
	Check if travel outside of Texas. Complete Sche	edule T. Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	[↑] JaPaula Kemp	Justice of the Peace, Precinc	t 2, Place 2 NONE
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense al Committee 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)				
	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F2:	F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) JaPaula Kemp 3 Filer ID (Ethics Commission Filers)						
4 TOTAL OF UNITER	IZED UNPAID INCURRED OBLIG	GATIONS	\$				
5 Date	6 Payee name Innovative Solutions						
7 Amount (\$)	8 Payee address;	City;	State; Zip Code				
935.49	10862 REDSTONE CT MIS	SOURI CITY, TX 774	.59				
9 TYPE OF EXPENDITURE	Political	Non-Political					
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description					
PURPOSE OF EXPENDITURE	advertising	shirts					
	(c) Check if travel outside of Texas. Complete S	chedule T. Check if Aus	stin, TX, officeholder living expense				
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held JaPaula Kemp Justice of the Peace, Pct 2, Pl 2 None						
Date	Payee name						
Amount (\$)	Payee address;	City;	State; Zip Code				
TYPE OF EXPENDITURE	Political	Non-Political					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	schedule) Description					
	Check if travel outside of Texas. Complete	Schedule T. Check if Au	ustin, TX, officeholder living expense				
Complete ONLY if direct Candidate / Officeholder name Office sought Office held							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee 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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) JaPaula Kemp 5 Payee name 4 Date 12/20/2023 **Innovative Solutions** 7 Payee address; 6 Amount (\$) City; State: Zip Code 1,056.73 10862 REDSTONE CT MISSOURI CITY, TX 77459 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE push cards advertising expense OF EXPENDITURE (c)Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Office sought Office held Complete ONLY if direct JaPaula Kemp Justice of the Peace, Pct 2, Pl 2 none expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; Zip Code State: Reimbursement from political contributions intended 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, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended 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, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission