		CEHOLDER			FORM C/OH SHEET PG 1
The C/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed: · 8
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST JaPaula	MI C	OFFIC	E USE ONLY
NAME	NICKNAME	саят Кетр	SUFFIX	Date Received	//
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 3418 Aldridg Missouri City	je Dr.	CITY. STATE. ZIP CODE	10/28/20	VIA EMAIL 24
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 927-3598	EXTENSION	Date Hand-deliver	ed or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Dana	MI	Receipt #	Amount S
NAME	NICKNAME	LAST Gaines	J SUFFIX	Dale Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE). APT / S Trail Ln, Rosenbe		STATE.	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (832)	PHONE NUMBER 443-9059	EXTENSION		
9 REPORT TYPE	January 15	30th day before el	Freedorthad	treasurer (Officehok	after campaign appointment ser Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 1 / 24	Month	Day Yes	
11 ELECTION	ELECTION DA Month Day 11 / 5	TE Year Primary 24 General	ELECTION TYPE Runolf Other Description Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (# known Justice of the Pea		ace 2
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES I S MAY HAVE BEEN MADE WITHOUT THE CAN IRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
000000000000000000000000000000000000000	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
		GO TO	PAGE 2		

Forms provided by Texas Ethics Commission

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME	16 File	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES LOANS, OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 25.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	<sup>s</sup> 1,400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	s 0.00
	4. TOTAL POLITICAL EXPENDITURES	s 2,096.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,613.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed & 20, 24, to certify w	TOW	day of October
Signature of officer administeri		Title of officer administering oath
(2) Unsworn Declaratio	OR AND	
My name is	, and my date of birth is	·
	(street) (city) (state) County, State of, on theday of (month)	(zip code) (country) , 20 (year)
Forms provided by Texas Eth	Signature of Candidate/Offic	ceholder (Declarant) Revised 8/17/2020

# SUBTOTALS - C/OH

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

19	FILER NAME	nissi	on Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,425.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
з.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE E: LOANS		\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	2,096.91
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	600.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	1,946.32
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	DS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	BUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION	ONS RETURNED	\$	0.00

Forms provided by Texas Ethics Commission

## MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

JaPaula Kemp         4 Date       5 Full name of contributor Angela Allen       out-of-state PAC (ID#) Angela Allen       7 Amount of contribution (\$) 200.00(         08/17/2024       6 Contributor address; 3522 Teal Ln Houston, TX 77047-5604       7 Amount of contribution (\$) 200.00(         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions) Southwest Airlines       Amount of contribution (\$) 100.00(         08/20/2024       Full name of contributor Oliver W Sprott, Jr. Contributor address; Betired       out-of-state PAC (ID#) Contributor address; Betired       Amount of contribution (\$) 100.00(         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of contribution (\$) 100.00(         Date       Full name of contributor 3801 Kirby Dr. Suite 411 Houston, TX 77098       Amount of contribution (\$) 100.00(         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of contribution (\$) 1,000.00(         09/21/2024       Full name of contributor 36 Big Trail Missouri City, TX 77459       Amount of contribution (\$) 1,000.00(         Principal occupation / Job title (See Instructions) County Commissioner       Employer (See Instructions) Fort Bend County       Amount of contribution (\$) 1,000.00(         Date       Full name of contributor Cheryl Sterling       out-of-state PAC (ID#				
JaPaula Kemp       5       Full name of contributor       out-of-state PAC (D#)       7       Amount of contribution (\$)         08/17/2024       5       Full name of contributor address;       City:       State;       Zip Code       2000.00(         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)       2000.00(         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)       1000.00(         8       Principal occupation / Job title (See Instructions)       Oliver W Sprott, Jr.       Amount of contribution (\$)       1000.00(         08/20/2024       Full name of contributor       eut-of-state PAC (D#	The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
08/17/2024       Angela Allen		np		3 Filer ID (Ethics Commission Filers)
Flight Attendant       Southwest Airlines         Date       Full name of contributor       out-of-state PAC (ID#)       Arrount of contribution (\$)         08/20/2024       Full name of contributor       out-of-state PAC (ID#)       Arrount of contribution (\$)       1000.000         08/20/2024       Contributor address:       City:       State:       Zip Code       1000.000         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Arrount of contribution (\$)       1,000.000         Date       Full name of contributor       out-of-state PAC (ID#		Angela Allen 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$) 200.00
Oliver W Sprott, Jr.       Oliver W Sprott, Jr.       100.00(         08/20/2024       Oliver W Sprott, Jr.       100.00(         08/20/2024       State: Zip Code       100.00(         3801 Kirby Dr. Suite 411 Houston, TX 77098       100.00(         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       100.00(         Retired       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#)       Amount of contribution (\$)         09/21/2024       James Grady       City:       State: Zip Code       1,0000.00(         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       1,0000.00(         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       1,000.00(         Country Commissioner       Full name of contributor       Out-of-state PAC (ID#)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#)       Amount of contribution (\$)       1000.00(         09/23/2024       Full name of contributor       Out-of-state PAC (ID#)       Amount of contribution (\$)       1000.00(         09/23/2024       Full name of contributor       Out-of-				ons)
Retired       Retired         Date       Full name of contributor       out-of-state PAC (ID#)         09/21/2024       James Grady       Amount of contribution (\$)         James Grady       Contributor address;       City:       State;       Zip Code         36 Big Trail Missouri City, TX 77459       Indextore       Indextore         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Indextore         County Commissioner       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         09/23/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         09/23/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         09/23/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         09/23/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         0100.000       Contributor address;       City;       Stat	08/20/2024	Oliver W Sprott, Jr. Contributor address: City: 3801 Kirby Dr. Suite 411 Houst	State: Zip Code con, TX 77098	100.00
09/21/2024       James Grady Contributor address; City: State: Zip Code 36 Big Trail Missouri City, TX 77459       1,000.000         Principal occupation / Job title (See Instructions) County Commissioner       Employer (See Instructions) Fort Bend County       1,000.000         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$) 100.000         09/23/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$) 1000.000         Principal occupation / Job title (See Instructions)       City:       State: Zip Code       1000.000         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       1000.000				
County Commissioner       Fort Bend County         Date       Full name of contributor       out-of-state PAC (ID#)         09/23/2024       Full name of contributor       Amount of contribution (\$)         Cheryl Sterling       Contributor address;       City:         Contributor address;       City:       State;       Zip Code         16507 Teak Dr. Missouri City, TX 77489       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		James Grady Contributor address; City;	State: Zip Code	Amount of contribution (\$) 1,000.00
09/23/2024       Cheryl Sterling Contributor address;       City;       State;       Zip Code       100.000         16507 Teak Dr. Missouri City, TX 77489       Employer (See Instructions)       Employer (See Instructions)				ons)
		Cheryl Sterling Contributor address; City;	State; Zip Code	Amount of contribution (\$)
				ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 8/1		If contributor is out-of-state PAC, please see Instruc	ction guide for additional r	

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

07/22/2024       Run Sister Run         6 Amount (\$)       7 Payee address;       City;       State;       Zip Code         350.00       PO BOX 66470, Houston, TX 77266         8          Quarter Contribution Made By Candidate        (b) Description          0 Contribution Made By Candidate           Donation for GOTV          (c)       Check if travel outside of Texas Complete Schedule T          Check if Austin, TX, officeholder living expense			EXPENDITURE	CATE	GORIES F	FOR BOX 8(a)		
1 Total pages Schedule F1       2 FLER NAME       3 Filer ID (Ethics Commission Filers)         4 Date       5 Payee name       3 Filer ID (Ethics Commission Filers)         4 Date       5 Payee name       07/22/2024         6 Amount (3)       7 Payee address:       Caty:       State:       Zip Code         8 mount (3)       7 Payee address:       Caty:       State:       Zip Code         9 Complete Obly if direct experient and the top of the schedule if the schedule if the page address:       Category (see Categories state at the top of the schedule if the page address:       Office sought       Office sought       Office held         9 Complete Obly if direct experient addres of Trans Complete Schedue T       Office sought       Office sought       Office held       Justice of the Page - Pit 2, Pi 2         Date       Payee name       Innovative Solutions       Category (see Categories state at the top of the schedule)       Description       Description         PURPOSE       Category (see Categories state at the top of the schedule)       Description       Push Cards         246.91       10862 REDSTONE CT MISSOURI CITY, TX 77459       Category (see Categories state at the top of the schedule)       Description         09/26/2024       Candidate / Officeholder name       Office sought       Office held       Justice of the Pagee - Pet 2, Pi 2         Date       P	Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Fees Food/Beverage Expense Git/Awards/Memorials Expe	ense	Office Over Polling Exp Printing Exp	rhead/Renlal Expense pense pense	Transportation E Travel In District Travel Out Of Di	quipment & Related Expense
4 Date       JaPaula Kemp         4 Date       5 Parse name         07/12/20202       Run Sister Run         6 Amount (8)       7 Payee address:       City:       State;       Zip Code         3500.00       PO BOX 66470, Houston, TX 77266       (b) Description       Donation for GOTV         8       PURPOSE EXPENDITURE       (a) Category (See Categories taste at the top of the schedulet Contribution Made By Candidate       (b) Description       Donation for GOTV         9       Complete QULY if direct expenditure to benefit COM       Candidate / Officebolder name JaPaula Kemp       Office sought       Office sought       Office held         Jaste       Payee name       Candidate / Officebolder name JaPaula Kemp       Office sought       Office sought       Office held         0ale       Payee name       Payee address;       City:       State;       Zip Code         108602 REDSTONE CT MISSOURI CITY, TX 77459       Category iSee Categories taste at the top of the schedule;       Description         Push Cards       Candidate / Officeholder name JaPaula Kemp       Office sought       Office sought       Office held         246.91       108602 REDSTONE CT MISSOURI CITY, TX 77459       Category iSee Categories taste at the top of the schedule;       Description       Push Cards         09/26/20204       Fort Bend Herald	Cicul Calul - ayinen		The Instruction Guide	explai	ns how to c	omplete this form.		
07/22/2024     Run Sister Run       6 Amount (5)     7 Payee address:     City: State: Zip Code       350.00     PO BOX 66470, Houston, TX 77266       8     PURPOSE EXPENDITURE     (4) Category (Se Categores lated at the tap of the schedule) Contribution Made By Candidate     (b) Description Donation for GOTV       9     Complete DMLY 1 direct expenditure to benefit CrOM     Candidate / Officeholder name     Office sought JaPaula Kemp     Office sought Justice of the Peace-Pct 2, Pl 2       Date     Payee name     Innovative Solutions     City: State: Zip Code       08/05/2024     Innovative Solutions     City: State: Zip Code       08/05/2024     Innovative Solutions     City: State: Zip Code       08/05/2024     Innovative Solutions     Description Puspose EXPENDITURE     City: State: Zip Code       0ate     Payee address:     City: State: Zip Code       0ate     Category (Se Categores lated at the top of this schedule) Advertising     Description Push Cards       0ate     Category (Se Categores lated at the top of this schedule) Advertising     Description       0ate     Category (Se Categores lated at the top of this schedule) JaPaula Kemp     Description       0ate     Category (Se Categores lated at the top of this schedule) JaPaula Kemp     Description       0ate     Payee name     Office sought     Office held       0ate     Date     Payee addre	1 Total pages Schedule F1:						3 Filer ID (Et	hics Commission Filers)
6 Amount (5)       7 Payee address;       City:       State;       Zip Code         350.00       PO BOX 66470, Houston, TX 77266       (e) Category (Se Categores state at the top of the schedue!       (b) Description       Donation for GOTV         8       PURPOSE EXPENDITURE       (e) Category (Se Categores state at the top of the schedue!       (b) Description       Donation for GOTV         9 Complete ONLY if direct expenditure to benefit COH       Candidate / Officeholder name       Office sought       Office held         9 Complete ONLY if direct expenditure to benefit COH       Payee name       Office sought       Office held         08/05/2024       Innovative Solutions       City:       Stale;       Zip Code         08/05/2024       Innovative Solutions       City:       Stale;       Zip Code         09/05/2024       Innovative Solutions       Description       Push Cards         09/26/2024       Category (See Categores states at the top of the schedule) JaPaula Kemp       Description       Office held         09/26/2024       Payee name       Office sought       Office held       Office held         09/26/2024       Payee name       Fort Bend Herald       City:       Stale;       Zip Code         1002 South Fourth Street Rosenberg, TX 77471       Category (de categories inset at the top of the schedule)       De	4 Date	5 Payee na	ime					
350.00     PO BOX 66470, Houston, TX 77266       #     Purpose OF EXPENDITURE     (a) Category (See Categories issued at the top of this schedule)     (b) Description       *     Contribution Made By Candidate     Donation for GOTV       (c)     Check # Austin, TX, diffeendeer # Imme     Office sought     Office held       *     Complete QMUY (# direct expenditure to benefit COV     Candidate / Office holder name     Office sought     Office held       *     Candidate / Office holder name     Office sought     Office held     Office held       *     Date     Payee name     Innovative Solutions     City:     State:     Zip Code       *     Date     Payee address:     City:     State:     Zip Code       *     Date     Category (See Categories istate at the top of this schedule!     Description       *     Purpose expenditure to benefit COM     Advertising     Description       *     Category (See Categories istate at the top of this schedule!     Description       *     Office bought     Office holder risms     Office holder risms       *     Category (See Categories istate at the top of this schedule!     Description       *     Date     Category (See Categories istate at the top of this schedule!     Office holder risms       *     Candidate / Office holder name     Office holder	07/22/2024	Run Sis	ter Run					
PURPOSE Contribution Made By Candidate         Donation for GOTV           (c)         Creck #fare#loadsde ofTexas Complete Schedule T         Creck # Austin, TX, officeholder Iwng expense           (c)         Creck #fare#loadsde ofTexas Complete Schedule T         Creck # Austin, TX, officeholder Iwng expense           (c)         Creck #fare#loadsde ofTexas Complete Schedule T         Creck # Austin, TX, officeholder Iwng expense           (c)         Creck #fare#loadsde ofTexas Complete Schedule T         Creck # Austin, TX, officeholder Iwng expense           Oate         Payee name         Office sought         Office held           08/05/2024         Innovative Solutions         City:         State:         Zip Code           246.91         10862 REDSTONE CT MISSOURI CITY, TX 77459         Description         Push Cards           PURPOSE CF         Category (see Categories listed at the top of this schedule)         Description         Push Cards           Complete QNV if direct expenditure to benefit CiOH         Category (see Categories listed at the top of this schedule)         Description         Push Cards           Date         Office benefit CiOH         JaPaula Kemp         Office sought         Office held           90/26/2024         Fort Bend Herald         Category (see Categories listed at the top of this schedule)         Description           Purpose CF         Office	6 Amount (\$)			1, TX	(77266	City;	State;	Zip Code
9       Candidate / Office holder name generalitize to benefit COH       Candidate / Office holder name JaPaula Kemp       Office sought       Office held         Date       Payee name       Innovative Solutions       Innovative Solutions         Amount (\$)       Payee address;       City;       State;       Zip Code         2466.91       10862 REDSTONE CT MISSOURI CITY, TX 77459       Description         PURPOSE EXPENDITURE       Category (See Categories listed at the top of this schedule)       Description       Push Cards         Complete QNLY if direct expenditure to benefit COH       Category (See Categories listed at the top of this schedule)       Description       Push Cards         Complete QNLY if direct expenditure to benefit COH       Candidate / Office holder name JaPaula Kemp       Office sought       Office held         09/266/2024       Payee name       Office held Herald       Justice of the Peace- Pct 2, Pl 2       Description         Purpose EXPENDITURE       Payee name       Office sought       Office held expendence       Zip Code         09/266/2024       Fort Bend Herald       City;       State;       Zip Code       Zip Code         1902 South Fourth Street Rosenberg, TX 77471       Description       Newspaper       Category (see Categories listed at the top of this schedule)       Description         Purpose EXPENDITURE       <	OF						GOTV	
expenditure to benefit COH       JaPaula Kemp       Justice of the Peace-Pct 2, Pl 2         Date       Payee name       Innovative Solutions         Amount (\$)       Payee address:       City:       State:       Zip Code         246.91       10862 REDSTONE CT MISSOURI CITY, TX 77459       Description         PURPOSE       Office Advertising       Description         PURPOSE       Category (See Categories listed at the top of this schedule)       Description         PURPOSE       Candidate / Officeholder name       Office sought       Office held         JaPaula Kemp       JaPaula Kemp       Justice of the Peace-Pct 2, Pl 2       Office held         Date       Payee name       Office body       Office body       Office held         JaPaula Kemp       Justice of the schedule)       Description       Push Cards         Date       Payee name       Fort Bend Herald       Office body       Office held         Job 2 South Fourth Street Rosenberg, TX 77471       Office Poilon       Newspaper         Category (See Categories listed at the top of this schedule)       Description       Newspaper         Complete Obly 1 direct       Categories listed at the top of this schedule)       Description       Newspaper         Complete Obly 1 direct       Cardidate / Officeholder name       <		(c)	Check if travel outside of Texas Co	mplete S	Schedule T	Check if Aust	in, TX, officeholder li	ving expense
08/05/2024       Innovative Solutions         Amount (\$)       Payee address;       City:       State:       Zip Code         246.91       10862 REDSTONE CT MISSOURI CITY, TX 77459       Description         PURPOSE       Category (See Categories listed at the top of this schedule)       Description         PURPOSE       Category (See Categories listed at the top of this schedule)       Description         Complete QNLY if direct       Candidate / Officeholder name       Office sought       Office held         Date       Payee address;       City:       State:       Zip Code         09/26/20244       Fort Bend Herald       Encert Rosenberg, TX 77471       Description         PURPOSE       Category (See Categories listed at the top of this schedule)       Description         PURPOSE       Fort Bend Herald       City:       State:       Zip Code         1902 South Fourth Street Rosenberg, TX 77471       Category (See Categories listed at the top of this schedule)       Description         PURPOSE       Category (See Categories listed at the top of this schedule)       Description       Newspaper         Complete QNLY if direct       Category (See Categories listed at the top of this schedule)       Description       Newspaper         Complete QNLY if direct       Category (See Categories listed at the top of this schedule)	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF				J	-	ct 2, PI 2	Office held
Amount (\$)       Payee address;       City;       State;       Zip Code         246.91       10862 REDSTONE CT MISSOURI CITY, TX 77459       Description         PURPOSE OF EXPENDITURE       Category (See Categories listed at the top of this schedule)       Description         Push Cards       Category (See Categories listed at the top of this schedule)       Description         Complete ONLY if direct expenditure to benefit C/OH       Candidate / Officeholder name JaPaula Kemp       Office sought       Office held         Date       Payee name       Fort Bend Herald       Payee address;       City;       State;       Zip Code         500.00       1902 South Fourth Street Rosenberg, TX 77471       Category (see Categories listed at the top of this schedule)       Description         PURPOSE OF EXPENDITURE       Category (see Categories listed at the top of this schedule)       Description         PURPOSE OF EXPENDITURE       Category (see Categories listed at the top of this schedule)       Description         Newspaper       Category (see Categories listed at the top of this schedule)       Description         Complete ONLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held         Complete ONLY if direct expenditure to benefit C/OH       Category (see Categories listed at the top of this schedule)       Description       Newspaper	Date	Payee na	me					
246.91       10862 REDSTONE CT MISSOURI CITY, TX 77459         PURPOSE OF EXPENDITURE       Category (See Categories listed at the top of this schedule) Advertising       Description Push Cards         Complete QNLY if direct expenditure to benefit COH JaPaula Kemp       Check if avefoutsde of Texas Complete Schedule T. Check if avefoutsde of Texas Complete Schedule T. Date       Check if avefoutsde of Texas Complete Schedule T. Date       Office holder inving expense         09/26/2024       Payee name       Office holder name       Office sought       Office holder         09/26/2024       Fort Bend Herald       Fort Bend Herald       Else Category (See Categories listed at the top of this schedule)       Description         Purpose of Expenditure to benefit COH       Category (See Categories listed at the top of this schedule)       Description         Purpose of Expenditure to benefit COH       Category (See Categories listed at the top of this schedule)       Description         Purpose of Expenditure to benefit COH       Category (See Categories listed at the top of this schedule)       Description         Purpose of Expenditure to benefit COH       Advertising       Category (See Categories listed at the top of this schedule)       Description         Purpose of Expenditure to benefit COH       Category (See Categories listed at the top of this schedule)       Description       Newspaper         Complete QNLY if direct expenditure to benefit COH       Candidate / Officeholder name	08/05/2024	Innovativ	ve Solutions					
PURPOSE OF EXPENDITURE       Category (See Categories listed at the top of this schedule) Advertising       Description Push Cards         Complete QNLY if direct expenditure to benefit C/OH       Candidate / Officeholder name JaPaula Kemp       Office sought Justice of the Peace- Pct 2, Pl 2         Date       Payee name         09/26/2024       Fort Bend Herald         Amount (\$)       Payee address;       City;       State;       Zlp Code         500.00       1902 South Fourth Street Rosenberg, TX 77471       Description Newspaper       Description Category (see Categories listed at the top of this schedule)       Description Newspaper         PURPOSE OF EXPENDITURE       Category (see Categories listed at the top of this schedule) Advertising       Description Category (see Categories listed at the top of this schedule) Advertising       Description Newspaper         Complete QNLY if direct expenditure to benefit C/OH       Candidate / Officeholder name Advertising       Check if Austin, TX officeholder living expense	Amount (\$)	Payee ad	dress;			City;	State;	Zip Code
PURPOSE OF EXPENDITURE     Advertising     Push Cards       Complete ONLY if direct expenditure to benefit C/OH     Check if savelouiside of Texas Complete Schedule T.     Check if Austin, TX, officeholder living expense       Complete ONLY if direct expenditure to benefit C/OH     Candidate / Officeholder name JaPaula Kemp     Office sought Justice of the Peace- Pct 2, Pl 2     Office hold       Date     Payee name     Office Bend Herald     Office Science     Office Science       Amount (\$)     Payee address;     City:     State:     Zip Code       500.000     1902 South Fourth Street Rosenberg, TX 77471     State:     Zip Code       PuRPOSE OF EXPENDITURE     Category (See Categories listed at the top of this schedule) Office sought     Description Newspaper     Newspaper       Complete QNLY if direct expenditure to benefit C/OH     Candidate / Officeholder name Office sought     Office sought     Office held	246.91	10862 R	EDSTONE CT N	ISS	OURI CI	TY, TX 77459		
OF EXPENDITURE       OF Check if travelouside of Texas Complete Schedule T.       Check if Austin, TX, officeholder living expense         Complete ONLY if direct expenditure to benefit C/OH       Candidate / Officeholder name JaPaula Kemp       Office sought Justice of the Peace- Pct 2, Pl 2       Office held         Date       Payee name       Office Schedule T.       Office Schedule T.       Office held         09/26/2024       Fort Bend Herald       Fort Bend Herald       Image: Schedule T.       State:       Zlp Code         500.000       Payee address;       City:       State:       Zlp Code         1902 South Fourth Street Rosenberg, TX 77471       Description       Newspaper         OF EXPENDITURE       Category (See Categories listed at the top of this schedule)       Description         PURPOSE OF EXPENDITURE       Check if travelouside of Texas Complete Schedule T       Check if Austin, TX officeholder living expense         Complete QNLY if direct expenditure to benefit C/OH       Candidate / Officeholder name JaPaula Kemp       Office sought       Office held		Calegory	(See Categories listed at the top	of this s	schedute)	Description		
Complete QNLY if direct expenditure to benefit C/OH       Candidate / Officeholder name JaPaula Kemp       Office sought Justice of the Peace- Pct 2, Pl 2         Date       Payee name         09/26/2024       Fort Bend Herald         Amount (\$)       Payee address;       City:       State:       Zlp Code         500.00       1902 South Fourth Street Rosenberg, TX 77471       Description       Newspaper         PURPOSE OF EXPENDITURE       Category (see Categories listed at the top of this schedule)       Description       Newspaper         Complete QNLY if direct expenditure to benefit C/OH       Category (fice holder name office sought       Office holder living expense         Complete QNLY if direct expenditure to benefit C/OH       Candidate / Officeholder name office sought       Office holder living expense	OF	Advertis	sing			Push Cards		
Complete QNLY if direct expenditure to benefit C/OH       JaPaula Kemp       Justice of the Peace- Pct 2, Pl 2         Date       Payee name         09/26/2024       Fort Bend Herald         Amount (\$)       Payee address;       City:       State:       Zlp Code         500.00       1902 South Fourth Street Rosenberg, TX 77471       Description         PURPOSE OF EXPENDITURE       Category (See Categoriles listed at the top of this schedule)       Description         Newspaper       Check if traveloutside of Texas Complete Schedule T       Check if Austin, TX officeholder living expense         Complete QNLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held         JaPaula Kemp       Justice of the Peace- Pct 2, Pl 2       Office held       Office held			Check if travel outside of Texas Co	mplete S	chedule T.	Check if Aust	in, TX, officeholder ti	ving expense
09/26/2024       Fort Bend Herald         Amount (\$)       Payee address;       City:       State:       Zlp Code         500.00       1902 South Fourth Street Rosenberg, TX 77471       Description         PURPOSE OF EXPENDITURE       Category (See Categories listed at the top of this schedule)       Description         Movertising       Category (See Categories listed at the top of this schedule)       Description         Complete ONLY if direct expenditure to benefit C/OH       Candidate / Officeholder name JaPaula Kemp       Office sought       Office held					J	-	ct 2, PI 2	Office held
Amount (\$)       Payee address;       City;       State;       Zlp Code         500.00       1902 South Fourth Street Rosenberg, TX 77471       Description         PURPOSE OF EXPENDITURE       Category (See Categories listed at the top of this schedule)       Description         Advertising       Description         Check if travel outside of Texas Complete Schedule T       Check if Austin, TX_officeholder living expense         Complete ONLY if direct expenditure to benefit C/OH       Candidate / Officeholder name JaPaula Kemip       Office sought       Office held	Date	Payee na	ime				ی کی اور میں میں اور	
500.00       1902 South Fourth Street Rosenberg, TX 77471         PURPOSE OF EXPENDITURE       Category (See Categories listed at the top of this schedule) Advertising       Description Newspaper         Check if travel outside of Texas Complete Schedule T       Check if Austin, TX officeholder living expense         Complete QNLY if direct expenditure to benefit C/OH       Candidate / Officeholder name JaPaula Kemp       Office sought	09/26/2024	Fort Ben	d Herald					
SOULOU       Category (See Categories listed at the top of this schedule)       Description         PURPOSE OF EXPENDITURE       Advertising       Description         Check if travel outside of Texas Complete Schedule T       Check if Austin, TX officeholder living expense         Complete QNLY if direct expenditure to benefit C/OH       Candidate / Officeholder name JaPaula Kemp       Office sought       Office held	Amount (\$)	Payee ad	dress;			City;	State;	Zip Code
PURPOSE OF EXPENDITURE       Advertising       Newspaper         Check if travel outside of Texas Complete Schedule T.       Check if Austin, TX officeholder living expense         Complete QNLY if direct expenditure to benefit C/OH       Candidate / Officeholder name JaPaula Kemp       Office sought       Office held	500.00	1902 So	uth Fourth Street	Ros	enberg,	TX 77471		
OF EXPENDITURE     Adventising     Intervision       Check if travel outside of Texas     Complete Schedule T     Check if Austin, TX     officeholder living expense       Complete     ONLY if direct expenditure to benefit C/OH     Candidate / Officeholder name JaPaula Kemp     Office sought     Office held		Category	(See Categories listed at the top	of this s	chedule)	Description		
Complete QNLY if direct expenditure to benefit C/OH JaPaula Kemp Jabaula Kemp Jabaula Kemp	OF	Advertis	ing			Newspaper		
expenditure to benefit C/OH JaPaula Kemp Justice of the Peace- Pct 2, Pl 2			Check if travel outside of Texas Co	mplete S	chedule T.	Check if Aust	n, TX. officeholder In	ring expense
		4			Ju		t 2, PI 2	Office held
				PIES	OF THIS S	SCHEDULE AS NEL	EDED	

	EXPENDITURES			SCHEDULE F1	
If the requested int	ormation is not applicab	le, DO NOT include	e this page in the re	eport.	
	EXPEND	ITURE CATEGORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consuling Expense Contributions/Donations Made B Candidate/Officehokter/Politics Credt Card Payment	al Committee Legal Services	epayment/Reimbursement Sverhead/Rental Expense Expense Expense SWages/Contract Labor D complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a calegory not listed above)	e	
1 Total pages Schedule F1:	2 FILER NAME JaPaula Kemp			3 Filer ID (Ethics Commission Filers)	
4 Date 07/05/2024	5 Payee name Visa Card Services				
6 Amount (\$)	7 Payee address;		City;	State; Zip Code	-
500.00	PO Box 660170, Da	allas, TX 75266			
8	(a) Category (See Categories lis	sted at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Credit Card Payme	ent	card payment		
	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholde	ername	Office sought	Office held	
Date	Payee name				
07/08/2024	Visa Card Services				
Amount (\$)	Payee address;		City:	State; Zip Code	
500.00	PO Box 660170, Da	allas, TX 75266			
-	Category (See Categories list	ed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Credit Card Payme	ent	card payment		
	Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholde	r name	Office sought	Office held	
Date	Payee name				
Amount (\$)	Payee address;		City:	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories liste	ed at the top of this schedule)	Description		
	Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	a, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholde	er name	Office sought	Office held	
	ATTACH ADDITIC	NAL COPIES OF THI	S SCHEDULE AS NEE	DED	

Forms provided by Texas Ethics Commission

# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

	EXPENDITURE	CATEGORIES P	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	al Committee Legal Services	Office Ove Polling Ex ense Printing Ex Salaries/M	xpense Vages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
	The Instruction Guide	e explains how to c	complete this form.		
1 Total pages Schedule F2	2 FILER NAME			3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED	OBLIGATION	S	\$	
5 Date	6 Payee name KEM				
7 Amount (\$)	8 Payee address;		City:	State;	Zip Code
600.00	P.O. Box 461406, San A	Antonio, TX	78246		
9 TYPE OF EXPENDITURE	Political	Non-Pol	litical		
10	(a) Category (See Categories listed at the	top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense (ca	rd balance)	Billboard		
	(C) Check if travel outside of Texas C	omplete Schedule T	Check if Aus	tin, TX, officeholder living ex	cpense
11 Complete ONLY if direct	Candidate / Officeholder na	me O	ffice sought	Office held	d
expenditure to benefit C/O			stice of the Peace- Pc		
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-Pol	litical		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the	lop of this schedule)	Description		
	Check if traveloutside of Texas	Complete Schedule T	Check # Au	stin, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder na I	me O	ffice sought	Office held	t
	ATTACH ADDITIONAL COP	PIES OF THIS S	CHEDULE AS NE	EDED	
Forms provided by Texas Ethic	s Commission www	ethics.state.tx.us			Revised 8/17/2020

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested	d information is not	t applicable, DO NOT	include this page	in the report.
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		EXPENDITURE	CATEG	ORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic:		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	pense	Office Over Polling Exp Printing Exp		Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expens
		The Instruction Guid	le explains	how to co	omplete this form.		, ,
1 Total pages Schedule F4	2 FILER	NAME				3 Filer ID (Ethics (	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPI	ENDITURESCHA	RGED	TOACR	EDIT CARD	\$	
5 Date	6 Payee r Clear Ch			••••••			
7 Amount (\$)	8 Payee	address;			City:	State;	Zip Code
1,946.32	12852 W	estheimer Road	d   Hou	ston, T	X 77077		
9 TYPE OF EXPENDITURE	F F	Political	Г	Non-Pol	itical		
10	(a) Category	(See Categories listed at the	top of this so	hedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertis	sing Expense			Billboard		
	(C)	Check if travel outside of Texas	Complete Sc	hedule T.	Check if Au	istin, TX, officeholder living	expense
11	Cano	lidate / Officeholder n	ame	Of	fice sought	Office he	eld
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	JaPa	ula Kemp		Justi	ce of the Peace- Pct	2, PI 2	
Date	Payee r	name					
Amount (\$)	Payee a	address;			City:	Slate;	Zip Code
TYPE OF EXPENDITURE	P	olitical	a reasoning	Non-Po	litical		
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the	e top of this so	chedule)	Description		
		Check if travel outside of Texas	. Complete Sc	chedule T	Check if Au	ustin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cano	lidate / Officeholder n	ame	Of	fice sought	Office h	eld
	ATTAC	H ADDITIONAL CO	PIES OF	THIS SC	HEDULE AS NE	EDED	
orms provided by Texas Ethics	Commission	144444	ethics sta	te true			Revised 8/17/2020