CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Mrs JaPaula C NAME Date Received LAST NICKNAME SUFFIX Kemp REC'D-BBM 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: STATE ZIP CODE **OFFICEHOLDER** 3418 Aldridge Dr. JAN 1 6 2024 MAILING Missouri City, TX 77459 **ADDRESS** Change of Address FORT BEND COUNTY ELECTIONS AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (713)927-3598 PHONE Receipt # Amount S MS / MRS / MR FIRST 6 CAMPAIGN МІ TREASURER Dana Mrs Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Gaines STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY: STATE: ZIP CODE **TREASURER** 6815 Trinity Trail Ln **ADDRESS** Rosenberg, TX 77469 (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE (832 443-9059 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD COVERED ′ 31 12 / 24 / 23 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Description [′]5 / 24 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Justice of the Peace, Pct. 2, Place 2 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL **Additional Pages** COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

0, / (10)		
15 C/OH NAME JaPaula	Kemp	16 Filer 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)	\$ 5,035.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5042.46 ST DAY \$ 74.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ 74.60
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$
Notary Personal Report Persona	Signature of Ca Signature of Ca Signature of Ca Please complete either option below ADD 13415344-0	ndidate or Officeholder
(1) Affidavit		
Signature of officer administra	before me by JaPaula Kemp this the which, witness my hand and seal of office. Which, witness my hand and seal of office. Printed name of officer administering oath OR	15 day of January, Natary Audice Title of offiger administering oath
(2) Unsworn Declarati		
My name is	, and my date of birth is	*
My address is		state) (zip code) (country)
Executed in	(street) (city) (state of, on the day of (monting)	, , , ,
7 A L	Signature of Candid	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmiss	ion Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,035.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	600.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00	
4.	. SCHEDULE E: LOANS			0.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	TRIBUTIONS	\$	4,042.46	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	1,213.05	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0.00	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			4,833.79	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	1,000.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				

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	1 Total pages Schedule A1:			
2 FILER NAME JaPaula Ke	mp	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAG Keito Hurd	C (ID#:)	7 Amount of contribution (\$)		
10/20/2023	6 Contributor address; City; 13819 Cove Landing Ln, Rosh	State; Zip Code aron, TX 77583	500.00		
8 Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instruct Hurd Law Firm	tions)		
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)		
10/20/2023	Contributor address; City; State; Zip Code		500.00		
	5535 Memorial Drive Suite F1165, H		•		
Attorney	ation / Job title (See Instructions)	Employer (See Instruct Law Office of C.S. Al			
Date		C (ID#:)	Amount of contribution (\$)		
10/30/2023	Gwendolyn Scott Contributor address; City; State; Zip Code 1612 Beaconshire Rd, Houston, TX 77077		250.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)		
10/30/2023	Ken Scott Contributor address; City;	State; Zip Code	250.00		
	3411 Aldridge Dr., Missouri				
Principal occup Manager	ation / Job title (See Instructions)	Employer (See Instruction Anheuser Busch	tions)		
. /					

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 thi	s form.	1 Total pages Schedule A1:	
² FILER NAME JaPaula K	emp		3 Filer ID (Ethics Commission Filers)	
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:) Donna Ellis		7 Amount of contribution (\$)	
11/01/2023	6 Contributor address; City; 13910 Placid Woods Court Sugar	State; Zip Code r Land, TX 77498	250.00	
8 Principal occu Consultant	pation / Job title (See Instructions)	9 Employer (See Instruction Self	tions)	
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)	
11/01/2023	Contributor address; City: 3026 Pelican Cove Missouri City,	State; Zip Code TX 77459	100.00	
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Instruct Retired	ions)	
Date	Full name of contributor out-of-state PAGESNO Echols	C (ID#:)	Amount of contribution (\$)	
11/01/2023	Contributor address; City; State; Zip Code 14107 FM 442 Needville, TX 77461		100.00	
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Instruct Retired	ions)	
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
11/02/2023	Contributor address; City;	State; Zip Code	100.00	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Instr			

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 11/03/2023	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)	
11/03/2023	6 Contributor address; City; 7514 San Clemente Point Ct Ka	State; Zip Code aty, TX 77494	100.00	
8 Principal occu Investor	pation / Job title (See Instructions)	9 Employer (See Instruction SMZJHoldings LLC	tions)	
Date		C (ID#:)	Amount of contribution (\$)	
Atoya Collins Contributor address; City; State; Zip Code 2018 Silver Moon Drive Missouri City, TX 77459		500.00		
Principal occupation / Job title (See Instructions) Attorney Employer (See Instructions) Self		ions)		
Date	Date Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)	
11/09/2023	Lynn Clouser Contributor address; City; 3006 Sadie Court Missouri City	State; Zip Code , TX 77459	50.00	
Principal occup Marketing Dire	ation / Job title (See Instructions)	Employer (See Instruct Apara Autism	ions)	
Date		; (ID#:)	Amount of contribution (\$)	
12/06/2023	Koretta Brown Contributor address; City;	State; Zip Code	250.00	
Principal occup	1911 Summer Place Dr Missouri	Employer (See Instruct	ions)	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDIN E AS N	EEDED	

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.				
The	1 Total pages Schedule A1:			
2 FILER NAME JaPaula Ke	emp		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state P Kimberly Despania	AC (ID#:)	7 Amount of contribution (\$)	
12/06/2023	6 Contributor address; City: 6000 Reims Rd #4101 Housto	State; Zip Code	185.00	
8 Principal occu Realtor	pation / Job title (See Instructions)	9 Employer (See Instruction Self	ttions)	
Date	Full name of contributor out-of-state Po	AC (ID#:)	Amount of contribution (\$)	
12/08/2023	12/08/2023 Contributor address; City; State; Zip Code 1825 Parker Rd SE Apt 507 Conyers, GA 30094		100.00	
Principal occupation / Job title (See Instructions) Intake Clerk Employer (See Instructions) Dekalb County			tions)	
Date		AC (ID#:)	Amount of contribution (\$)	
12/17/2023	Geneva Jones Contributor address; City; 2245 Texas Drive, Suite 300 Suga	State; Zip Code rland, TX 77479	500.00	
Principal occup	nation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state P/	AC (ID#:)	Amount of contribution (\$)	
12/06/2023	Ron Reynolds Contributor address: City; 2440 Texas Parkway Ste. 102, Miss	State; Zip Code	100.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
State Represe	entative	State of Texas		
			IFFDED.	
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst			

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 th	is form.	1 Total pages Schedule A1:	
2 FILER NAME JaPaula Ke	emp		3 Filer ID (Ethics Commission Filers)	
4 Date 11/01/2023	5 Full name of contributor out-of-state PAC (ID#:) Ron Reynolds 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$) 250.00	
	2440 Texas Parkway Ste. 102, Misso	ouri City, TX 77489		
8 Principal occu State Represe	pation / Job title (See Instructions) entative	9 Employer (See Instruct State of Texas	tions)	
Date		C (ID#:)	Amount of contribution (\$)	
11/01/2023	Contributor address; City; 7631 S Glen Willow Ln, Missouri	State: Zip Code City TX 77489	100.00	
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Instruct Retired	ions)	
Date	Full name of contributor out-of-state PA Vivian Burley	C (ID#:)	Amount of contribution (\$)	
12/06/2023	Contributor address: City; State; Zip Code 1138 Mossridge Dr. Missouri City, TX 77489		100.00	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct Retired	ions)	
Date		C (ID#:)	Amount of contribution (\$)	
10/23/2023	JaPaula Kemp Contributor address; City;	State; Zip Code	100.00	
Principal occup	3418 Aldridge Dr, Missouri (Employer (See Instruct	ions)	
Attorney		Self		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED	
	If contributor is out-of-state PAC, please see Inst	ruction guide for additional r	eporting requirements.	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

TI	he Instruction Guide explains how to complete this form	m.	1 Total pages Sched	ule A2:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
JaPaula Kemp				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	Date 6 Full name of contributor out-of-state PAC (ID#) Bonita Billings		8 Amount of Contribution \$	9 In-kind contribution description
11/01/2023	7 Contributor address; City; State;	Zip Code	300.00	Venue for Fundraiser
	8027 Highway 6, Ste 100, Missouri City, TX			
10 Deineinal and	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIA	de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Chiploye	er (FOR NON-SOSICIA	AL/(See manuchons)
12 Contributor's Business	principal occupation (FOR JUDICIAL) Owner		utor's job title (FOR JU Owner/Operator	IDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l		
Date	Full name of contributor		Amount of	In-kind contribution
30.0	Bonita Billings		Contribution \$	description
12/06/2023	Contributor address; City; State;	Zip Code	300.00	Venue for Fundraiser
	8027 Highway 6, Ste 100, Missouri City, TX	77459	Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's Business	s principal occupation (FOR JUDICIAL)		utor's job title (FOR JU Owner/Operator	IDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T			a requirements.

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/Political Committee

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

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 3 Filer ID (Ethics Commission Filers) JaPaula Kemp 4 Date 5 Payee name 11/16/2023 **Grigsby Consulting** 6 Amount (\$) 7 Payee address; City; State: Zip Code 337.50 708 Main St, Houston, TX, 77002 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE consultant consulting expense OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH JaPaula Kemp Justice of the Peace, Pct 2, Pl 2 none Payee name Date 11/20/2023 Uline Amount (\$) Payee address; State: Zip Code 208.48 2600 Rental Car Drive, DFW Airport, TX 75261 Category (See Categories listed at the top of this schedule) Description PURPOSE advertising door hanger OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH JaPaula Kemp Justice of the Peace, Pct 2, Pl 2 none Payee name 11/20/2023 Fort Bend Democratic Party Amount (\$) Payee address; City: State: Zip Code 13515 Southwest Fwy #204, Sugar Land, TX 77478 1,000.00 Description Category (See Categories listed at the top of this schedule) PURPOSE Cashier Check for Filing Candidate Fee Filing EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH JaPaula Kemp Justice of the Peace, Pct 2, Pl 2 none 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/Oonations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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 3 Filer ID (Ethics Commission Filers) JaPaula Kemp 4 Date 5 Payee name 11/30/2023 Milton Heyliger 6 Amount (\$) 7 Payee address; City; State: Zip Code 100.00 4222 Oak Forest Dr. Missouri City TX 77459 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** advertising canvassing OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office held Office sought expenditure to benefit C/OH JaPaula Kemp Justice of the Peace, Pct 2, Pl 2 none Payee name 12/11/2023 Fort Bend Democratic Party Amount (\$) Payee address; Zip Code 1,000.00 13515 Southwest Fwy #204, Sugar Land, TX 77478 Category (See Categories listed at the top of this schedule) Description PURPOSE advertising party push card OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH JaPaula Kemp Justice of the Peace, Pct 2, Pl 2 none Payee name Date 12/19/2023 Home Depot Amount (\$) Payee address: City; State: Zip Code 5900 Hwy 6 South Missouri City, TX 77459 50.69 Category (See Categories listed at the top of this schedule) Description PURPOSE other zip ties **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 Justice of the Peace, Pct 2, Pl 2 none 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/Ocnations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	ly Gift/Awards/Memorials Expense Printi	ing Expense ing Expense ries/Wages/Contract Labor to complete this form.	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		
12/14/2023	Milton Heyliger		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
300.00	4222 Oak Forest Dr. Missouri Cit	y TX 77459	
8	(a) Category (See Categories listed at the top of this schedul	e) (b) Description	
PURPOSE OF EXPENDITURE	advertising	canvassing	
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	H JaPaula Kemp	Justice of the Peace, Pc	t 2, Pl 2 none
Date	Payee name		
12/20/2023	Innovative Solutions		
Amount (\$)	Payee address;	City;	State; Zip Code
856.88	10862 REDSTONE CT MISSOL	IRI CITY, TX 7745	9
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	advertising	road signs	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	JaPaula Kemp	Justice of the Peace, Po	t 2, Pl 2 none
Date	Payee name		
12/31/2023	Raise the Money		
Amount (\$)	Payee address;	City;	State; Zip Code
188.97	raisethemoney.com		
	Category (See Categories listed at the top of this schedule	e) Description	
PURPOSE OF EXPENDITURE	fundraising	transaction fee	s
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	Jaraula Kellip	Justice of the Peace, Pct	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEE	DED

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 Event Expense Loan Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Contributions/Donations Made By Gifl/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services 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)		
1 Total pages Schedule F2:	The Instruction Guide explains how to	Complete tins form.	2 Siles ID (Stries Commission Siles)	
1 Total pages Schedule F2.	JaPaula Kemp		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATION	NS	\$	
5 Date	6 Payee name			
10/10/2023	Innovative Solutions			
7 Amount (\$)	8 Payee address;	City;	State; Zip Code	
935.49	10862 REDSTONE CT MISSOUR	RI CITY, TX 774	.59	
9 TYPE OF EXPENDITURE	Political Non-F	olitical		
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 Schedule T.	Check if Aus	itin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/Or	1. D. 1. 1/	Justice of the Peace, Po	et 2, PI 2 NONE	
Date	Payee name			
12/27/2023	Innovative Solutions			
Amount (\$)	Payee address;	City;	State; Zip Code	
277.56	10862 REDSTONE CT MISSOUR	RI CITY, TX 774	59	
TYPE OF EXPENDITURE	Political Non-f	Political		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	advertising	stickers		
	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	
expenditure to benefit C/OF	1 5 1 1/	sustice of the Peace, Pc	12, PI2 none	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	FDFD	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising 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 Salaries/Wages/Contract Labor Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) JaPaula Kemp 4 Date 5 Pavee name 12/20/2023 Innovative Solutions 6 Amount (\$) 7 Payee address; City; State: Zip Code 3,860,91 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE yard signs & road signs advertising EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct JaPaula Kemp Justice of the Peace, Pct 2, Pl 2 none expenditure to benefit C/OH Date Pavee name 09/14/2023 Innovative Solutions Pavee address: Amount (\$) State: Zip Code 512.13 10862 REDSTONE CT MISSOURI CITY, TX 77459 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) PURPOSE business cards, update website, design advertising 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 Justice of the Peace, Pct 2, Pl 2 none Pavee name Date 12/20/2023 Innovative Solutions Payee address; Zip Code Amount (\$) City: State: 460.75 10862 REDSTONE CT MISSOURI CITY, TX 77459 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** banner & stickers advertising 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 Justice of the Peace, Pct 2, Pl 2 none

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

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

	The Instruction Guide explains how to com	plete this form.	15.44	
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethic	cs Commission Filers)
	JaPaula Kemp			
4 Date	5 Payee name			
11/20/2023	JaPaula Kemp			
6 Amount (\$)	7 Payee address;	City	Stat	e Zip Code
1,000.00	3418 Aldridge Drive Missouri City	TX 77459		
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regarding ty	pe of information
OF EXPENDITURE	reimbursement	repayment of p	personal funds	;
Date	Payee name			
Amount (\$)	Payee address;	City	Stat	e Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding ty	pe of information
Date	Payee name			
Amount (\$)	Payee address;	City	Stat	e Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding ly	pe of information
Date	Payee name			
Amount (\$)	Payee address;	City	Stat	e Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding ty	pe of information
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				