

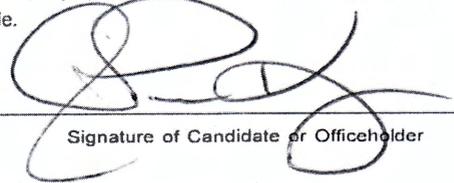


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

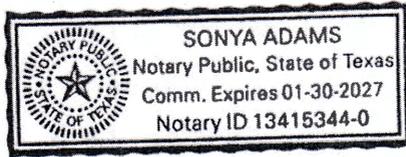
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME JaPaula Kemp		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. 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
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 74.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by JaPaula Kemp this the 15 day of January, 2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath: [Signature] Printed name of officer administering oath: Sonya Adams Title of officer administering oath: notary public

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

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 CONTRIBUTIONS	\$ 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.	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 CONTRIBUTIONS	\$ 1,000.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**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 Kemp

**3** Filer ID (Ethics Commission Filers)**4** Date

10/20/2023

**5** Full name of contributor

Keito Hurd

out-of-state PAC (ID#: \_\_\_\_\_)

**6** Contributor address;

City;

State; Zip Code

13819 Cove Landing Ln, Rosharon, TX 77583

**7** Amount of contribution (\$)**500.00****8** Principal occupation / Job title (See Instructions)

Attorney

**9** Employer (See Instructions)

Hurd Law Firm

Date

10/20/2023

Full name of contributor

Chabli Hall

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State; Zip Code

5535 Memorial Drive Suite F1165, Houston, TX 77007

Amount of contribution (\$)

**500.00**

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Law Office of C.S. Alexander

Date

10/30/2023

Full name of contributor

Gwendolyn Scott

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State; Zip Code

1612 Beaconsire Rd, Houston, TX 77077

Amount of contribution (\$)

**250.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/2023

Full name of contributor

Ken Scott

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State; Zip Code

3411 Aldridge Dr., Missouri City, TX 77459

Amount of contribution (\$)

**250.00**

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

Anheuser Busch

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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 Kemp		3 Filer ID (Ethics Commission Filers)
4 Date 11/01/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Donna Ellis 6 Contributor address; City; State; Zip Code 13910 Placid Woods Court Sugar Land, TX 77498	7 Amount of contribution (\$)  <b>250.00</b>
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
Date 11/01/2023	Full name of contributor out-of-state PAC (ID#: _____) Gloria Clouser Contributor address; City; State; Zip Code 3026 Pelican Cove Missouri City, TX 77459	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/01/2023	Full name of contributor out-of-state PAC (ID#: _____) Esno Echols Contributor address; City; State; Zip Code 14107 FM 442 Needville, TX 77461	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/02/2023	Full name of contributor out-of-state PAC (ID#: _____) Lynette Reddix Contributor address; City; State; Zip Code 2211 Bright Sunrise Trl Fresno, TX 77545	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) CMHC INC
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**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 <b>JaPaula Kemp</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/03/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Shah Haleem</b> ----- 6 Contributor address; City; State; Zip Code <b>7514 San Clemente Point Ct Katy, TX 77494</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Investor</b>		9 Employer (See Instructions) <b>SMZJHoldings LLC</b>
Date <b>11/07/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Atoya Collins</b> ----- Contributor address; City; State; Zip Code <b>2018 Silver Moon Drive Missouri City , TX 77459</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self</b>
Date <b>11/09/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Lynn Clouser</b> ----- Contributor address; City; State; Zip Code <b>3006 Sadie Court Missouri City, TX 77459</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>Marketing Director</b>		Employer (See Instructions) <b>Apara Autism</b>
Date <b>12/06/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Koretta Brown</b> ----- Contributor address; City; State; Zip Code <b>1911 Summer Place Dr Missouri City, TX 77489</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**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 Kemp		3 Filer ID (Ethics Commission Filers)
4 Date 12/06/2023	5 Full name of contributor Kimberly Despania out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 6000 Reims Rd #4101 Houston , TX 77036	7 Amount of contribution (\$)  <b>185.00</b>
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Self
Date 12/08/2023	Full name of contributor Sheri Holloway out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1825 Parker Rd SE Apt 507 Conyers, GA 30094	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) Intake Clerk		Employer (See Instructions) DeKalb County
Date 12/17/2023	Full name of contributor Geneva Jones out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 2245 Texas Drive, Suite 300 Sugarland, TX 77479	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/06/2023	Full name of contributor Ron Reynolds out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 2440 Texas Parkway Ste. 102, Missouri City, TX 77489	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) State Representative		Employer (See Instructions) State of Texas
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**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 Kemp		3 Filer ID (Ethics Commission Filers)
4 Date 11/01/2023	5 Full name of contributor Ron Reynolds out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 2440 Texas Parkway Ste. 102, Missouri City, TX 77489	7 Amount of contribution (\$)  <b>250.00</b>
8 Principal occupation / Job title (See Instructions) State Representative		9 Employer (See Instructions) State of Texas
Date 11/01/2023	Full name of contributor Birdie Kelley out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 7631 S Glen Willow Ln, Missouri City TX 77489	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/06/2023	Full name of contributor Vivian Burley out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1138 Mossridge Dr. Missouri City, TX 77489	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/23/2023	Full name of contributor JaPaula Kemp out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3418 Aldridge Dr, Missouri City, TX 77459	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <b>JaPaula Kemp</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>11/01/2023</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Bonita Billings</b> 7 Contributor address; City; State; Zip Code <b>8027 Highway 6, Ste 100, Missouri City, TX 77459</b>	8 Amount of Contribution \$ <b>300.00</b>	9 In-kind contribution description <b>Venue for Fundraiser</b> <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) <b>Business Owner</b>		13 Contributor's job title (FOR JUDICIAL)(See Instructions) <b>Business Owner/Operator</b>	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <b>12/06/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Bonita Billings</b> Contributor address; City; State; Zip Code <b>8027 Highway 6, Ste 100, Missouri City, TX 77459</b>	Amount of Contribution \$ <b>300.00</b>	In-kind contribution description <b>Venue for Fundraiser</b> <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) <b>Business Owner</b>		Contributor's job title (FOR JUDICIAL)(See Instructions) <b>Business Owner/Operator</b>	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

**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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME JaPaula Kemp	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------	-------------------------------------	--

<b>4</b> Date 11/16/2023	<b>5</b> Payee name Grigsby Consulting
-----------------------------	---

<b>6</b> Amount (\$) <b>337.50</b>	<b>7</b> Payee address; 708 Main St, Houston, TX, 77002	City;	State;	Zip Code
---------------------------------------	--	-------	--------	----------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) consultant	<b>(b)</b> Description consulting expense
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JaPaula Kemp	Office sought Justice of the Peace, Pct 2, PI 2	Office held none
---	---	--	---------------------

Date 11/20/2023	Payee name Uline
--------------------	---------------------

Amount (\$) 208.48	Payee address; 2600 Rental Car Drive, DFW Airport, TX 75261	City;	State;	Zip Code
-----------------------	--	-------	--------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) advertising	Description door hanger
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JaPaula Kemp	Office sought Justice of the Peace, Pct 2, PI 2	Office held none
--	---	--	---------------------

Date 11/20/2023	Payee name Fort Bend Democratic Party
--------------------	--

Amount (\$) 1,000.00	Payee address; 13515 Southwest Fwy #204, Sugar Land, TX 77478	City;	State;	Zip Code
-------------------------	--	-------	--------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Filing	Description Cashier Check for Filing Candidate Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JaPaula Kemp	Office sought Justice of the Peace, Pct 2, PI 2	Office held 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME JaPaula Kemp	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/30/2023	<b>5</b> Payee name Milton Heyliger	
<b>6</b> Amount (\$)  100.00	<b>7</b> Payee address; City; State; Zip Code 4222 Oak Forest Dr. Missouri City TX 77459	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) advertising	<b>(b)</b> Description canvassing
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JaPaula Kemp	Office sought Justice of the Peace, Pct 2, PI 2
		Office held none
Date 12/11/2023	Payee name Fort Bend Democratic Party	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code 13515 Southwest Fwy #204, Sugar Land, TX 77478	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) advertising	Description party push card
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JaPaula Kemp	Office sought Justice of the Peace, Pct 2, PI 2
		Office held none
Date 12/19/2023	Payee name Home Depot	
Amount (\$) 50.69	Payee address; City; State; Zip Code 5900 Hwy 6 South Missouri City, TX 77459	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) other	Description zip ties
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JaPaula Kemp	Office sought Justice of the Peace, Pct 2, PI 2
		Office held 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME JaPaula Kemp		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 12/14/2023		<b>5</b> Payee name Milton Heyliger			
<b>6</b> Amount (\$) 300.00		<b>7</b> Payee address; City; State; Zip Code 4222 Oak Forest Dr. Missouri City TX 77459			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) advertising		<b>(b)</b> Description canvassing		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name JaPaula Kemp		Office sought Justice of the Peace, Pct 2, PI 2	Office held none
Date 12/20/2023	Payee name Innovative Solutions				
Amount (\$) 856.88	Payee address; City; State; Zip Code 10862 REDSTONE CT MISSOURI CITY, TX 77459				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising		Description road signs		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name JaPaula Kemp		Office sought Justice of the Peace, Pct 2, PI 2	Office held none
Date 12/31/2023	Payee name Raise the Money				
Amount (\$) 188.97	Payee address; City; State; Zip Code raisethemoney.com				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fundraising		Description transaction fees		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name JaPaula Kemp		Office sought Justice of the Peace, Pct 2, PI 2	Office held none

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2:	<b>2</b> FILER NAME JaPaula Kemp	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
<b>5</b> Date 10/10/2023	<b>6</b> Payee name Innovative Solutions	
<b>7</b> Amount (\$) 935.49	<b>8</b> Payee address; City; State; Zip Code 10862 REDSTONE CT MISSOURI CITY, TX 77459	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) advertising	<b>(b)</b> Description shirts
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> 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 none
<b>Date</b> 12/27/2023	<b>Payee name</b> Innovative Solutions	
<b>Amount (\$)</b> 277.56	<b>Payee address; City; State; Zip Code</b> 10862 REDSTONE CT MISSOURI CITY, TX 77459	
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) advertising	<b>Description</b> stickers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 none

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME JaPaula Kemp	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/20/2023	<b>5</b> Payee name Innovative Solutions	
<b>6</b> Amount (\$) 3,860.91 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) advertising	<b>(b)</b> Description yard signs & road signs
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JaPaula Kemp	Office sought Justice of the Peace, Pct 2, PI 2
		Office held none
Date 09/14/2023	Payee name Innovative Solutions	
Amount (\$) 512.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 10862 REDSTONE CT MISSOURI CITY, TX 77459	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description business cards, update website, design
	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 Justice of the Peace, Pct 2, PI 2
		Office held none
Date 12/20/2023	Payee name Innovative Solutions	
Amount (\$) 460.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 10862 REDSTONE CT MISSOURI CITY, TX 77459	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description banner & stickers
	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 Justice of the Peace, Pct 2, PI 2
		Office held none

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME JaPaula Kemp	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/20/2023	<b>5</b> Payee name JaPaula Kemp	
<b>6</b> Amount (\$) 1,000.00	<b>7</b> Payee address; City State Zip Code 3418 Aldridge Drive Missouri City TX 77459	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) reimbursement	(b) Description (See instructions regarding type of information required.) repayment of personal funds
Date	Payee name	
Amount (\$)	Payee address; City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED