CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to com	iplete this form.	1 Filer ID (Ethics Commi 00066988		2 Total pages fi	led: 12
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	JSE ONLY
OFFICEHOLDER NAME	The Honorable	John L.			Date Received	
10 WIL					ELECTRONIC	ALLY EILED
					07/17/2023	ALLI FILLD
	NICKNAME	LAST		SUFFIX	07/11/2023	
		Kuempel				
4 CANDIDATE /	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered of	r Date Postmarked
OFFICEHOLDER MAILING	902 E. College St.					
ADDRESS					Receipt #	Amount
Change of Address	Seguin, TX 78155					
	,				Date Processed	
					Data lass and	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Timothy F.		•••		
NAME	IVII.	Timotry T.				
	NICKNAME	LAST		SUFFIX		
	NICKNAME	Fox		SUFFIX		
		FUX				
6 CAMPAIGN	STREET ADDRESS (NO.1	DO BOY DI EASE):		T / SUITE #: CITY		ATE; ZIP CODE
6 CAMPAIGN TREASURER	STREET ADDRESS (NO F	O BOX PLEASE);	AP	T / SUITE #; CITY;	; 517	ATE; ZIP CODE
ADDRESS	PO Box 177					
(Residence or Business)						
	Seguin, TX 78156					
7 CAMPAIGN	AREA CODE PH	ONE NUMBER E	EXTENSION			
TREASURER	(830) 556-4444	ONE NOMBER	-XI ENGION			
PHONE	(000) 330 4444					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after ca	
				-	appointment (offi	
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
	<u> </u>					
9 PERIOD COVERED	Month Day Yea		IDOLICII	Month Day	Year	
OOVERLED	01/01/2023	IH	HROUGH	06/30/202	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE	C Other	
	Month Day Yea	. LIP	rimary	Runoff	Other	
		G	Seneral	Special		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT	Γ (if known)	
	State Representative Di	istrict 44				
		CO 7	TO DACE 2			
		GO I	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 42

13 C / OH NAME	Kuempel, John L. (Th	ne Honorable)		14 Filer ID 00066988	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures m	ccepted or political expenditu lay have been made without t uired to report this information	the candidate's or office	eholder's kno	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	_	COMMITTEE ADDRE	ESS			
	SPECIFIC					
		COMMITTEE CAMPA	AIGN TREASURER NAME			
		COMMITTEE CAMPA	AIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ITRIBUTIONS (OTHER THAI ONTRIBUTIONS MADE ELEC		\$	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OI	S R GUARANTEES OF LOANS	5)	\$	1,244.22
EXPENDITURE TOTALS	3. TOTAL UNITEM	IIZED POLITICAL EXP	ENDITURES		\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURES			\$	85,921.26
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		MAINTAINED AS OF THE LA	AST DAY OF THE	\$	582,171.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT	•					
		tru	wear, or affirm, under penalty le and correct and includes al lder Title 15, Election Code.			
			The Honor	rable John L. Kuemp	مما	
		_		Candidate or Officehol		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		. this the		day
	, 20, to co			,		,
Signature of offi	cer administering	Printed name of	officer administering	Title of office	r administeri	ng oath

SUBTOTALS - C/OH

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

					3 of 42
18 FILER NAME19 Filer IDKuempel, John L. (The Honorable)00066988					cs Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,000.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	244.22
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	81,343.16
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	4,578.10
10		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$	
11		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	3,693.91

ETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
struction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/42
	3 Filer ID (Ethics Commission Filers) 00066988
5 Full name of contributor out-of-state PAC (ID#:) Texas Impact, a CRH PAC 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$1,000.00
Austin, TX 78726	
occupation / Job title (See Instructions) 9 Employer (See Instructions)	ns)
	Texas Impact, a CRH PAC 6 Contributor address; City; State; Zip Code Austin, TX 78726

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/42 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kuempel, John L. (The Honorable) 00066988 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 01/06/2023 Wholesale Beer Distrbutors PAC \$244.22 I Refreshments for 7 Contributor address; City; State; Zip Code 11/29/2022 reception paid to The Austin Club Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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)

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees Office Overhead/fr
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/C

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense

1 Total pages Schedule F.I. Sch: 1/28 Rpt: 6/42 Steel John L. (The Honorable) 3 Filter ID (Elhics Commission Filters)		Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
Date	1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Amount (\$) Altanta, GA 30348-5414 Repure Cell Phone Candidate/Officeholder name		Sch: 1/28 Rpt: 6/42	Kuempel, John L. (The Honorable) 00066988
Samount (S) For Payee address: City: State: Zip Code	4	Date	5 Payee name
S193.97 PO Box 105414 Atlanta, GA 30348-5414 8 PURPOSE OF EXPENDITURE (a) Category (see categories listed at the top of this schedule) Cell Phone Cell Phone Cell Phone Office sought Office held Date O2/09/2023 AT&T Amount (\$) Payee and Atlanta, GA 30348-5414 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Cell phone Office sought Office held Description Office held Description Office held Description Office held		01/10/2023	AT&T
Atlanta, GA 30348-5414 PURPOSE OF EXPENDITURE	6	Amount (\$)	7 Payee address; City; State; Zip Code
Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Cell Phone		\$193.97	PO Box 105414
Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Cell Phone			
Cell Phone			Atlanta, GA 30348-5414
Cell Phone Cell Phone Cell Phone Cell Phone Cell Phone Cell Phone Cempenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	8		
9 Complete ONLY if direct expenditure to benefit C/OH Date 02/09/2023			
Date 02/09/2023 AT&T Amount (\$) Payee name AT&T Amount (\$) Payee address; City; State; Zip Code PO Box 105414 Atlanta, GA 30348-5414 PURPOSE OF EXPENDITURE Campilete QNLY if direct expenditure to benefit C/OH Payee name AT&T Amount (\$) Payee address; City; State; Zip Code PO Box 105414 Atlanta, GA 30348-5414 Campaign cell phone Complete QNLY if direct expenditure to benefit C/OH Payee name AT&T Amount (\$) Payee name AT&T Amount (\$) Payee address; City; State; Zip Code PO Box 105414 Atlanta, GA 30348-5414 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Cell Phone (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if a Lustin, Tx. office holder in the complete of the schedule of the complete of the schedule of the complete of the com			
Date 02/09/2023 AT&T Amount (\$) Payee name AT&T Amount (\$) Payee address; City; State; Zip Code PO Box 105414 Atlanta, GA 30348-5414 PURPOSE OF EXPENDITURE Campilete QNLY if direct expenditure to benefit C/OH Payee name AT&T Amount (\$) Payee address; City; State; Zip Code PO Box 105414 Atlanta, GA 30348-5414 Campaign cell phone Complete QNLY if direct expenditure to benefit C/OH Payee name AT&T Amount (\$) Payee name AT&T Amount (\$) Payee address; City; State; Zip Code PO Box 105414 Atlanta, GA 30348-5414 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Cell Phone (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if a Lustin, Tx. office holder in the complete of the schedule of the complete of the schedule of the complete of the com			
Date 02/09/2023 AT&T Amount (\$) Payee address; City; State; Zip Code PO Box 105414 Atlanta, GA 30348-5414 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Cell phone Campaign cell phone Campaign cell phone Candidate/Officeholder name Office sought Office held Payee name 03/09/2023 AT&T Amount (\$) Payee address; City; State; Zip Code PO Box 105414 Atlanta, GA 30348-5414 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Candidate/Officeholder name Office sought Office held (b) Description Check if Austin, TX, officeholder living expense Campaign cell phone (b) Description Check if Austin, TX, officeholder living expense Campaign Cell phone Cell Phone Categories listed at the top of this schedule) Cell Phone Complete ONLY if direct Candidate/Officeholder name Office sought Office held	9		
Amount (\$)		expenditure to benefit C/O	H
Amount (\$) Payee address; City; State; Zip Code PO Box 105414 Atlanta, GA 30348-5414 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) cell phone Complete QNLY if direct expenditure to benefit C/OH Date 03/09/2023 AT&T Amount (\$) Payee name ATOUNT (\$) Payee address; City; State; Zip Code PO Box 105414 Atlanta, GA 30348-5414 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) City Code Po Box 105414 Atlanta, GA 30348-5414 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Cell Phone Complete QNLY if direct Candidate/Officeholder name Office sought (b) Description Check if Austin, TX, officeholder inving expense Campaign Cell phone Complete QNLY if direct Candidate/Officeholder name Office sought Office held		Date	Payee name
### PO Box 105414 Atlanta, GA 30348-5414 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) cell phone (b) Description Check if favei outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign cell phone Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held		02/09/2023	AT&T
Atlanta, GA 30348-5414 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Cell phone (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign cell phone Complete ONLY if direct expenditure to benefit C/OH Date O3/09/2023 AT&T Amount (\$) Payee name AT&T Amount (\$) Payee address; City; State; Zip Code PO Box 105414 Atlanta, GA 30348-5414 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Cell Phone Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule)		\$194.94	PO Box 105414
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule)			
Complete ONLY if direct expenditure to benefit C/OH Date Payee name AT&T Amount (\$) Payee address; City; State; Zip Code \$194.94 PO Box 105414 Atlanta, GA 30348-5414 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Cell Phone Complete ONLY if direct Candidate/Officeholder name Office sought Office held Campaign cell phone Office held Office held (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if austin, TX, officeholder living expense Campaign Cell phone Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Atlanta, GA 30348-5414
Cell phone Cell phone			(a) Category (See Categories listed at the top of this schedule) (b) Description
Complete ONLY if direct expenditure to benefit C/OH Date			
Complete ONLY if direct expenditure to benefit C/OH Date			
Date 03/09/2023 AT&T Amount (\$) Payee address; City; State; Zip Code PO Box 105414 Atlanta, GA 30348-5414 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Cell Phone (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Cell phone Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
Date 03/09/2023 AT&T Amount (\$) Payee address; City; State; Zip Code PO Box 105414 Atlanta, GA 30348-5414 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Cell Phone (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Cell phone Complete ONLY if direct Candidate/Officeholder name Office sought Office held			· · · · · · · · · · · · · · · · · · ·
AT&T Amount (\$) Payee address; City; State; Zip Code \$194.94 PO Box 105414 Atlanta, GA 30348-5414 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Cell Phone (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Cell phone Complete ONLY if direct Candidate/Officeholder name Office sought Office held		expenditure to benefit C/O	H
Amount (\$) Payee address; City; State; Zip Code PO Box 105414 Atlanta, GA 30348-5414 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Cell phone Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Date	Payee name
\$194.94 PO Box 105414 Atlanta, GA 30348-5414 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Cell Phone (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Cell phone Complete ONLY if direct Candidate/Officeholder name Office sought Office held		03/09/2023	AT&T
Atlanta, GA 30348-5414 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Cell Phone (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Cell phone Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Cell Phone (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Cell phone Complete ONLY if direct Candidate/Officeholder name Office sought Office held		\$194.94	PO Box 105414
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Cell Phone (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Cell phone Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
OF EXPENDITURE Cell Phone Cell Phone Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Cell phone Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Atlanta, GA 30348-5414
EXPENDITURE Cell Phone Check if Austin, TX, officeholder living expense Campaign Cell phone Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
Campaign Cell phone Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH			
		expenditure to benefit C/O	H

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/28 Rpt: 7/42	Kuempel, John L. (The Honorable) 00066988
4	Date	5 Payee name
	04/10/2023	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$194.94	PO Box 105414
		Atlanta, GA 30348-5414
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	cell phone Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign cell phone
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/09/2023	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$194.03	PO Box 105414
	¥2000	. 6 26/. 200 :2 :
		Atlanta, GA 30348-5414
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	cell phone Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign cell phone
		Campaigh ceil phone
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	06/09/2023	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$194.03	PO Box 105414
L		Atlanta, GA 30348-5414
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	cell phone Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign cell phone
		Campaign ceil phone
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
L	Sch: 3/28 Rpt: 8/42	Kuempel, John L. (The Honorable) 00066988
4	Date	5 Payee name
	02/28/2023	American Legion Post 245
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	618 E. Kingsbury St.
		Seguin, TX 78155
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		donation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/23/2023	Ann and Bethany Breitling & Tristan Gonzales Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,000.00	PO Box 91
	•	
		Kingsbury, TX 78638
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAI LADITURE	Candidate/Officeholder/Political Committee
		donation
	Commission ONU Wife allows	Condidate/Officeholder page Office sought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	05/03/2023	Ann and Bethany Breitling & Tristan Gonzales Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	PO Box 91
		Kingsbury, TX 78638
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LA LIBITORE	Candidate/Officeholder/Political Committee
		donation
	Complete ONLY if alice at	Candidate/Officeholder name Office equals
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

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)
	Sch: 4/28 Rpt: 9/42	Kuempel, John L. (The Honorable)	00066988
4	Date	5 Payee name	•
	05/24/2023	BCP/Beaumont Rainbow Room	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	PO Box 5974	
		Beaumont, TX 77726	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		el outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aus	tin, TX, officeholder living expense
		end of sess	ion gift for speaker
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit 6/6	·	
	Date	Payee name	
	05/16/2023	Bobby Guerra Campaign	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$41.77	P.O. Box 2910	
		Austin, TX 78768	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense	el outside of Texas. Complete Schedule T.
	LAI LINDITORE		tin, TX, officeholder living expense
		Gilt for Cha	irman Landgraf
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
	Date	Payee name	
	01/03/2023	CWS Apartment	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,300.00	222 E. Riverside Drive	
		Austin, TX 78704	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overficad/Nertial Expense	el outside of Texas. Complete Schedule T.
		 	tin, TX, officeholder living expense
		Rental expe	ense for Austin apartment.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
Ļ		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 5/28 Rpt: 10/42	Kuempel, John L. (The Honorable) 00066988
4	Date	5 Payee name
	01/06/2023	CWS Apartment
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	222 E. Riverside Drive
		Austin, TX 78704
Ļ	DUDD 0.05	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rental expense for Austin apartment.
		Trontal expense for Austin apartment.
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/02/2023	CWS Apartment
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,445.47	222 E. Riverside Drive
		Austin, TX 78704
_	DUDDOOS	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas, Complete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rental expense for Austin apartment
		Trontal expense for Austin apartment
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
L		
	Date	Payee name
L	03/02/2023	CWS Apartment
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,300.00	222 E. Riverside Drive
		Austin, TX 78704
-	PURPOSE	
	OF	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Austin apartment rent
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wagnes/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/28 Rpt: 11/42	Kuempel, John L. (The Honorable) 00066988
4	Date	5 Payee name
	04/03/2023	CWS Apartment
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,300.00	222 E. Riverside Drive
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		X Check if Austin, TX, officeholder living expenseAustin apartment rent
		Austin apartment tent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Payee name
	05/02/2023	CWS Apartment
	Amount (\$)	
	\$2,300.00	222 E. Riverside Drive
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Austin apartment rent
		Addit apartment rent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	06/02/2023	CWS Apartment
_	Amount (\$)	Payee address; City; State; Zip Code
	\$2,300.00	222 E. Riverside Drive
	φ2,300.00	222 E. Riverside Dilive
		A
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Tayon Complete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Austin apartment rent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Event E
Accounting/Banking Fees
Consulting Expense Food/Be
Contributions/ Donations Made By - Gfft/Awa
Contributions/ Distributions/ Contributions/ Contributions/ Contributions/ Contributions/ Contrib

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orthogony pet listed object)

	Candidate/Officeholder/Politica 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)
	Sch: 7/28 Rpt: 12/42	Kuempel, John L. (The Honorable) 00066988
4	Date	5 Payee name
	01/23/2023	Centerpoint Energy
6	Amount (\$) \$560.00	7 Payee address; City; State; Zip Code P.O. Box 4981
		Houston, TX 77210
8	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		lodging for meeting with constituents and electric industry representatives
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/04/2023	Clayton Spangler Photographic Design
	Amount (\$)	Payee address; City; State; Zip Code
	\$511.00	235 Point Lick Dr.
		Charleston, WV 25306
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	photo Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		panoramic photo
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/29/2023	Cox, Jackson
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	14525 American Kestrel Dr.
		Austin, TX 78738
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		end of session bonus
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 8/28 Rpt: 13/42	Kuempel, John L. (The Honorable) 00066988
4	Date	5 Payee name
	02/14/2023	Dogs on the Green TLU
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1000 W. Court
		Seguin, TX 78155
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		sponsorship
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experioritire to beriefft C/O	1
	Date	Payee name
	01/05/2023	Flanders, Thomas
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,501.00	2605 Enfield
		Unit 108
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Dec 2022 salary
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/07/2023	Flanders, Thomas
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,501.00	2605 Enfield
		Unit 108
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		January 2023 salary
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a extension pot 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)
	Sch: 9/28 Rpt: 14/42	Kuempel, John L. (The Honorable) 00066988
4	Date	5 Payee name
	03/03/2023	Friends of the Gonzales Library
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	P.O. Box 220
		Gonzales, TX 78629
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	Н
_	Date	Payee name
	02/04/2023	Geronimo Lions Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	390 Cordova Road
	4000.00	
		Seguin, TX 78155
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	н
_	Date	Payee name
	02/13/2023	Greater New Braunfels Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.00	390 S Seguin Avenue
	Ψ200.00	550 C Gegani / Werlac
		New Braunfels, TX 78130
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Dues
		Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
1	Sch: 10/28 Rpt: 15/42	2 FILER NAME Kuempel, John L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00066988
4	Date	5 Payee name
	03/18/2023	Guadalupe County 4H
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 210 E. Live Oak Seguin, TX 78155
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense donation to 4-H Exchange Program
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/01/2023	Guadalupe County Junior Miss Scholarship Program
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1651 Redwood
	DUDDOG	Seguin, TX 78155
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/01/2023	Guadalupe County Youth Livestock Show
	Amount (\$)	Payee address; City; State; Zip Code
	\$21,301.00	PO Box 1400
		Seguin, TX 78156
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	ioriais Expense	Salaries/M		e /Contract Labor		OTHER (enter	istrict a category not listed a	bove)
	Credit Card Payment		The Instruction	on Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER	NAME					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 11/28 Rpt: 16/42	Kuem	pel, John L. (The	Honorable)					00066988		
4	Date	5 Payee	name								
	01/24/2023		ountry Springs								
6	Amount (\$)	7 Payee	address; City;	State	; Zip Co	de					
	\$50.65		ox 2220		, _,						
			- -								
		Mancl	naca, TX 78652								
Ļ											
8	PURPOSE OF		Ory (See Categories list	ed at the top of this sch	nedule)	(b)	Description	outo:	do of Toyon Con	nplete Schedule T.	
	EXPENDITURE	Office	expense						officeholder livin		
							Water for cap				
9	Complete ONLY if direct	Candida	te/Officeholder nan	ne (Office sou	ght			Office h	eld	
	expenditure to benefit C/O	4				-					
H	Date	Payee	name								
	02/21/2023		ountry Springs								
	Amount (\$)		address; City;	State	; Zip Co	de					
	\$98.46	1	ox 2220	States	, <u>_</u> .p 00						
	Ψ30.40	100	X 2220								
		Manel	naca, TX 78652								
	DUDDOGE					(1-)					
	PURPOSE OF		Ory (See Categories list	ed at the top of this sch	nedule)	(a)	Description Check if travel	nutei	de of Teyes Cor	nplete Schedule T.	
	EXPENDITURE	опісе	expense				=		officeholder livin		
							water for cap	itol	office		
	Complete ONLY if direct		te/Officeholder nan	ne (Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	-1									
	Date	Payee	name								
	05/25/2023	Hill Co	ountry Springs								
	Amount (\$)	Payee	address; City;	State	; Zip Co	de					
	\$63.00	PO Bo	x 2220								
		Mancl	naca, TX 78652								
	PURPOSE	(a) Catego	Ory (See Categories list	ed at the top of this set	nedule)	(b)	Description				
	OF		expense					outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		•				_		officeholder livin	g expense	
							water for cap	itol	office		
	Complete ONLY if direct expenditure to benefit C/OH		te/Officeholder nan	ne (Office sou	ght			Office h	eld	
	- SAPERIARIAN TO DETICITE C/OI	•									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

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

oursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/28 Rpt: 17/42	Kuempel, John L. (The Honorable) 00066988
4	Date	5 Payee name
	01/12/2023	Internal Revenue Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,441.44	Department of the Treasury
		Ogden, UT 84201-0005
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Payroll taxes Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		4th quarter 2022 payroll taxes
		Hit quarter 2022 payron taxes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	01/12/2023	Internal Revenue Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$126.00	Department of the Treasury
		Ogden, UT 84201-0005
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	payroll taxes Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payroll Taxes for 4th quarter 2022
		Taylor Taxoo for hir quarter 2022
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Davis same
	03/30/2023	Payee name Internal Revenue Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,713.78	Department of the Treasury
		Ogden, UT 84201-0005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	payroll taxes Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payroll Taxes for 1st quarter 2023
		Payroli Taxes for 1st quarter 2023
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repaymentment
Fees Office Overhead/Rer
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wanges/Con

	Candidate/Officenoider/Politica	cal Committee Legal Services Salaries/wages/Contract Labor OTHER (enter a category not liste The Instruction Guide explains how to complete this form.	ed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Comm	mission Filers)
	Sch: 13/28 Rpt: 18/42	Kuempel, John L. (The Honorable) 00066988	
4	Date	5 Payee name	
	02/14/2023	KWED	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	PO Box 1600	
		Seguin, TX 78156	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T	
		advertising in local radio station	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	OH .	
	Date	Payee name	
	06/05/2023	Kuempel, John	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,161.77		
		Seguin, TX 78155	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Loan Repayment/Reimbursement	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	ations and
		Reimburse for constituent lunches, done staff gifts	alions and
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	o	
_	Date	Payee name	
	04/13/2023	Kuempel, John	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$379.29		
	70.0.20		
		Seguin, TX 78155	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		reimburse for constituent meals and offi	ce staff meal
_	Complete ONII V if allow	Constitute (Office helder norms	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Gard F dyment	The Instruction Guide explains how to co	mple	te this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 File	er ID	(Ethics Commission Filers)
	Sch: 14/28 Rpt: 19/42	Kuempel, John L. (The Honorable)		000	066988	
4	Date	5 Payee name		•		
	03/08/2023	Kuempel, John				
6	Amount (\$)	7 Payee address; City; State; Zip Co	de			
	\$128.57	902 E. College				
l						
l		Seguin, TX 78155				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
l	OF EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of		
l				Check if Austin, TX, office reimburse for consti		
						and annual pronoung
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office he	ld
l	expenditure to benefit C/O		J			
F	Date	Payee name				
l	01/05/2023	Kuempel, John				
┝	Amount (\$)	Payee address; City; State; Zip Co	de			
l	\$200.38	902 E. College				
l		-				
		Seguin, TX 78155				
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
l	OF EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of		
	LXI ENDITORE			Check if Austin, TX, office		
				reimburse for parau	ie supplie	s and constituent meals
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht		Office he	ld
	expenditure to benefit C/O		9		000	
⊨	Date	Payee name				
l	02/14/2023	Kuempel, John				
H	Amount (\$)	Payee address; City; State; Zip Co	nde			
l	\$708.07	902 E. College				
l		Ğ				
		Seguin, TX 78155				
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
l	OF	Loan Repayment/Reimbursement	()	Check if travel outside of	Texas. Comp	olete Schedule T.
l	EXPENDITURE	. ,		Check if Austin, TX, office		
				reimburse for milea(trip supplies	ge, omce	supplies, and supporter
\vdash	Complete ONE V if dies -t	Condidate/Officeholder nema	ab+	1 11	Office k-	Id
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	gnt		Office he	iu
\vdash						

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 15/28 Rpt: 20/42	Kuempel, John L. (The Honorable) 00066988
4 Date	5 Payee name
01/05/2023	Madden, Brittney
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$256.70	11419 Lafitte Lane
	Austin, TX 78739
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Supplies Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Office Supplies
	Office Supplies
O Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	
·	
Date	Payee name
04/04/2023	Marion Education Foundation
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	214 West Huebinger Road
	Marion, TX 78124
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	donation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
03/03/2023	Midtown Printing & Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$548.39	7720 University
	Lubbock, TX 79423
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Check if Austin, TX, officeholder living expense
	advertising
Complete ONII V Station	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/28 Rpt: 21/42	Kuempel, John L. (The Honorable)	00066988
4	Date	5 Payee name	
	05/16/2023	Milk & Honey	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$50.00	100A Guadalupe St.	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
	-	L	Check if Austin, TX, officeholder living expense Gift for House Committee Coordinator
			on thouse committee coordinator
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
J	expenditure to benefit C/O		Office field
	Data		
	Date	Payee name	
	03/08/2023	Murphy Nasica	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,000.00	815-A Brazos St	
		Suite 304	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		L	
			3
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	03/16/2023	Murphy Nasica	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	815-A Brazos St	
	Ψ1,000.00	Suite 304	
		Austin, TX 78701	
		1	
	PURPOSE OF		Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense	Check if Austin, TX, officeholder living expense
			consulting expense january
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Con

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/28 Rpt: 22/42	Kuempel, John L. (The Honorable) 00066988
4	Date	5 Payee name
	05/17/2023	Murphy Nasica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,000.00	815-A Brazos St
		Suite 304
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		April and May consulting
		, while and may concurring
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/13/2023	Murphy Nasica
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	815-A Brazos St
		Suite 304
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense June consulting fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/21/2023	Navarro Education Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 2702
		Seguin, TX 78156
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 18/28 Rpt: 23/42	Kuempel, John L. (The Honorable) 00066988
4	Date	5 Payee name
	05/23/2023	Navarro Project Graduation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	2601 Francis Harris Lane
		San Marcos, TX 78666
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/25/2023	Posey, Carol
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.00	220 Triple Crown Run
		San Marcos, TX 78666
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense payroll tax preparation
		payroll tax preparation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
\vdash	Data	Davida nama
	Date 05/11/2022	Payee name
	05/11/2023	Posey, Carol
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.00	220 Triple Crown Run
L		San Marcos, TX 78666
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		payroll tax preparation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Ontations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/28 Rpt: 24/42	Kuempel, John L. (The Honorable) 00066988
4	Date	5 Payee name
	01/25/2023	Rotary Club of Seguin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$208.00	PO Box 205
		Seguin, TX 78156
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense meals at Rotary meeting
		medis at Notary meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Payee name
	01/25/2023	Rotary Club of Seguin
	Amount (\$)	Payee address; City; State; Zip Code
	\$130.00	PO Box 205
		Seguin, TX 78156
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rotary dues
		Rolaly dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date 01/25/2023	Payee name
		Rotary Club of Seguin
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.50	PO Box 205
		Seguin, TX 78156
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		นบาลแบาร
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Candidate/Officenoider/Politica 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)
	Sch: 20/28 Rpt: 25/42	Kuempel, John L. (The Honorable) 00066988
4	Date	5 Payee name
	01/11/2023	Seguin Gazette Enterprise
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$359.88	PO Box 1200
		Seguin, TX 78156
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense December advertising in local newspaper
		December developing in local nettopaper
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/14/2023	Seguin Gazette Enterprise
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.20	PO Box 1200
		Seguin, TX 78156
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		advertising in local paper
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	03/15/2023	Seguin Gazette Enterprise
	Amount (\$)	Payee address; City; State; Zip Code
	\$520.20	PO Box 1200
	7020.20	. 6 26. 2200
		Seguin, TX 78156
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		advertising in local newspaper
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/28 Rpt: 26/42	Kuempel, John L. (The Honorable) 00066988
4	Date	5 Payee name
	04/10/2023	Seguin Gazette Enterprise
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.50	PO Box 1200
		Seguin, TX 78156
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense advertising in local newspaper
		auvertising in local newspaper
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	Para a same
	Date	Payee name
	05/17/2023	Seguin Gazette Enterprise
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.20	PO Box 1200
		Seguin, TX 78156
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		advertising in local newspaper
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Data	
	Date	Payee name
	06/13/2023	Seguin Gazette Enterprise
	Amount (\$)	Payee address; City; State; Zip Code
	\$433.50	PO Box 1200
		Seguin, TX 78156
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense advertising in local newspaper
		auvertising in local newspaper
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Poli Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 22/28 Rpt: 27/42	2 FILER NAME Kuempel, John L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00066988
4	Date	5 Payee name
	03/18/2023	Seguin Heritage Museum
6	Amount (\$) \$125.00	7 Payee address; City; State; Zip Code 114 N. River St. Seguin, TX 78155
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/07/2023	Seguin Sports Booster
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	333 Beicker Road
		Seguin, TX 78155
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/08/2023	Sellers Bat Comapny
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,360.00	609 Lux Drive
		Robinson, TX 76706
		I
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense committee gifts
		Committee girls
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		•
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Conditional Officeholder/Politics

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

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.	
	0.40,
1 Total pages Schedule F1:2 FILER NAME3 Filer ID(Ethics Commission FileSch: 23/28 Rpt: 28/42Kuempel, John L. (The Honorable)00066988	ers)
4 Date 5 Payee name	
01/24/2023 Spectrum	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$314.38 12012 N. MoPac Expressway	
Austin, TX 78758	
EXPENDITURE Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
Utilities for Austin apartment	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Davis rams	
Date Payee name	
02/24/2023 Spectrum	
Amount (\$) Payee address; City; State; Zip Code	
\$316.98 12012 N. MoPac Expressway	
Austin, TX 78758	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
X Check if Austin, TX, officeholder living expense	
Utilities for Austin apartment	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
03/24/2023 Spectrum	ı
Amount (\$) Payee address; City; State; Zip Code	
\$316.98 12012 N. MoPac Expressway	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Augtin TV 707E0	ı
Austin, TX 78758	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if travel outside of Taxas Complete Schedule T	
EXPENDITURE Office Overnead/Rental Expense Light office of texas complete schedule is	
Check if Austin, TX, officeholder living expense Austin apartment utilities	ı
Austin apartment utilities	ı
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	ı

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Leal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		ct tegory 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)
	Sch: 24/28 Rpt: 29/42	Kuempel, John L. (The Honorable) 00066988	
4	Date	5 Payee name	
	04/24/2023	Spectrum	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
U	\$316.65		
	Ψ310.03	12012 N. Mor de Expressway	
		A	
		Austin, TX 78758	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Comple Check if Austin, TX, officeholder living ex	
		Utilities for Austin apartment	крепас
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	1
•	expenditure to benefit C/OI		•
	Data		
	Date	Payee name	
	05/24/2023	Spectrum	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$316.65	12012 N. MoPac Expressway	
		Austin, TX 78758	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living e. Utilities for Austin apartment	xpense
		Othlites for Austin apartment	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	1
	expenditure to benefit C/OI		•
	Data		
	Date 06/26/2023	Payee name Spectrum	
		·	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$316.65	12012 N. MoPac Expressway	
		Austin, TX 78758	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Comple Check if Austin, TX, officeholder living ex	
		Utilities for Austin apartment	крепзе
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	1
	expenditure to benefit C/OI		-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

embursement Solicitation/Fundraising Expense
ntal Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
Ĺ	Sch: 25/28 Rpt: 30/42	Kuempel, John L. (The Honorable) Cuites Continues Conti
4	Date	5 Payee name
	01/17/2023	Stepheny, Kelso
6	Amount (\$) \$180.00	7 Payee address; City; State; Zip Code 871 Sweet Home Road Seguin, TX 78155
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense stamps
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/08/2023	Sunrise Rotary Scholarship Fndn
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 422
		Geronimo, TX 78115
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Contributions/Donations Made Ry
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/19/2023	TDCJ Manufacturing and Logistics
	Amount (\$)	Payee address; City; State; Zip Code
	\$240.32	PO Box 4013
		Huntsville, TX 77342
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CASA donation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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)
	Sch: 26/28 Rpt: 31/42	Kuempel, John L. (The Honorable) 00066988
4	Date	5 Payee name
	03/08/2023	Texas Agricultural Education Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	390 Cordova Road
		Seguin, TX 78155
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		donation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiorare to benefit C/O	
	Date	Payee name
	05/12/2023	Texas House of Representatives
	Amount (\$)	Payee address; City; State; Zip Code
	\$891.15	PO Box 2910
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		lunch for House of Rep
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Dete	
	Date 02/22/2023	Payee name Texas Republican Legislative Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P. O. Box 13305
		Austin, TX 78711
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 27/28 Rpt: 32/42	Kuempel, John L. (The Honorable) 00066988
4	Date	5 Payee name
	01/20/2023	Texas Workforce Commission
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.97	PO Box 149037
		Austin, TX 78714-9037
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
•	OF	Payroll taxes Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		4th quarter 2022 Texas Unemployment taxes
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	7
	Date	Payee name
	04/25/2023	Texas Workforce Commission
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.86	PO Box 149037
		Austin, TX 78714-9037
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	payroll taxes Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Texas Unemployment for 1st quarter 2023
	0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/08/2023	The Prosper Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$720.00	P.O. Box 488
		Greenwood, IN 46142
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		website hosting 2023
	Complete ONLY if allows	Condidate/Officeholder name Office south
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Means/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orbits 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)
	Sch: 28/28 Rpt: 33/42	Kuempel, John L. (The Honorable) 00066988
4	Date	5 Payee name
	05/24/2023	Total Wine
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$63.00	1201 Barbara Jordan Blvd
l		Ste 900
l		Austin, TX 78723
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimburse Rep Sheryl Cole for Chairman Metcalf
		committee gift
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
┡		
l	Date	Payee name
l	03/01/2023	United States Post Office
	Amount (\$)	Payee address; City; State; Zip Code
l	\$226.00	111 E. 17th Street
		Austin, TX 78701
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	office expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		post office box yearly expense
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	1
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SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Baymont

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a contemp and listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Services Salaries	Expense s/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)					
			The Instruction Guide explains how to	complete this form.						
1	Total pages Schedule G:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)					
	Sch: 1/6 Rpt: 34/42		Kuempel, John L. (The Honorable)		00066988					
4	Date	5	Payee name							
	01/25/2023		Academy Sports							
6	Amount (\$)	7	Payee address; City; State; Zip C	Code						
	\$74.55		550 Barnes Dr.							
	Reimbursement from									
	x political contributions intended		San Marcos, TX 78666							
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.					
	OF EXPENDITURE		Contributions/Donations Made By		Check if Austin, TX, officeholder living expense					
	LAFENDITORE		Candidate/Officeholder/Political Committee	supplies for a sup	porter trip					
9		Car	didate/Officeholder name	Office sought	Office held					
	expenditure to benefit C/OH									
	C/OTT									
	Date		Payee name							
	03/01/2023		Brother's Valet							
	Amount (\$)		Payee address; City; State; Zip Code							
	\$20.00		301 E. Fifth St.							
	Reimbursement from									
	X political contributions intended		Austin, TX 78701							
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.					
	OF EXPENDITURE		parking		Check if Austin, TX, officeholder living expense					
				parking for Higher Ed meeting						
	•	Car	didate/Officeholder name	Office sought	Office held					
	expenditure to benefit C/OH									
		_								
	Date		Payee name							
	04/10/2023		Capitol Extension Gift Shop							
	Amount (\$)		Payee address; City; State; Zip C	Code						
	\$176.34		1400 N. Congress Avenue							
	Reimbursement from political contributions		E1.006							
	X political contributions intended		Austin, TX 78701							
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.					
	OF EXPENDITURE		Contributions/Donations Made By		Check if Austin, TX, officeholder living expense					
			Candidate/Officeholder/Political Committee	donation to Sche	donation to Schertz Chamber					
	•	Car	didate/Officeholder name	Office sought	Office held					
	expenditure to benefit C/OH									

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			nmittee	Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District					ion Equipment & Related Expense strict	
1	Total pages Schedule G: 2 FILER NAME Sch: 2/6 Rpt: 35/42 Kuempel, John L. (**							3	Filer ID 0006698	(Ethics Commission Filers)
4	Date 03/11/2023	5	Payee name Filipp's Caf	·	,			<u> </u>		
6	Amount (\$) \$70.00	7	Payee addre 2315 Hoski	ss; City; n's Mound Road		; Zip Co	de			
	political contributions intended		Danbury, T	X 77534						
8	PURPOSE OF EXPENDITURE	(a)		ee Categories listed at t rage Expense	he top of this sch	edule)	(b) Description Supporter dinner	=		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought			Office held
	Date		Payee name							
	04/11/2023		Filipp's Caf	е						
	Amount (\$) \$48.00		Payee addre	ss; City; n's Mound Road	•	; Zip Co	de			
	Reimbursement from political contributions intended		Danbury, T							
	PURPOSE OF EXPENDITURE		,	ee Categories listed at t rage Expense	he top of this sch	edule)	Description	=		outside of Texas. Complete Schedule T. h, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought			Office held
	Date 01/05/2023		Payee name Home Depo							
	Amount (\$) \$27.04		Payee addre	•	State;	; Zip Co	de			
	Reimbursement from political contributions intended		Seguin, TX	78155						
	PURPOSE OF EXPENDITURE		Category (s Advertising	ee Categories listed at t Expense	he top of this sch	edule)	Description [Cr	neck if Austin	outside of Texas. Complete Schedule T. h, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought			Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

		Contributions/ Donations Made By - Candidate/Officeholder/Political Committee				Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule G:	2 FILER NAM	IE			3 Filer ID (Ethics Commission Filers)				
	Sch: 3/6 Rpt: 36/42	Kuempel,	John L. (The Honorable)			00066988				
4	Date	5 Payee nam	е			•				
	01/05/2023	Kirby's Co	rner							
6	Amount (\$)	7 Payee addr	ess; City; Sta	ate; Zip C	ode					
	\$73.34	606 Hwy 1	.23 Bypass							
	Reimbursement from political contributions intended	Seguin, T	< 78155							
8	PURPOSE	(a) Category (See Categories listed at the top of this	schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Food/Beve	erage Expense			Check if Austin, TX, officeholder living expense				
	ZAI ZAISTONZ				constituent meal					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office sought	Office held				
	Date	Payee nam	e							
	02/14/2023	Kuempel,	John							
	Amount (\$)	Payee addr	Payee address; City; State; Zip Code							
\$569.20 902 E. College										
	Reimbursement from									
	x political contributions intended	Seguin, T	K 78155							
	PURPOSE	Category (See Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE		Travel In [District			Check if Austin, TX, officeholder living expense				
					mileage					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	I Candidate/Offic	eholder name		Office sought	Office held				
	Date	Payee nam	e							
	04/22/2023	Lizzie B B								
	Amount (\$)	Payee addr	ess; City; Sta	ate; Zip C	ode					
	\$88.00	225 North	Saunders St. Ste 5							
	Reimbursement from political contributions intended	Seguin, T	K 78155							
	PURPOSE	Category (See Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Food/Beve	erage Expense			Check if Austin, TX, officeholder living expense				
					lunch with consti	ituents				
	Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Offic	eholder name		Office sought	Office held				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		kpense /ages/Contract Labor	-	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAM	E			3 F	Filer ID (Ethics Commission Filers)
	Sch: 4/6 Rpt: 37/42	Kuempel, J	John L. (The Honorable)			(00066988
4	Date	5 Payee name)				
	04/23/2023	Los Cucos					
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	de		
	\$68.00	920 I-10					
	Reimbursement from political contributions intended	Seguin, TX	78155				
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	edule)	(b) Description	Che	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	rage Expense			Che	ck if Austin, TX, officeholder living expense
	-				lunch with constit	ituen	ts
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held
	Date	Payee name)				
	01/05/2023	Los Cucos					
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	de		
	\$100.00 920 I-10						
	Reimbursement from political contributions intended	Seguin, TX	78155				
	PURPOSE OF	Category (S	See Categories listed at the top of this sch	edule)	Description	=	eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beve	rage Expense		L	Che	eck if Austin, TX, officeholder living expense
					consituent meal		
	Complete ONLY if direct	Candidate/Office	sholder name		Office cought		Office hold
	Complete ONLY if direct expenditure to benefit	Candidate/Onice	enoluer name		Office sought		Office held
	C/OH						
	Date	Payee name)				
	05/29/2023	Neiman Ma	arcus				
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	de		
	\$1,829.43	3400 Palm	Way				
	Reimbursement from						
	X political contributions intended	Austin, TX	78758				
	PURPOSE	Category (s	See Categories listed at the top of this sch	edule)	Description	Che	ck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Gift/Awards	s/Memorials Expense			Che	ck if Austin, TX, officeholder living expense
					session gift for st	taff	
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held
	C/OH						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/6 Rpt: 38/42 Kuempel, John L. (The Honorable) 00066988 Date Payee name 05/29/2023 Southwest Airlines Payee address; Amount (\$) City; State; Zip Code \$1,000.00 P.O. Box 36647-1CR Reimbursement from political contributions Х intended Dallas, TX 75235 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Gift/Awards/Memorials Expense **EXPENDITURE** session gift for staff Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/17/2023 Su Casa Cafe Amount (\$) Payee address; City; State; Zip Code \$64.29 1142 E Kingsbury St. Reimbursement from political contributions Χ Seguin, TX 78155 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** lunch with constituents Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 02/25/2023 The Palms Taqueria Payee address; City; State; Zip Code Amount (\$) \$60.57 924 E. Kingsbury St. Reimbursement from Χ political contributions intended Seguin, TX 78155 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** constituent meal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			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 co	omplete this form.		
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 6/6 Rpt: 39/42	Kuempel, J	ohn L. (The Honorable)				00066988
4	Date	5 Payee name					
	03/15/2023	Vespaio Ris					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$245.00	1610 South	Congress				
	Reimbursement from political contributions intended	Auctin TV	70704				
		Austin, TX	70704			_	
8	PURPOSE OF	1	ee Categories listed at the top of this sch	nedule)	(b) Description	=	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Bever	age Expense		L	Lil	eck if Austin, TX, officeholder living expense
					office dinner		
Ļ							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held
	Date	Payee name					
	02/02/2023	Walgreens					
	Amount (\$)	Payee addre	ss; City; State	· Zin Co	nde		
Amount (\$) Payee address; City; State; Zip Code \$19.48 1357 E. Court St.							
		1337 L. CO	uit St.				
	X Reimbursement from political contributions intended	Seguin, TX	78155				
	PURPOSE	Category (s	ee Categories listed at the top of this sch	nedule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	office suppl	ies			Ch	eck if Austin, TX, officeholder living expense
EXI ENDITORE					frames for capito	ol off	ïce
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit C/OH						
	C/OH						
	Date	Payee name					
	01/06/2023	Walgreens					
	Amount (\$)	Payee addre	ss; City; State	; Zip Co	ode		
	\$44.86	1357 E. Co	•				
	Reimbursement from						
	x political contributions intended	Seguin, TX	78155				
	PURPOSE	Category (s	ee Categories listed at the top of this sch	nedule)	Description	=	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	office exper	nse			Ch	eck if Austin, TX, officeholder living expense
					photos for capito	ol off	ice
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: ./3 Rpt: 40/42	
2					(Ethics Commission	n Filers)
	Kuempel, John L. (The Honorable)				988	
4	Date 01/31/2023	 Name of person from whom amount is received First Commercial Bank, N.A. Address of person from whom amount is received; City; State; Zip Code 			8 Amount (\$)	\$119.64
		Seguin, TX 78155				
		<u> </u>	olitic	al cont	I ribution returned to file	er
		Interest earned on campaign account	Ontic	, car 00110		
	Date	Name of person from whom amount is received			Amount (\$)	
	02/28/2023	First Commercial Bank, N.A.				\$150.38
		Address of person from whom amount is received; City; State; Zip Code			•	
		Seguin, TX 78155				
		Purpose for which amount is received	olitic	al cont	ribution returned to file	er
		· -				
	Date	Name of person from whom amount is received			Amount (\$)	#404 70
	03/31/2023	First Commercial Bank, N.A.				\$181.73
		Address of person from whom amount is received; City; State; Zip Code				
		Seguin, TX 78155				
		Purpose for which amount is received Check if p	olitic	al cont	ribution returned to file	er
		Interest earned for campaign account				
	Date	Name of person from whom amount is received			Amount (\$)	
	04/28/2023	First Commercial Bank, N.A.				\$176.05
		Address of person from whom amount is received; City; State; Zip Code]	
		Seguin, TX 78155				
		<u> </u>	olitic	al cont	I ribution returned to file	er
		Interest earned for campaign account				<i>.</i> .
	Date	Name of person from whom amount is received			Amount (\$)	
	05/31/2023	First Commercial Bank, N.A.				\$171.59
		Address of person from whom amount is received; City; State; Zip Code				
		Comin TV 701FF				
		Seguin, TX 78155	اعتام		dibution and an of the City	
		Purpose for which amount is received	olitic	aı cont	ribution returned to file	er
		microst carried for campaign account				

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 2/3 Rpt: 41/42
2	FILER NAME		3		
_	Kuempel, John L. (The Honorable)				6988
_	•		0000		
4	Date	5 Name of person from whom amount is received			8 Amount (\$)
	06/30/2023	First Commercial Bank, N.A.			\$172.24
		6 Address of person from whom amount is received; City; State; Zip Code			
		C			
		Seguin, TX 78155			
			politi	cal con	tribution returned to filer
		Interest earned for campaign account			
	Date	Name of person from whom amount is received			Amount (\$)
	01/06/2023	First Commercial Bank, N.A.			\$1,156.50
		Address of person from whom amount is received; City; State; Zip Code			"
		Seguin, TX 78155			
		Purpose for which amount is received	politi	cal con	tribution returned to filer
		Interest earned on campaign cd			
	Date	Name of person from whom amount is received			Amount (\$)
	01/31/2023	Raymond James Bank N.A.			\$7.64
		Address of person from whom amount is received; City; State; Zip Code			
		St. Petersburg, FL 33716			
		Purpose for which amount is received	politi	cal con	tribution returned to filer
		Interest earned for campaign account			
	Date	Name of person from whom amount is received			Amount (\$)
	03/31/2023	Raymond James Bank N.A.			\$4.57
		Address of person from whom amount is received; City; State; Zip Code			
		St. Petersburg, FL 33716			
		Purpose for which amount is received Check if	politi	cal con	tribution returned to filer
		Interest earned for campaign account			
	Date	Name of person from whom amount is received			Amount (\$)
	02/28/2023	Raymond James Bank N.A.			\$484.12
		Address of person from whom amount is received; City; State; Zip Code			
		Address of person from whom amount is received, Gity, Gides, 2-p Gode			
		St. Petersburg, FL 33716			
		Purpose for which amount is received Check if	politi	cal con	tribution returned to filer
		Interest earned for campaign account			

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

╙						
	The Instruction Guide explains how to complete this form. 1 Total particles of the second se					
2	2 FILER NAME 3 Filer II) (Ethics Commission I	Filers)
l				00066	6988	
┢	Date					
	04/28/2023	Raymond James Bank N.A.			8 Amount (\$)	\$484.49
l	04/20/2023					P404.49
l		6 Address of person from whom amount is received; City; State; Zip Code				
l						
l						
l		St. Petersburg, FL 33716				
l		7 Purpose for which amount is received	olitio	al cont	ribution returned to filer	
l		Interest earned for campaign account				
F	Date	Name of person from whom amount is received			Amount (\$)	
l	05/31/2023	Raymond James Bank N.A.			γιποαπί (Φ)	\$4.67
l	03/31/2023					Ψ4.07
l		Address of person from whom amount is received; City; State; Zip Code				
l						
l						
l		St. Petersburg, FL 33716				
l		Purpose for which amount is received Check if p	olitio	al cont	ribution returned to filer	
l		Interest earned for campaign account				
F	Date	Name of person from whom amount is received			Amount (\$)	
l	06/30/2023	Raymond James Bank N.A.				\$4.52
l						
l		Address of person from whom amount is received; City; State; Zip Code				
l						
l		St. Petersburg, FL 33716				
l			oli+io	ol cont	l ribution returned to filer	
l		interest earned on campaign account	OIILIC	ai com	ribution returned to liler	
┕						
l	Date	Name of person from whom amount is received			Amount (\$)	
l	06/26/2023	United States Treasury				\$575.77
l		Address of person from whom amount is received; City; State; Zip Code				
l						
l						
l		Kansas City, MO 64117				
l		Purpose for which amount is received Check if p	olitio	al cont	ribution returned to filer	
l		refund on payroll taxes				
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