CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form	1 Filer ID (Ethics Commission Filers) 00066988	2 Total pages filed: 30
3 CANDIDATE /	MS/MRS/MR FIRST	MI	
OFFICEHOLDER NAME	The Honorable John L.	IVII	OFFICE USE ONLY
			ELECTRONICALLY FILED
			. 01/14/2025
	NICKNAME LAST	SUFFIX	01/14/2023
	Kuempel		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY; ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	902 E. College St.		
ADDRESS			Receipt # Amount
Change of Address	Seguin, TX 78155		
			Date Processed
			Date Imaged
5 CAMPAIGN	MS / MRS / MR FIRST	MI	
TREASURER	Mrs. Michelle		
NAME			
	NICKNAME LAST	SUFFIX	
	Kuempel	SUFFIX	
	Kuemper		
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEAS	SE); APT / SUITE #; CITY;	STATE; ZIP CODE
ADDRESS	902 E. College		
(Residence or Business)			
(Seguin, TX 78155		
7 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(512) 669-9441		
8 REPORT TYPE			7
TIPE	X January 15 30th day b	before election Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day be	fore election Exceeded modified	Final Report (Attach C/OH-FR)
		reporting limit	
9 PERIOD	Month Day Year	Month Day	Year
COVERED	07/01/2024	THROUGH 12/31/202	
	01101/2024	12,01,202	
10 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	Primary Runoff	Other
		General Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT	(if known)
	State Representative District 44		
	1	Ι	
	G	O TO PAGE 2	
Forms provided by Te	exas Ethics Commission www	w.ethics.state.tx.us	Version V4.1.0.5dd2ace2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 30

13 C / OH NAME	Kuempel, John L. (Th	Ethics Commission Filers		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without t d officeholders are required to report this information	he candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.0
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.0
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.0
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 53,235.5
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L/ RIOD	AST DAY OF THE	\$ 73,513.3
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.0
17 AFFIDAVIT				-
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		The Honor	rable John L. Kuemp	el
		Signature of	Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subsc	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering oath
Forms provided by Tex	xas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ad

SUBTOTALS - C/OH	FORM C/OH OVER SHEET PG 3 3 of 30				
18 FILER NAME Kuempel, John L. (The Honorable)	(Ethics Commission Filers)				
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT			
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$			
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4. SCHEDULE E: LOANS		\$			
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 48,446.01			
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS				
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS				
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$			
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$			
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 289.95			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fe Fo Gi mmittee Le	vent Expense ees ood/Beverage Expense ft/Awards/Memorials Expe gal Services he Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 1/17 Rpt: 4/30	Kuempel, Joh	in L. (The Honora	able)				00066988	
4	Date 07/09/2024	Payee name AT&T							
6	Amount (\$) \$188.62	Payee address PO Box 1054 Atlanta, GA 3	14	State;	Zip Coo	le			
8	PURPOSE OF EXPENDITURE	Category _{(See} Telephone ex	Categories listed at the to	op of this sche	edule)		n, TX,	de of Texas. Com officeholder living hone expen:	expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Office	holder name	0	office souç	ht		Office he	eld
	Date	Payee name							
	08/09/2024	AT&T							
	Amount (\$) \$188.73	Payee address PO Box 1054	14	State;	Zip Coo	le			
	PURPOSE OF EXPENDITURE	Atlanta, GA 3 Category _{(See} Telephone ex	Categories listed at the to	op of this sche	edule)		n, TX,	de of Texas. Com officeholder living 10NE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Office	holder name	0	office soug	ht		Office he	eld
	Date	Payee name							
	09/10/2024	AT&T							
	Amount (\$) \$185.50	Payee address PO Box 1054		State;	Zip Coo	le			
		Atlanta, GA 3	0348-5414						
	PURPOSE OF EXPENDITURE	Category _{(See} Telephone ex	Categories listed at the to	op of this sche	edule)		ı, TX,	de of Texas. Com officeholder living hone	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Office	holder name	0	Office soug	ht		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 2/17 Rpt: 5/30	Kuempel, John L. (The Honorable)	00066988				
4	Date 10/09/2024	Payee name AT&T					
6	Amount (\$) \$185.50	Payee address; City; State; Zip Code PO Box 105414 Atlanta, GA 30348-5414					
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense I phone				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	11/12/2024	AT&T					
	Amount (\$) \$185.90	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) b) Description check if travel o 	utside of Texas. Complete Schedule T. TX, officeholder living expense I phone				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	12/10/2024	AT&T					
	Amount (\$) \$265.35	Payee address;City;State;Zip CodePO Box 105414					
		Atlanta, GA 30348-5414					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense phone.				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp ee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Distric	ipment & Related Expense
1	Total pages Schedule F1:	2 FIL	ER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 3/17 Rpt: 6/30		empel, John L. (The Honora	able)				00066988	
4	Date 07/02/2024		/ee name /S Apartment						
6	Amount (\$) \$348.47	22	vee address; City; 2 E. Riverside Drive stin, TX 78704	State;	Zip Coo	e			
8	PURPOSE OF EXPENDITURE		egory (See Categories listed at the to ice Overhead/Rental Exper		edule)		n, TX,	de of Texas. Comple , officeholder living ex It rent.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder name	C	Office soug	ht		Office held	1
	Date	Pa	/ee name						
	08/02/2024	CV	/S Apartment						
	Amount (\$)	Pa	vee address; City;	State;	Zip Coc	e			
	\$2,407.66		2 E. Riverside Drive stin, TX 78704						
	PURPOSE OF EXPENDITURE		egory (See Categories listed at the to ice Overhead/Rental Exper		edule)		ı, TX,	de of Texas. Comple , officeholder living ex at rent.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder name	C	Office soug	ht		Office held	l
	Date	Pa	/ee name						
	09/03/2024	CV	/S Apartment						
	Amount (\$) \$2,403.86		vee address; City; 2 E. Riverside Drive	State;	Zip Coc	e			
		Au	stin, TX 78704						
	PURPOSE OF EXPENDITURE		egory (See Categories listed at the to ice Overhead/Rental Exper		edule)		n, TX,	de of Texas. Comple officeholder living ex nt rent.	
	Complete ONLY if direct expenditure to benefit C/OF		lidate/Officeholder name	C	Office soug	ht		Office held	1

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburse Fees Office Overhead/Rental Exp Food/Beverage Expense Office Overhead/Rental Exp Food/Beverage Expense Office Overhead/Rental Exp Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract La The Instruction Guide explains how to complete this for	ense Transportation Equipment & Related Expense Travel in District Travel Out of District bor OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 4/17 Rpt: 7/30	Kuempel, John L. (The Honorable)	00066988			
4	Date 10/02/2024	Payee name CWS Apartment				
6	Amount (\$) \$2,411.35	Payee address; City; State; Zip Code 222 E. Riverside Drive Austin, TX 78704				
8	PURPOSE OF EXPENDITURE	X Check	ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense apartment rent			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	11/04/2024	CWS Apartment				
	Amount (\$) \$2,424.67	Payee address; City; State; Zip Code 222 E. Riverside Drive				
		Austin, TX 78704				
	PURPOSE OF EXPENDITURE		ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense r Austin apartment.			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	12/12/2024	CWS Apartment				
	Amount (\$) \$2,396.34	Payee address;City;State;Zip Code222 E. Riverside Drive				
		Austin, TX 78704				
	PURPOSE OF EXPENDITURE	X Check	ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense apartment rent.			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimb Fees Office Overhead/Rental Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract The Instruction Guide explains how to complete this	Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Labor OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 5/17 Rpt: 8/30	Kuempel, John L. (The Honorable)	00066988			
4	Date	Payee name				
	07/08/2024	Hill Country Springs				
6	Amount (\$)	Payee address; City; State; Zip Code				
	\$120.94	PO Box 2220				
		Manchaca, TX 78652				
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descr	iption			
	OF		eck if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE		eck if Austin, TX, officeholder living expense			
		Wate	r service at capitol office.			
_						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	09/24/2024	Hill Country Springs				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$22.64	PO Box 2220				
		Manchaca, TX 78652				
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descr	iption			
	OF EXPENDITURE		eck if travel outside of Texas. Complete Schedule T.			
			eck if Austin, TX, officeholder living expense r service for capitol office.			
		VVale	service for capitor onice.			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/29/2024	Internal Revenue Service				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$2,485.11	Department of the Treasury				
		Ogden, UT 84201-0005				
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descr	iption			
	OF EXPENDITURE		eck if travel outside of Texas. Complete Schedule T.			
			eck if Austin, TX, officeholder living expense III taxes for 3rd qtr 2024.			
		Paylo	יוו נמאבט וטו טוע ענו 2024.			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	Canadae/Onicenoluer name Onice sought				

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
_	T (1 1 1 1 1	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 6/17 Rpt: 9/30	FILER NAME Kuempel, John L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066988
4	Date	Payee name	
	09/11/2024	Kelso, Stepheny	
6	Amount (\$) \$31.65	Payee address; City; State; Zip Code 402 E. Pine St. Seguin, TX 78155	
8	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense r office paperwork.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/18/2024	Kelso, Stepheny	
	Amount (\$) \$5,000.00	Payee address;City;State;Zip Code402 E. Pine St.	
	DUDDOOF	Seguin, TX 78155	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/26/2024	Kuempel, John	
	Amount (\$) \$662.54	Payee address;City;State;Zip Code902 E. College	
		Seguin, TX 78155	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ent for constituent gifts, meals and office
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Office Ove Polling Ex Printing E Salaries/V	erhea cpense xpens Vages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
		-	The Instruction Guide explains	now to co	omple	ete this form.	-		
1	Total pages Schedule F1: Sch: 7/17 Rpt: 10/30	2	FILER NAME Kuempel, John L. (The Honorable)				3	Filer ID (Ethics Commission Filers) 00066988	'
	_		· · · · ·					0000000	_
4	Date 10/29/2024	5	Payee name Kuempel, John						
6	Amount (\$)	7	Payee address; City; State	; Zip Co	ode				
	\$3,341.74		902 E. College						
			Seguin, TX 78155						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Loan Repayment/Reimbursement					de of Texas. Complete Schedule T.	
								officeholder living expense	
								for constituent lunches, mileage, els for meetings and fundraisers.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	l ıght			Office held	
	Date		Payee name						=
	09/05/2024		Kuempel, John						
_	Amount (\$)		Payee address; City; State	; Zip Co	ode				
	\$517.22		902 E. College	, <u></u> p ee					
	\$011.EE								
			Seguin, TX 78155						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Loan Repayment/Reimbursement	nedule)	(b)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense for office lunches, meals with	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	l Ight			Office held	
	Date		Payee name						=
	08/14/2024		Kuempel, John						
	Amount (\$)		Payee address; City; State	; Zip Co	ode				\neg
	\$107.00		902 E. College	· •					
			5						
			Seguin, TX 78155						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Loan Repayment/Reimbursement	nedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense	
								for constituent meals.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	ight			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	B Filer ID (Ethics Commission Filers)				
	Sch: 8/17 Rpt: 11/30	Kuempel, John L. (The Honorable)	00066988				
4	Date 07/03/2024	Payee name Kuempel, John					
6	Amount (\$) \$161.00	Payee address; City; State; Zip Code 902 E. College Seguin, TX 78155 Seguin, TX 78155					
8	PURPOSE OF EXPENDITURE		Itside of Texas. Complete Schedule T. IX, officeholder living expense nt for meals with constituents.				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/31/2024	Madden, Brittney					
	Amount (\$) \$312.84	Payee address; City; State; Zip Code 11419 Lafitte Lane					
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	Itside of Texas. Complete Schedule T. TX, officeholder living expense print for a local fundraiser.				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/29/2024	Madden, Brittney					
	Amount (\$) \$15,000.00	Payee address; City; State; Zip Code 11419 Lafitte Lane					
		Austin, TX 78739					
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. FX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Cabadula F1	· · ·	2 Filer ID (Ethics Commission Filere)
1	Total pages Schedule F1: Sch: 9/17 Rpt: 12/30	FILER NAME Kuempel, John L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066988
4	Date	Payee name	·
	07/25/2024	Posey, Carol	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$65.00	220 Triple Crown Run	
		San Marcos, TX 78666	
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		el outside of Texas. Complete Schedule T.
			in, TX, officeholder living expense
		Preparation	of 2nd quarter 2024 payroll reports.
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
_	Date	Payee name	
	10/29/2024	Posey, Carol	
		-	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$65.00	220 Triple Crown Run	
		San Marcos, TX 78666	
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense of 3rd quarter 2024 payroll tax reports.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/29/2024	Rotary Club of Seguin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,216.00	PO Box 205	
	+_,+		
		Seguin, TX 78156	
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Meals at Ro 2024.	tary meetings from 2nd qtr 2023 - 3rd qtr
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mmittee Legal Services The Instruction Guide ex	Office C Polling e Printing Salaries	verhea Expens Expens Wage	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)
-	Sch: 10/17 Rpt: 13/30		Kuempel, John L. (The Honorabl	e)				00066988
4	Date	5	Payee name					
	10/29/2024		Rotary Club of Seguin					
6	Amount (\$)	7	Payee address; City;	State; Zip C	Code			
	\$780.00		PO Box 205					
			Seguin, TX 78156					
8	PURPOSE	(2)			(h)	Description		
°	OF	(a)	Category (See Categories listed at the top of Fees	f this schedule)		Description	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		rees					, officeholder living expense
						Dues at Rota	ıry ı	meetings from 2nd qtr 2023 - 3rd qtr
						2024.		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	bught			Office held
	Date		Payee name					
	10/28/2024		Rotary Club of Seguin					
_	Amount (\$)		Payee address; City;	State; Zip C	Code			
	\$247.50		PO Box 205					
	\$ <u>2</u> 41.00		10 200					
			Seguin, TX 78156					
	PURPOSE	(a)	Category (See Categories listed at the top of	f this schedule)	(b)	Description		
	OF EXPENDITURE		Contributions/Donations Made By					ide of Texas. Complete Schedule T.
	-		Candidate/Officeholder/Political (Committee				officeholder living expense
						3rd qtr 2024.	RU	tary meetings from 2nd qtr 2023 -
	Complete ONLY if direct		Candidate/Officeholder name	Office so				Office held
	expenditure to benefit C/OI			Office Se	Jugin			
_	Data	_						
	Date		Payee name					
	10/21/2024		San Antonio Express News					
	Amount (\$)		Payee address; City;	State; Zip C	Code			
	\$250.00		PO Box 2171					
			San Antonio, TX 78297					
	PURPOSE	(a)	Category (See Categories listed at the top of	f this schedule)	(b)	Description		
	OF EXPENDITURE		Subscription					ide of Texas. Complete Schedule T.
	-							, officeholder living expense
						Subscription	ι0 I	ιστοραμοι
	Complete ONUV 5 allocat	L	Condidate (Office helder re-	0 #:				Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ugnt			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Event Expense Fees Food/Beverage Expe Gift/Awards/Memorial Legal Services The Instruction C	nse s Expense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	ymen rhead pense pense ages/	t/Reimbursement /Rental Expense Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filer	s)
	Sch: 11/17 Rpt: 14/30			ohn L. (The Ho	norable)					00066988	Υ.	,
4	Date	5	Payee name									
	12/18/2024		San Antonio	o Express New	S							
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Coo	de					
	\$289.95		PO Box 21	71								
			San Antonio	o, TX 78297								
8	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF		Subscriptio			,			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							Check if Austin	, тх,	officeholder living	expense	
								Subscription	to r	newspaper		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	(Office soug	ght			Office he	eld	
	Date		Payee name									
	12/26/2024		-	a Chamber of (Commorco							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Coo	de					
	\$150.00		116 N. Can	np St								
			Seguin, TX	78155								
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees							de of Texas. Com		
										officeholder living		
								Dues for loca	I C	hamber of C	commerce.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ceholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit e/or											
	Date		Payee name									
	07/12/2024		Seguin Gaz	ette Enterprise								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Coo	de					
	\$62.08		PO Box 120	00								
			Seguin, TX	78156								
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF		Advertising			,			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		9					Check if Austin	, TX,	officeholder living	expense	
								monthly adve	ertis	ing in local ı	newspaper	
	Complete ONLY if direct	. (Candidate/Off	ceholder name	(Office soug	ght			Office he	eld	
	expenditure to benefit C/OI	Η										
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2			·	3	Filer ID (Ethics Commission Filers)
-	Sch: 12/17 Rpt: 15/30	-	Kuempel, John L. (The Honorable)				00066988
4	Date	5	Payee name				
	08/14/2024		Seguin Gazette Enterprise				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$77.65		PO Box 1200				
			Seguin, TX 78156				
8	PURPOSE	(a)	-		(b) Decoription		
ľ	OF	(a)	Category (See Categories listed at the top of this sche Advertising Expense	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE						, officeholder living expense
					Monthly adve	ertis	sing in local newspaper.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	ffice sou	Iht		Office held
	Date		Payee name				
	09/11/2024		Seguin Gazette Enterprise				
_	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$62.12		PO Box 1200				
			Seguin, TX 78156				
	PURPOSE OF		Category (See Categories listed at the top of this sche Advertising Expense	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin	, TX,	, officeholder living expense
					Monthly adve	ertis	sing in local newspaper.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	Jht		Office held
-	Date		Payee name				
	12/26/2024		Seguin Gazette Enterprise				
-	Amount (\$)		•	Zip Co	10		
	\$31.06		PO Box 1200	210 00			
	401.00						
			Seguin, TX 78156				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T.
	-						, officeholder living expense sing for local newspaper.
					wonuny auve	105	איז
		Ļ	Sandidata/Office halder in a ma	ffice	.bt		Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	jin		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 13/17 Rpt: 16/30		Kuempel, John L. (The Honorable)				00066988
4	Date	5	Payee name				
	10/14/2024		Seguin Gazette Enterprise				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$62.12		PO Box 1200				
			Seguin, TX 78156				
•	DUDDOSE		-				
8	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description	nutsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Advertising Expense				officeholder living expense
					Monthly adve	rtis	ing in local newspaper.
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	11/15/2024		Seguin Gazette Enterprise				
_	Amount (\$)			Zip Co	de		
	\$77.65		PO Box 1200	210 00			
	φ11.00						
			Seguin, TX 78156				
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Advertising Expense				de of Texas. Complete Schedule T. officeholder living expense
							ing in local newspaper.
						1 110	
	Complete ONLY if direct		andidate/Officeholder name C	Office sou	aht		Office held
	expenditure to benefit C/OF				9		
-	Date		Payee name				
	07/24/2024		Spectrum				
			•	Zip Co	ado.		
	Amount (\$) \$315.20			Zip Co	lue		
	\$315.2U		12012 N. MoPac Expressway				
			Austin, TX 78758				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T.
							officeholder living expense
					Utilities for Au	າວແ	
	Complete ON! V if direct	L	andidata/Officeholder serve)ffico co:::	abt		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Officeholder name C	Office sou	ynı		Office held
-							

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 14/17 Rpt: 17/30		Kuempel, John L. (The Honorable)				00066988
4	Date 08/26/2024	5	Payee name Spectrum				
6	Amount (\$) \$327.01	7 Payee address; City; State; Zip Code 12012 N. MoPac Expressway Austin, TX 78758					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedu Office Overhead/Rental Expense	ule) (n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense nt utilities.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offic	ice soug	ht		Office held
	Date		Payee name				
	09/24/2024		Spectrum				
	Amount (\$) \$326.72		Payee address; City; State; Z 12012 N. MoPac Expressway	Zip Cod	e		
			Austin, TX 78758				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedu Office Overhead/Rental Expense	ule) (n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense nt utilities.
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	ice soug	ht		Office held
	Date		Payee name				
	10/24/2024		Spectrum				
	Amount (\$) \$326.72		Payee address; City; State; Z 12012 N. MoPac Expressway	Zip Cod	e		
			Austin, TX 78758				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedu Office Overhead/Rental Expense	ule) (n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ht utilities.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	ice soug	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe nmittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	rhead lense pens ages	e /Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense	
1	Total pages Sabadula E1	1_				libic		1		(Ethics Commission Filers)	
1	Total pages Schedule F1: Sch: 15/17 Rpt: 18/30		Kuempel, John L. (The Honoral	.ble)				3	Filer ID 00066988		
4	Date	5	Payee name								
	11/25/2024		Spectrum								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	de					
	\$326.72		12012 N. MoPac Expressway								
			Austin, TX 78758								
8	PURPOSE OF		Category (See Categories listed at the top		iedule)	(b)	Description				
	EXPENDITURE		Office Overhead/Rental Expense	se					de of Texas. Compl		
							Utilities at Au		officeholder living e	expense	
							Unities at 7 to	3	apariment		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ght			Office hel	d	
	Date	Γ	Payee name								
	12/24/2024		Spectrum								
	Amount (\$)	┢	Payee address; City;	State	; Zip Coo	de					
	\$326.72	1	12012 N. MoPac Expressway	C ,	, <u> </u>	~~					
	+0L0 L										
			Austin, TX 78758								
	PURPOSE OF		Category (See Categories listed at the top		iedule)	(b)	Description				
	EXPENDITURE		Office Overhead/Rental Expense	se			Check if travel		de of Texas. Compl		
							Utilities for A			expense	
							Unities for , a	usu	n aparanena		
	Complete ONLY if direct		Candidate/Officeholder name	C	Office soug	ght			Office hel	d	
	expenditure to benefit C/OF	н									
	Date	Γ	Payee name								
	10/28/2024	1	State Farm Insurance								
	Amount (\$)	┢	Payee address; City;	State:	; Zip Coo	de					
	\$142.00		PO Box 680001		, I-	-					
			Dallas, TX 75368-0001								
	PURPOSE OF		Category (See Categories listed at the top		redule)	(b)	Description		: := 0		
	EXPENDITURE		Office Overhead/Rental Expense	se			Check if travel		de of Texas. Compl		
							Austin apartn				
							, aoun aparan				
	Complete ONLY if direct	Ľ	Candidate/Officeholder name		Office soug	thr			Office hel	d	
	expenditure to benefit C/OF		andidate/Onicenoider name		Juice soug	JIIL			Oncener	u	

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Poling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 16/17 Rpt: 19/30	Kuempel, John L. (The Honorable)	00066988			
4	Date	Payee name				
	10/24/2024	TDCJ Manufacturing and Logistics				
6	Amount (\$)	Payee address; City; State; Zip Code				
	\$441.66	PO Box 4013				
		Liuptoville TV 77242				
		Huntsville, TX 77342				
8	PURPOSE OF	(b) Description (b) Description				
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense			
			ation for a local auction.			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	- P					
	Date	Payee name				
	10/29/2024	Texas Workforce Commission				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$22.50	PO Box 149037				
		Austin, TX 78714-9037				
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE		utside of Texas. Complete Schedule T.			
			TX, officeholder living expense			
		Texas unemp	loyment taxes for 3rd qtr 2024.			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
⊨	Date	Payee name				
	12/18/2024	The Public Library Foundation				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$100.00	313 W. Nolte St.				
		Seguin, TX 78155				
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By	utside of Texas. Complete Schedule T.			
	EXPENDITORE		TX, officeholder living expense			
		Donation to fo	oundation			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OH					

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense				
	Consulting Expense	Food/Beverage Expense Polling Expense Travel in District				
	Contributions/ Donations Made By Candidate/Officeholder/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: 17/17 Rpt: 20/30	Kuempel, John L. (The Honorable) 00066988				
4	Date	5 Payee name				
	10/29/2024	Wade Busby Memorial Fundraiser				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1,000.00	P.O. Box 736				
		Marion, TX 78124				
L						
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.				
		Candidate/Officeholder/Political Committee Donation to annual fundraiser.				
F						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Í						

POLITICAL EX	PENDITURES FROM PERSON	IAL FUNDS	SCHEDULE G		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1 Total pages Schedule G: Sch: 1/8 Rpt: 21/30	2 FILER NAME Kuempel, John L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066988		
4 Date 09/05/2024	5 Payee name A-TAN Sushi and Asian Bistro				
6 Amount (\$) \$80.00 Reimbursement from political contributions	7 Payee address; City; State; Zip Code 320 W. Nolte Street				
8 PURPOSE OF EXPENDITURE	Seguin, TX 78155 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ituents.		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought	Office held		
Date	Payee name				
10/29/2024	Best Western Plus Atascosita				
Amount (\$) \$132.24	Payee address; City; State; Zip C 7730 FM 1960 Humble, TX 77346	ode			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Hotel	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ISD fundraiser.		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 12/26/2024	Payee name Capitol Extension Gift Shop				
Amount (\$) \$541.25	Payee address; City; State; Zip C 1400 N. Congress Avenue	ode			
Reimbursement from political contributions intended	Austin, TX 78701				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		

POLITICAL EX	(PENDITURES FROM PERSON	IAL FUNDS SCHEDULE G			
	EXPENDITURE CATEGORIES FO	R BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing I	payment/Reimbursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense xpense Travel in District Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)			
1 Total pages Schedule G: Sch: 2/8 Rpt: 22/30	2 FILER NAME Kuempel, John L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066988			
4 Date 09/05/2024	5 Payee name Chili Parlor				
6 Amount (\$) \$60.00 Reimbursement from political contributions	7 Payee address; City; State; Zip Code 1409 Lavaca St				
intended	Austin, TX 78701				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T.			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			
Date	Payee name				
12/26/2024	Chili Parlor				
Amount (\$) \$30.00	Payee address; City; State; Zip Code 1409 Lavaca St				
Reimbursement from political contributions intended	Austin, TX 78701				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T.			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			
Date	Payee name				
07/03/2024	Cisco's				
Amount (\$) \$70.00	Payee address; City; State; Zip C 1511 E. 6th Street	ode			
Reimbursement from political contributions intended	Austin, TX 78702				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office meal			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			

POLITICAL EX	(PENDITURES FROM PERSON	IAL FUNDS	SCHEDULE G		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1 Total pages Schedule G: Sch: 3/8 Rpt: 23/30	2 FILER NAME Kuempel, John L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066988		
4 Date 09/05/2024	5 Payee name City Market				
6 Amount (\$) \$80.08	7 Payee address; City; State; Zip Code 633 E. Davis St. Luling, TX 78648				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 09/05/2024	Payee name Clark's Austin				
Amount (\$) \$194.00	Payee address; City; State; Zip C 1200 W. 6th St. Austin, TX 78703	ode			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 10/29/2024	Payee name Dirty Martins Place				
Amount (\$) \$38.57	Payee address; City; State; Zip C 2808 Guadalupe Street	ode			
Reimbursement from political contributions intended	Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		

POLITICAL EX	PENDITURES FROM PERSON	IAL FUNDS SCHEDULE G			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	payment/Reimbursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)			
1 Total pages Schedule G: Sch: 4/8 Rpt: 24/30	2 FILER NAME Kuempel, John L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066988			
4 Date 12/26/2024	5 Payee name Dirty Martins Place				
6 Amount (\$) \$57.67	7 Payee address; City; State; Zip Code 2808 Guadalupe Street Austin, TX 78705				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office lunch			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			
Date 09/05/2024	Payee name El Patio				
Amount (\$) \$50.14 Reimbursement from political contributions intended	Payee address; City; State; Zip C 2938 Guadalupe Street Austin, TX 78705	ode			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office lunch			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			
Date 10/29/2024	Payee name Fairmont Dallas				
Amount (\$) \$2,217.58	Payee address; City; State; Zip C 1717 North Akard Street	ode			
Reimbursement from political contributions intended	Dallas, TX 75201				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Hotel	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hotel for Higher Education meetings.			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			

POLITICAL EX	(PENDITURES FROM PERSON	IAL FUNDS	SCHEDULE G			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1 Total pages Schedule G: Sch: 5/8 Rpt: 25/30	2 FILER NAME Kuempel, John L. (The Honorable)	:	3 Filer ID (Ethics Commission Filers) 00066988			
4 Date 10/29/2024	5 Payee name Grand Hyatt	•				
6 Amount (\$) \$31.39	 7 Payee address; City; State; Zip Code 600 East Market St. San Antonio, TX 78205 					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Parking	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			
Date	Payee name					
10/29/2024	Kuempel, John					
Amount (\$) \$617.74 Reimbursement from political contributions	Payee address; City; State; Zip Code \$617.74 902 E. College					
intended	Seguin, TX 78155					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Mileage	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ngs and fundraisers.			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			
Date	Payee name					
08/14/2024	Los Cucos					
Amount (\$) \$73.00	Payee address; City; State; Zip C 920 I-10	ode				
Reimbursement from political contributions intended	Seguin, TX 78155					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ents.			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			

Р	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G						
A C C	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E2 /- Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement Solicitation/Fundraising Expense erhead/Rental Expense Transportation Equipment & Related Expense opense Travel in District xpense Travel Out of District Vages/Contract Labor OTHER (enter a category not listed above)				
	otal pages Schedule G: ch: 6/8 Rpt: 26/30	2 FILER NAME Kuempel, John L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066988				
4 Da	ate 3/14/2024	5 Payee name Los Cucos					
6 An	nount (\$) \$34.00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 920 I-10 Seguin, TX 78155					
8 E	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office meal				
ex	omplete <u>ONLY</u> if direct penditure to benefit OH	Candidate/Officeholder name	Office sought Office held				
	ate D/29/2024	Payee name Los Cucos					
An	nount (\$) \$130.00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 920 I-10 Seguin, TX 78155					
E	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal with constituents.				
ex	omplete <u>ONLY</u> if direct penditure to benefit OH	Candidate/Officeholder name	Office sought Office held				
10	ate 0/29/2024	Payee name Ninfa's					
An	nount (\$) \$90.00	Payee address; City; State; Zip Co 220 S Third St.	ode				
	Reimbursement from political contributions intended	Waco, TX 76701					
E	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T.				
ex	omplete <u>ONLY</u> if direct penditure to benefit OH	Candidate/Officeholder name	Office sought Office held				

POLITICAL EX	(PENDITURES FROM PERSON	NAL FUNDS SCHEDULE G				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Solicitation/Fundraising Expense overhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District Expense Travel Out of District S/Wages/Contract Labor OTHER (enter a category not listed above)				
1 Total pages Schedule G: Sch: 7/8 Rpt: 27/30	 FILER NAME Kuempel, John L. (The Honorable) 	3 Filer ID (Ethics Commission Filers) 00066988				
4 Date 07/03/2024	5 Payee name Quality Seafood Market					
6 Amount (\$) \$91.00	7 Payee address; City; State; Zip Code 5621 Airport Blvd Austin, TX 78751					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Office meal				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held				
Date 09/05/2024	Payee name Su Casa Cafe					
Amount (\$) \$53.00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3.00 1142 E Kingsbury St. Seguin, TX 78155					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Constituent lunch				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held				
Date 10/29/2024	Payee name Su Casa Cafe					
Amount (\$) \$84.22	Payee address;City;State; Zip C1142 E Kingsbury St.	Code				
Reimbursement from political contributions intended	Seguin, TX 78155					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Lunch with constituents				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held				

	POLITICAL EX	(PENDITURES FROM PERSON	AL FUNDS	SCHEDULE G
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office OV Food/Beverage Expense Polling E: y - Gift/Awards/Memorials Expense Printing E	bayment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 8/8 Rpt: 28/30	2 FILER NAME Kuempel, John L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066988
4	Date 12/26/2024	5 Payee name Su Casa Cafe		
6	Amount (\$) \$33.62	7 Payee address; City; State; Zip Co 1142 E Kingsbury St.	ode	
	Reimbursement from political contributions intended	Seguin, TX 78155		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought	Office held

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

SCHEDULE K

	The Instruction Guide explains how to complete this form.					pages Schedule K: 1/2 Rpt: 29/30	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
	Kuempel, John L. (The Honorable) 00066					6988	
4	Date	5	Name of person from whom amount is received			8 Amount (\$)	
	07/31/2024		First Commercial Bank, N.A.				\$56.85
		6	Address of person from whom amount is received; City; State; Zip Code				
			Seguin, TX 78155				
		7	-	oliti		tribution returned to filer	
		ľ	Interest earned on campaign account	JUIL	Carcon		
	Data	╞				Amount (¢)	
	Date 08/30/2024		Name of person from whom amount is received First Commercial Bank, N.A.			Amount (\$)	\$56.88
	00/00/202-	ļ					φ00.00
			Address of person from whom amount is received; City; State; Zip Code				
			Seguin, TX 78155				
			Purpose for which amount is received Check if p	oliti	cal con	tribution returned to filer	
			Interest earned on campaign account				
F	Date	┢	Name of person from whom amount is received			Amount (\$)	
	09/30/2024		First Commercial Bank, N.A.				\$48.92
			Address of person from whom amount is received; City; State; Zip Code				
			• • •				
			Seguin, TX 78155				
				oliti	cal con	tribution returned to filer	
		L	Interest earned on campaign account				
	Date		Name of person from whom amount is received			Amount (\$)	
	10/31/2024	ļ	First Commercial Bank, N.A.				\$46.78
			Address of person from whom amount is received; City; State; Zip Code				
			Seguin, TX 78155				
		┢		oliti	cal con	I tribution returned to filer	
			Interest earned on campaign account				
F	Date	╞	Name of person from whom amount is received			Amount (\$)	
	11/29/2024		First Commercial Bank, N.A.				\$39.73
		Address of person from whom amount is received; City; State; Zip Code					
			Seguin, TX 78155				
			<u> </u>	oliti	cal con	tribution returned to filer	
			Interest earned on campaign account				

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

SCHEDULE K

	The Instruction Guide explains how to complete this form.			1		pages Schedule K: 2/2 Rpt: 30/30	
2	2 FILER NAME					D (Ethics Commission F	ilers)
_		Kuempel, John L. (The Honorable)			00066		
4	Date 12/31/2024	5	Name of person from whom amount is received			8 Amount (\$)	\$40.79
	12/31/2024		First Commercial Bank, N.A.				р40.79
		ľ	Address of person from whom amount is received; City; State; Zip Code				
			Seguin, TX 78155				
		7	Purpose for which amount is received Check if p	oliti	cal cont	ribution returned to filer	
			Interest earned on campaign account.				