## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commi 00066988		2 Total pages	filed: 17
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST John L.		MI	OFFICE  Date Received  ELECTRONIC	USE ONLY
	NICKNAME	LAST Kuempel		SUFFIX	07/01/2025	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; AF 902 E. College St.	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered  Receipt #	or Date Postmarked  Amount
Change of Address	Seguin, TX 78155				Date Processed  Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Michelle		MI		
	NICKNAME	LAST Kuempel		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO F 902 E. College	PO BOX PLEASE);	AP	T / SUITE #; CIT	Y; S1	TATE; ZIP CODE
(Residence or Business)	Seguin, TX 78155					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHO (512) 669-9441	ONE NUMBER E	EXTENSION			
B REPORT Type	January 15  X July 15	30th day before		Runoff  Exceeded modified reporting limit	15th day after c appointment (of	
9 PERIOD COVERED	Month Day Yea 01/01/2025		IROUGH	Month Da 06/30/2		
10 ELECTION	ELECTION DATE Month Day Yea		rimary Seneral	ELECTION TYPE Runoff Special	Other	
11 OFFICE	OFFICE HELD (if any) State Representative Di	strict 44		12 OFFICE SOUGH	HT (if known)	
		GO 1	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 17

13 C / OH NAME	Kuempel, John L. (Th	e Honorable)	<b>14</b> Filer ID (00066988	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political These expenditures may have been mad I officeholders are required to report this	le without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER	R NAME	
		COMMITTEE CAMPAIGN TREASURER	R ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OT ES OF LOANS, OR CONTRIBUTIONS N		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES (	OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 39,750.79
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	OF THE LAST DAY OF THE	\$ 34,786.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	AL AMOUNT OF ALL OUTSTANDING L TING PERIOD	OANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				•
			der penalty of perjury, that the acc includes all information required to on Code.	
		_		
			The Honorable John L. Kuemp gnature of Candidate or Officehol	
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	crihed hefore me, by the s	aid	this the	day
		ertify which, witness my hand and seal of		day
Signature of offi	cer administering	Printed name of officer administering	ng Title of office	r administering oath

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

				OVER SHEET PG 3 3 of 17
	ER NAN empel,	(Ethics Commission Filers)		
	HEDULI ME OF		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	3	\$ 38,800.35
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.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 950.44
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	<b>\$</b> 173.40

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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			Gift/Awar Legal Ser	verage Expense rds/Memorials Ex rvices struction Guid	xpense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME	:						3	Filer ID	(Ethics Commission Filers)	
	Sch: 1/11 Rpt: 4/17	ı	Kuempel, Jo		(The Hono	rable)					00066988		
4	Date	5	Payee name					—					
	01/09/2025	1	AT&T										
6	Amount (\$)	7	Payee addres	 3S:	City;	State:	Zip Co	de					
	\$186.35	ı	PO Box 105		J.,	State,	p 00						
	<b>\$100.00</b>												
			Atlanta, GA	30348	3-5414								
8	PURPOSE		Category (Se	e Catego	ries listed at the	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	'	Telephone						_		de of Texas. Comp officeholder living		
									Campaign ce			слренае	
										۲			
9	Complete ONLY if direct		andidate/Offic	ceholde	r name		Office sou	ght			Office he	·ld	
	expenditure to benefit C/OF	н <del></del>											
	Date	ı	Payee name										
	02/10/2025	<u> </u>	AT&T										
	Amount (\$)		Payee addres		City;	State;	Zip Co	de					
	\$186.13		PO Box 105	5414									
		٠,	Atlanta, GA	30348	3-5414								
	PURPOSE		Category (Se	e Catego	ries listed at the	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Telephone						<b>=</b>		de of Texas. Comp officeholder living		
									Campaign ce			одрение	
										۲			
	Complete ONLY if direct		andidate/Offic	ceholde	r name		Office sou	ght			Office he	-ld	
	expenditure to benefit C/OF	Н						-					
H	Date		Pavee name					—					
	03/11/2025	ı	AT&T										
	Amount (\$)	-	Payee addres	 3S:	City;	State:	Zip Co	de					
	\$186.13	ı	PO Box 105		-91								
	¥=33, <b>23</b>			•									
		L.,	Atlanta, GA	30348	3-5414								
	PURPOSE	(a)	Category (Se	e Catego	ries listed at the	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Telephone						ш		de of Texas. Comp		
									campaign cel		officeholder living	елрепое	
										۳,	- · · · ·		
	Complete ONLY if direct	<u>_</u> с	andidate/Offic	ceholde	r name		Office sou	ght			Office he	·ld	
	expenditure to benefit C/OF							-					
								—					

#### 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 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 (orders a cottogon pot 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: 2/11 Rpt: 5/17	Kuempel, John L. (The Honorable) 00066988
4	Date	5 Payee name
	04/09/2025	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$186.13	PO Box 105414
		Atlanta, GA 30348-5414
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Telephone Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign cell phone
		Campaign cen phone
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	05/09/2025	AT&T
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$186.15	PO Box 105414
		Atlanta, GA 30348-5414
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Telephone Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  campaign cell phone
		campaign cen phone
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
⊨	Date	Davida nama
	06/10/2025	Payee name AT&T
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$186.15	PO Box 105414
		Atlanta, GA 30348-5414
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Telephone Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		campaign cell phone
		Sampaign Son phone
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	T-t-1	<u> </u>
1	Total pages Schedule F1:	
	Sch: 3/11 Rpt: 6/17	Kuempel, John L. (The Honorable) 00066988
4	Date	5 Payee name
	01/02/2025	CWS Apartment
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,387.04	222 E. Riverside Drive
		Austin, TX 78704
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Austin apartment rent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
H	Date	Payee name
	02/03/2025	CWS Apartment
-	Amount (\$)	Payee address; City; State; Zip Code
	\$2,372.38	222 E. Riverside Drive
	Φ2,372.30	222 E. Riverside Dilive
		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
		Austin apartinent rent
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		
	Date	Payee name
	03/03/2025	CWS Apartment
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,387.16	222 E. Riverside Drive
		Austin, TX 78704
	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.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Austin apartment rent
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorale to beliefft C/OI	

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	
1	Total pages Schedule F1: Sch: 4/11 Rpt: 7/17	2 FILER NAME  Kuempel, John L. (The Honorable)  3 Filer ID (Ethics Commission Filers)  00066988
4	Date	5 Payee name
	04/02/2025	CWS Apartment
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,407.08	222 E. Riverside Drive
		Austin TV 79704
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	2/11/21/01/12	X Check if Austin, TX, officeholder living expense
		Austin apartment rent
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
⊨	Data	
	Date	Payee name
	05/02/2025	CWS Apartment
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,420.72	222 E. Riverside Drive
	,	
		Austin, TX 78704
	PURPOSE	To a second seco
	OF	(a) Category (see Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxes. Complete Schedule T
	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
		Austin apartinent rent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	7
	Date	Payee name
	06/02/2025	CWS Apartment
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,376.49	222 E. Riverside Drive
		Austin, TX 78704
-	PURPOSE	Tu.
	OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	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
		Austin apartment rent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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 Committee
Credit Card Payment

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 co	nplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 5/11 Rpt: 8/17	Kuempel, John L. (The Honorable)		00066988
4 Date	5 Payee name	•	
04/09/2025	Campaign Reporting Solutions, LLC		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$250.00	111 Copperwood Loop		
	Lufkin, TX 75901		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Tax Return Preparation	Check if travel outside	de of Texas. Complete Schedule T.
LA LABITORE		Check if Austin, TX, Preparation of ta	officeholder living expense
		Preparation of ta	x return
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	.ht	Office held
expenditure to benefit C/O		jiit	Office field
Data			
Date 02/01/2025	Payee name  Donna Garcia Davidson, Attorney		
	Donna Garcia Davidson, Attorney	1 -	
Amount (\$)	Payee address; City; State; Zip Co	ie	
\$1,800.00	Capitol Station		
	PO Box 12131		
	Austin, TX 78711		
PURPOSE OF	,	(b) Description	
EXPENDITURE	Consulting Expense	ш	de of Texas. Complete Schedule T. officeholder living expense
		Attorney fees	3.1.
Complete ONLY if direct	Candidate/Officeholder name Office sou	jht	Office held
expenditure to benefit C/O	Н		
Date	Payee name		
04/15/2025	First Commercial Bank		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$32.00	1336 East Court		
	Seguin, TX 78155		
PURPOSE	<u> </u>	(b) Description	
OF	Fees		de of Texas. Complete Schedule T.
EXPENDITURE		ш	officeholder living expense
		Bank service cha	arge
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	jht	Office held
emponentare to benefit 6/0	··		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi 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	
1 Total pages Schodule F1:	,
1 Total pages Schedule F1: Sch: 6/11 Rpt: 9/17	Kuempel, John L. (The Honorable)  00066988
4 Date	5 Payee name
04/24/2025	First Commercial Bank
6 Amount (\$) \$32.00	7 Payee address; City; State; Zip Code 1336 East Court  Seguin, TX 78155
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITUE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense  Bank service charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/02/2025	First Commercial Bank
Amount (\$)	Payee address; City; State; Zip Code
\$32.00	1336 East Court
20222	Seguin, TX 78155
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
	bank service charge
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/28/2025	GSC TX Troop 44750
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	12012 Park Thirty Five Circle
	Austin, TX 78753
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 to gin scout fundaiser
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

**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 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: 7/11 Rpt: 10/17	Kuempel, John L. (The Honorable) 00066988
4	Date	5 Payee name
	01/10/2025	Internal Revenue Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$828.36	Department of the Treasury
		Ogden, UT 84201-0005
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Payroll taxes for 4th qtr 2024
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/29/2025	Internal Revenue Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.49	Department of the Treasury
		Ogden, UT 84201-0005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		add'l payroll taxes
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialture to belieff C/Or	
	Date	Payee name
	04/15/2025	Internal Revenue Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$16,681.00	Department of the Treasury
		Ogden, UT 84201-0005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Income tax    Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		2024 Income tax due
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/11 Rpt: 11/17	Kuempel, John L. (The Honorable) 00066988
4	Date	5 Payee name
	01/13/2025	Kuempel, John
6	Amount (\$)	7 Payee address; City; State; Zip Code
•	\$950.44	902 E. College
	4000	001 <u>—</u> 1. 00110g0
		Seguin, TX 78155
_	DUDDOOF	1
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Loan Renayment/Reimbursement  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Reimburse for new campaign cell phone
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/03/2025	Posey, Carol
	Amount (\$)	Payee address; City; State; Zip Code
	\$255.00	220 Triple Crown Run
		San Marcos, TX 78666
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Tax Preparation Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Tax preparation for 4th quarter and year end reports
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/24/2025	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$326.59	12012 N. MoPac Expressway
	Ψ320.33	12012 N. MOI de Expressivay
		Austin, TX 78758
	DUDDOCE	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	TX Check if Austin, TX, officeholder living expense
		Internet/phone/cable for Austin apartment.
	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
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 Salarice Magnet/Contract Labor

	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: 9/11 Rpt: 12/17	Kuempel, John L. (The Honorable) 00066988
4	Date	5 Payee name
	02/24/2025	Spectrum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$333.34	12012 N. MoPac Expressway
		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. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		internet/phone/cable for Austin apartment
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/24/2025	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$344.92	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. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		\[ \times \times \text{Check if Austin, TX, officeholder living expense} \] internet/phone/cable for Austin apartment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/24/2025	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$344.92	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. Complete Schedule T.
		\times \text{\text{Check if Austin, TX, officeholder living expense}} \text{internet/phone/cable for Austin apartment}
		interner/phone/cable for Austin apartinent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 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	
1 Total pages Schedule F1:	
Sch: 10/11 Rpt: 13/17	Kuempel, John L. (The Honorable)  Curics Commission Files)  00066988
4 Date	5 Payee name
05/27/2025	Spectrum
6 Amount (\$) \$344.92	7 Payee address; City; State; Zip Code 12012 N. MoPac Expressway  Austin, TX 78758
8 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.  Check if Austin, TX, officeholder living expense internet/phone/cable for Austin apartment
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/24/2025	Spectrum
Amount (\$) \$344.92	Payee address; City; State; Zip Code 12012 N. MoPac Expressway
	Austin, TX 78758
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense internet/cable/phone for Austin apartment
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/29/2025	Texas Workforce Commission
Amount (\$) \$13.54	Payee address; City; State; Zip Code PO Box 149037
	Austin, TX 78714-9037
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  TWC taxes for 4th qtr 2024
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

#### **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	/ - ıl Coı	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	pense	Polling Expens Printing Expens	id/Rental Expense e se s/Contract Labor		Travel in District Travel Out of Dis	
	Credit Card Payment			The Instruction Guid	le explains	how to compl	ete this form.			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 11/11 Rpt: 14/17		Kuempel, J	John L. (The Hono	rable)				00066988	
4	Date	5	Payee name	9						
	02/10/2025		United Stat	tes Post Office						
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code				
	\$244.00		111 E. 17th	n Street						
		Austin, TX 78701								
8	PURPOSE	(a)	Category (s	See Categories listed at the	top of this sch	edule) (b)	Description			
	OF EXPENDITURE		Post Office			,	Check if travel			plete Schedule T.
	EXI ENDITORE						ш		officeholder living	
							Yearly for Po	)St C	JIIICE DOX TE	illai
9	Complete ONLY if direct	<u> </u>	Candidata/Off	ficeholder name		Office sought			Office he	old.
	expenditure to benefit C/O		Sanuluale/On	licenoidel flame		Jilice Sought			Office file	au

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event 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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) 00066988 Sch: 1/1 Rpt: 15/17 Kuempel, John L. (The Honorable) Date Payee name 01/13/2025 Apple Store 6 Amount (\$) Payee address; City; State; Zip Code \$950.44 1 Infinite Loop Reimbursement from political contributions intended Cupertino, CA 95014 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 Check if Austin, TX, officeholder living expense Telephone **EXPENDITURE** new cell phone Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

#### SCHEDULE K

	The Instru	pages Schedule K: 1/2 Rpt: 16/17				
2	2 FILER NAME 3 Filer II				C (Ethics Commission Filers)	
	Kuempel, Jo	hn L. (The Honorable)			6988	
4	Date	5 Name of person from whom amount is received	8 Amount (\$)			
	01/31/2025	First Commercial Bank, N.A.				\$36.65
	<b>0 0</b> .	6 Address of person from whom amount is received; City; State; Zip Code				
		Address of person from whom amount is received, Gity, State, 21p Gode				
		Seguin, TX 78155				
		<u> </u>	olitic	al cor	Itribution returned to filer	
		Interest earned on campaign account	minution rotalization			
H	Data	· ·	Λ mount (Φ)			
	Date 02/28/2025	Name of person from whom amount is received  First Commercial Bank, N.A.			Amount (\$)	\$33.12
	UZIZOIZUZJ					ΦΟΟ.12
		Address of person from whom amount is received; City; State; Zip Code				
		Seguin, TX 78155				
		<u> </u>	Intribution returned to filer			
		Interest earned on campaign account	JIILIC	ai co.	undunion returned to me.	
H					(A)	
	Date	Name of person from whom amount is received  First Commercial Bank, N.A.			Amount (\$)	<b>#06 60</b>
	03/31/2025					\$36.69
		Address of person from whom amount is received; City; State; Zip Code				
		Seguin, TX 78155				
		<u> </u>	Intribution returned to filer			
		Interest earned on campaign account				
	Data				Amount (\$)	
	04/30/2025	Date Name of person from whom amount is received				\$30.60
	04/30/2025	First Commercial Bank, N.A.				<b></b> გას.სს
		Address of person from whom amount is received; City; State; Zip Code				
		Seguin, TX 78155				
		<u> </u>	Intribution returned to filer			
		Interest earned on campaign account	J.11.1.	ui oc.	inibution returned to i.i.s.	
-	Date	· ·			Amount (¢)	
	05/30/2025	Name of person from whom amount is received  First Commercial Bank, N.A.			Amount (\$)	\$19.27
	03/30/2025		Ψ19.21			
		Address of person from whom amount is received; City; State; Zip Code				
		Seguin, TX 78155				
		<u> </u>	olitic	al cor	Intribution returned to filer	
Interest earned on campaign account						

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 17/17 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kuempel, John L. (The Honorable) 00066988 5 Name of person from whom amount is received 8 Amount (\$) 06/30/2025 \$17.07 First Commercial Bank, N.A. 6 Address of person from whom amount is received; City; State; Zip Code Seguin, TX 78155 Purpose for which amount is received Check if political contribution returned to filer Interest earned on campaign account