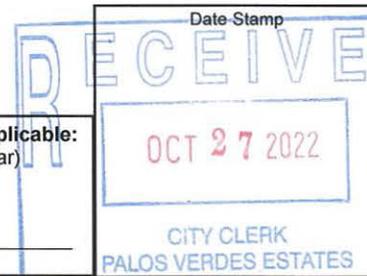


**Recipient Committee  
Campaign Statement  
Cover Page**



Statement covers period  
from 09/25/2022  
  
through 10/22/2022

Date of election if applicable:  
(Month, Day, Year)  
  
11/08/2022

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br>State Candidate Election Committee<br>Recall<br><i>(Also Complete Part 5)</i> | Primarily Formed Ballot Measure<br>Committee<br>Controlled<br>Sponsored<br><i>(Also Complete Part 6)</i> |
| General Purpose Committee<br>Sponsored<br>Small Contributor Committee<br>Political Party/Central Committee  | Primarily Formed Candidate/<br>Officeholder Committee<br><i>(Also Complete Part 7)</i>                   |

**2. Type of Statement:**

- |  |   |
|--|---|
| <input type="checkbox"/> Preelection Statement                                       | <input checked="" type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement                                       | <input type="checkbox"/> Special Odd-Year Report        |
| <input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination) |   |
| <input type="checkbox"/> Amendment (Explain below)                                   |   |

**3. Committee Information**

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Michael Kemps

STREET ADDRESS (NO P.O. BOX)  
640 Via Del Monte  
CITY STATE ZIP CODE AREA CODE/PHONE

Palos Verdes Estates CA 90274

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
Same  
CITY STATE ZIP CODE AREA CODE/PHONE

Same  
OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Michael Kemps

MAILING ADDRESS  
640 Via Del Monte  
CITY STATE ZIP CODE AREA CODE/PHONE  
Palos Verdes Estates CA 90274

NAME OF ASSISTANT TREASURER, IF ANY  
N/A

MAILING ADDRESS  
N/A  
CITY STATE ZIP CODE AREA CODE/PHONE

N/A N/A N/A N/A  
OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/27/2022  
Date  
Executed on 10/27/2022  
Date  
Executed on N/A  
Date  
Executed on N/A  
Date

By [Redacted Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE			
Michael Kems			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
City Council Member			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
640 Via Del Monte	Palos Verde	CA	90274

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
N/A	
NAME OF TREASURER	CONTROLLED COMMITTEE?
	YES NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE?
	YES NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE		
N/A		
BALLOT NO. OR LETTER	JURISDICTION	SUPPORT OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
N/A		
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>09/25/2022</u>	<b>CALIFORNIA FORM 460</b>
through <u>10/22/2022</u>	
Page <u>3</u> of <u>6</u>	I.D. NUMBER <u>1451378</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kemps for PVE Council 2022

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 7,896.46	\$ 13,421.46
2. Loans Received..... Schedule B, Line 3	N/A	N/A
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 7,896.46	\$ 13,421.46
4. Nonmonetary Contributions..... Schedule C, Line 3	N/A	N/A
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 7,896.46	\$ 13,421.46

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ N/A	\$ N/A
21. Expenditures Made	\$ N/A	\$ N/A

## Expenditures Made

	Column A	Column B
6. Payments Made..... Schedule E, Line 4	\$ 8,442.46	\$ 12,918.26
7. Loans Made..... Schedule H, Line 3	N/A	N/A
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 8,442.46	\$ 12,918.26
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	N/A	N/A
10. Nonmonetary Adjustment..... Schedule C, Line 3	N/A	N/A
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 8,442.46	\$ 12,918.26

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
/ /	\$ N/A
/ /	\$ N/A

## Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 1,049.20
13. Cash Receipts..... Column A, Line 3 above	7,896.46
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	N/A
15. Cash Payments..... Column A, Line 8 above	8,442.46
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 503.20

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ N/A
--	--------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ N/A
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ N/A

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Kemps for PVE Council 2022	I.D. NUMBER
---	-------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/03/2022	Jennifer Laity [REDACTED]	✓ IND COM OTH PTY SCC	Retired	\$100.00	\$100.00	\$100.00
10/05/2022	Catherine A. Wachter [REDACTED]	✓ IND COM OTH PTY SCC	Signature Bank Entertainment Banker	\$100.00	\$100.00	\$100.00
10/08/2022	Barbara J. Culver [REDACTED]	✓ IND COM OTH PTY SCC	Retired	\$100.00	\$100.00	\$100.00
10/03/2022	Mingxuan (Frank) Sun [REDACTED]	✓ IND COM OTH PTY SCC	House on the Hill, Inc. General Contractor	\$100.00	\$100.00	\$100.00
10/05/2022	Cornelis Van Diepen [REDACTED]	✓ IND COM OTH PTY SCC	Retired	\$150.00	\$150.00	\$150.00

**SUBTOTAL \$ 550.00**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 7,896.46
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ N/A
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 7,896.46

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>6</u>
I.D. NUMBER	

NAME OF FILER

Kemps for PVE Council 2022

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/14/2022	Innovative Computing Systems, Inc. 8310-1 Capital of Texas Highway, Suite 295 Austin, TX 78731	IND COM ✓ OTH PTY SCC	Candidate's Business	\$2,200.00	\$2,200.00	\$2,200.00
10/22/2022	Innovative Computing Systems, Inc. 8310-1 Capital of Texas Highway, Suite 295 Austin, TX 78731	IND COM ✓ OTH PTY SCC	Candidate's Business	\$2,946.46	\$5,146.46	\$5,146.46
		IND COM OTH PTY SCC				
		IND COM OTH PTY SCC				
		IND COM OTH PTY SCC				
<b>SUBTOTAL \$ 5,146.46</b>						

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>09/25/2022</u>  through <u>10/22/2022</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>6</u>
	I.D. NUMBER  1451378

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kemps for PVE Council 2022

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lomita Mail & Print 2017 Lomita Boulevard Lomita, CA 90717	CMP	Every Day Direct Mail Campaign Mailer Print and Postage	\$4,244.63
Lomita Mail & Print 2017 Lomita Boulevard Lomita, CA 90717	CMP	Every Day Direct Mail Campaign Mailer Print and Postage	\$4,244.63

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 8,489.26**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 8,489.26
2. Unitemized payments made this period of under \$100.....	\$ None
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ None
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	<b>TOTAL \$ 8,489.26</b>