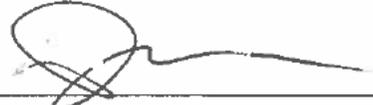


**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <i>Kalie Jackvra Rainsberger</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>1693,23</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2118,39</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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



Signature of Candidate or Officeholder

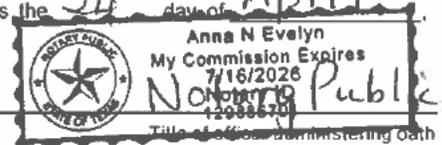
Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Kalie Jackvra Rainsberger* this the *24* day of *April*, 20*25* to certify which, witness my hand and seal of office.

Anna Evelyn Signature of officer administering oath
Anna Evelyn Printed name of officer administering oath



OR

(2) Unsworn Declaration

My name is _____ and my date of birth is _____

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) _____ (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Kelie Jackvra Rainsberger</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1243.56</i>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>449.67</i>
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>2118.39</i>
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Kalie Jackura Rainsberger		3 Filer ID (Ethics Commission Filers)
4 Date 4/6/25	5 Full name of contributor out-of-state PAC (ID#: _____) Sandra Kay Bryan	7 Amount of contribution (\$) 100.00
	6 Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] Houston TX 77005	
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions)
Date 4/6/25	Full name of contributor out-of-state PAC (ID#: _____) Sarah Chaudhry	Amount of contribution (\$) 500.00
	Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] Houston TX 77005	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions)
Date 4/24/25	Full name of contributor out-of-state PAC (ID#: _____) John Bertini	Amount of contribution (\$) 243.54
	Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] Houston TX 77005	
Principal occupation / Job title (See Instructions) Vrlogist		Employer (See Instructions) SELF
Date 4/24/25	Full name of contributor out-of-state PAC (ID#: _____) Dorothy Myers	Amount of contribution (\$) 400.00
	Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] Houston TX 77005	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME Katie Rainsberger		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.007	
5 Date 4/4/25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William P. Elbel	8 Amount of Contribution \$ 41.67	9 In-kind contribution description Door Hangers
7 Contributor address; City; State; Zip Code [Redacted] Houston TX 77005		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) N/A		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 4/8/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William P. Elbel	Amount of Contribution \$ 204.00	In-kind contribution description Newspaper Ad
Contributor address; City; State; Zip Code [Redacted] Houston TX 77005		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) N/A		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME Katie Jackura Rainsberger		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 440.00	
5 Date 4/15/25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William P. Elbel	8 Amount of Contribution \$ 204.00	9 In-kind contribution description Newspaper Ad
7 Contributor address; City; State; Zip Code [REDACTED] Houston TX 77005		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) N/A		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME Kalie Jackura Rainsberger	3 Filer ID (Ethics Commission Filers)
4 Date 4/14/25	5 Payee name Natalie Trefz	
6 Amount (\$) ✓ 100.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; 4003 Riley	City: Houston State: TX Zip Code: 77005
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Blockwalking Help
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Kalie Jackura Rainsberger	Office sought / Office held City Council
Date 4/16/25	Payee name Yeti Sunshine	
Amount (\$) ✓ 100.00 <small>Reimbursement from political contributions intended</small>	Payee address; 1025 Studewood St	City: Houston State: TX Zip Code: 77008
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description snowcone deposit
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Kalie Jackura Rainsberger	Office sought / Office held City Council
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address;	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME Kalie Jackura Rainsberger	3 Filer ID (Ethics Commission Filers)
4 Date 4/5/25	5 Payee name Fedex Office	
6 Amount (\$) 211.09 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 2455 Rice Blvd.	City: Houston State: TX Zip Code: 77005
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Kalie Jackura Rainsberger	Office sought / Office held City Council
Date 4/7/25	Payee name Fedex Office	
Amount (\$) 422.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 2455 Rice Blvd.	City: Houston State: TX Zip Code: 77005
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Kalie Jackura Rainsberger	Office sought / Office held City Council
Date 4/7/25	Payee name Fedex Office	
Amount (\$) 70.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 2455 Rice Blvd.	City: Houston State: TX Zip Code: 77005
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Invitation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Kalie Jackura Rainsberger	Office sought / Office held City Council

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>3</i>	2 FILER NAME <i>Kalie Jackura Rainsberger</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/12/25</i>	5 Payee name <i>Fedex Office</i>	
6 Amount (\$) <input checked="" type="checkbox"/> <i>211.09</i> <small>Reimbursement from political contributions intended</small>	7 Payee address: <i>2455 Rice Blvd</i>	City: <i>Houston</i> State: <i>TX</i> Zip Code: <i>77005</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Campaign cards</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kalie Jackura Rainsberger</i>	Office sought <i>City Council</i> Office held
Date <i>4/16/25</i>	Payee name <i>Fedex Office</i>	
Amount (\$) <input checked="" type="checkbox"/> <i>422.18</i> <small>Reimbursement from political contributions intended</small>	Payee address: <i>2455 Rice Blvd.</i>	City: <i>Houston</i> State: <i>TX</i> Zip Code: <i>77005</i>
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Campaign Cards</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kalie Jackura Rainsberger</i>	Office sought <i>City Council</i> Office held
Date <i>4/15/25</i>	Payee name <i>Yeti Sunshine</i>	
Amount (\$) <input checked="" type="checkbox"/> <i>581.50</i> <small>Reimbursement from political contributions intended</small>	Payee address: <i>1025 Studewood St</i>	City: <i>Houston</i> State: <i>TX</i> Zip Code: <i>77008</i>
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description <i>Snowcones Food/Beverage Expense</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Kalie Jackura Rainsberger</i>	Office sought <i>city Council</i> Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

