

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)	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS	FIRST Kalie	MI
	NICKNAME	LAST Rainsberger	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	3121 Wroxtan Road		Houston TX 77005
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 252-4770	EXTENSION
	MS / MRS / MR Mr.	FIRST William	MI W
6 CAMPAIGN TREASURER NAME	NICKNAME	LAST Rainsberger	SUFFIX
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		
STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #:	CITY: STATE: ZIP CODE
3121 Wroxtan Road			Houston TX 77005
8 CAMPAIGN TREASURER PHONE	AREA CODE (216)	PHONE NUMBER 570-6249	EXTENSION
	9 REPORT TYPE		
<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED			
Month Day Year Month Day Year 04 / 25 / 25 THROUGH 07 / 14 / 25			
11 ELECTION			
ELECTION DATE		ELECTION TYPE	
Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description		
05 / 03 / 25	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any)		City Council Member	
14 NOTICE FROM POLITICAL COMMITTEE(S)			
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received
*Received by Evelyn
7/15/2005
@ 4:06 pm*

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

COVER

PH

15 C/OH NAME

Kalie Jackura Rainsberger

16 Filer ID (Ethics Comm.)

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)	\$ 711.09
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 709.86
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 Jackura Rainsberger* this the 15 day of July, 2025

to certify which, witness my hand and seal of office.

Signature of officer administering oath: *A Evelyn* Printed name of officer administering oath: Anna N. Evelyn. Title of officer administering oath: Notary Public

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>Katie Jackura Rainsberger</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 711.09
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 604.65
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 105.21
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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 5/22/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne Maguire	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code [REDACTED] Houston TX 77005		

8 Principal occupation / Job title (See Instructions) Home maker	9 Employer (See Instructions) NA
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Date 5/22/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Peyton Barnes	Amount of contribution (\$) 211.09
Contributor address; City; State; Zip Code [REDACTED] Houston TX 77005		

Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions) Self
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Date 6/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John E. Bertini Jr.	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code [REDACTED] Houston TX 77005		

Principal occupation / Job title (See Instructions) Doctor of Urology	Employer (See Instructions) Self
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 1	2 FILER NAME Kalie Jackura Rainsberger	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 604.65
5 CREDIT CARD ISSUER	Name of financial institution Chase Bank	
6 PAYMENT	(a) Amount Charged \$ 604.65	(b) Date Expenditure Charged 5/8/25
		(c) Date(s) Credit Card Issuer Paid 5/16/25
7 PAYEE	(a) Payee name George's Bistro and Bar	(b) Payee address; City, State, Zip Code 2715 Bissonnet Houston TX 77005
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Post-Election Party
	(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 City Council
	Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
		(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <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	Office Sought
	Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
		(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <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	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
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)

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Kalie Jackura Rainsberger	3 Filer ID (Ethics Commission Filers)
4 Date 5/12/25	5 Payee name Wix.com	
6 Amount (\$) 35.07 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 100 Gansevoort St. New York NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description We Domain and Web Hosting
	(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 City Council
		Office held
Date 6/12/25	Payee name Wix.com	
Amount (\$) 35.07 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 100 Gansevoort St. New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Web Domain and Web Hosting
	<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 City Council
		Office held
Date 7/14/25	Payee name Wix.com	
Amount (\$) 35.07 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 100 Gansevoort St. New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Web Domain and Web Hosting
	<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 City Council
		Office held

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