

# 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR.</b> FIRST <b>KEVIN</b> MI	<b>OFFICE USE ONLY</b> Date Received <div style="font-size: 2em; color: blue; border: 2px solid blue; padding: 5px; display: inline-block;">RECEIVED</div> JAN 16 2024 BY: <i>[Signature]</i> @ 6:20pm  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME <b>RAINES</b> LAST SUFFIX		
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] <b>ROSENBERG TX 77471</b>		
6 CAMPAIGN TREASURER NAME	AREA CODE PHONE NUMBER EXTENSION [REDACTED]		
7 CAMPAIGN TREASURER ADDRESS	MS / MRS / MR FIRST MI <b>CARA BECERRA</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] <b>ROSENBERG TX 77471</b>	
8 CAMPAIGN TREASURER PHONE	NICKNAME LAST SUFFIX	AREA CODE PHONE NUMBER EXTENSION [REDACTED]	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input 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 <b>7 / 1 / 23</b> THROUGH <b>1 / 15 / 24</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>5 / 7 / 22</b>	ELECTION TYPE Primary Runoff Other Description <input checked="" type="radio"/> General <input type="radio"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>MAYOR</b>	13 OFFICE SOUGHT (if known) <b>MAYOR</b>	
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.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

16 C/OH NAME <b>KEVIN RAINES</b>		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)	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,000. <sup>-</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,676. <sup>48</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

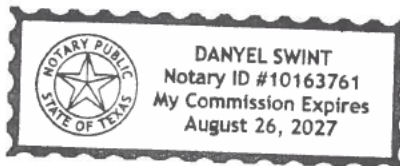
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*K-R*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Kevin Raines this the 16 day of January

2024, to certify which, witness my hand and seal of office.

Danyel Swint Danyel Swint City Secretary  
Signature of officer administering oath Printed name of officer administering oath Title 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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ - 0 -
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ - 0 -
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ - 0 -
4. SCHEDULE E: LOANS		\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,000.
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>KEVIN RAINES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/20/23</b>	<b>5</b> Payee name <b>EMBASSY CHURCH</b>	
<b>6</b> Amount (\$) <b>100-</b>	<b>7</b> Payee address; City; State; Zip Code <b>2512 AVEN ROSENBERG, TX 77471</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>DONATION</b>	<b>(b)</b> Description <b>CHURCH DONATION QUILT RAFFLE</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>4/2023</b>	Payee name <b>KEVIN RAINES</b>	
Amount (\$) <b>100-</b>	Payee address; City; State; Zip Code <b>13m TAYLOR RAY ELM. 2611 AVEN - ROSENBERG TX 77471</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION</b>	Description <b>FIELD DAY SHIRTS</b>
	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
Date <b>4/2023</b>	Payee name <b>KEVIN RAINES</b>	
Amount (\$) <b>100-</b>	Payee address; City; State; Zip Code <b>FORT BEND ART DOWNTOWN ROSENBERG TX 77471</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION</b>	Description <b>MANUS ART AWARD</b>
	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 POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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 Candidate/Officeholder/Political Committee | Gift/Awards/Personals Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 <b>KEVIN RAINES</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/2023</b>	5 Payee name <b>RELENTLESS DEFENDER</b>	
6 Amount (\$) <b>190.</b>	7 Payee address; City: State: Zip Code <b>215 GONYO RICHMOND, TX 77469</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>DONATION</b>	(b) Description <b>DONATION TO GAYLA</b>
	(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	Office sought Office held
Date	Payee name <b>ROSENBERG POLICE / DISPATCHERS</b>	
Amount (\$) <b>20.</b>	Payee address; City: State: Zip Code <b>2110 <del>AVE</del> 4th STREET ROSENBERG TX 77471</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>DONATION</b>	Description <b>DISPATCH WEEK DONATION</b>
	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
Date	Payee name <b>UNIVERSITY OF TYLER CHEER SQUAD</b>	
Amount (\$) <b>90.</b>	Payee address; City: State: Zip Code <b>3900 UNIVERSITY BLVD. TYLER, TX 75799</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>DONATION</b>	Description <b>T-SHIRT DONATION</b>
	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

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F-1**

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

**EXPENDITURE CATEGORIES FOR BOX 6(a)**

- |  |                                |                                |  |
|--|--------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                  | Loan Repayment/Reimbursement   | Subscription/Fundraising Expense           |
| Accounting/Banking                         | Fees                           | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense          | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gifts/Travel/Memorials Expense | Parking 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 F-1:	2 FILER NAME <b>KEVIN RAINES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>6/2023</b>	5 Payee name <b>EMBASSY CHURCH</b>
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6 Amount (\$) <b>40.-</b>	7 Payee address: <b>2512 AVEN ROSENBERG, TX 77471</b>	City:	State:	Zip Code:
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>DONATION</b>	(b) Description <b>NAEHO MACHINE DONATION</b>
	(c) Check box if outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
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Date <b>6/2023</b>	Payee name <b>ROSENBERG ANIMAL SHELTER</b>
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Amount (\$) <b>100.-</b>	Payee address: <b>1207 BLUME RD ROSENBERG, TX 77471</b>	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>DONATION</b>	Description <b>SNACKS FOR VOLUNTERS</b>
	Check box if outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/2023</b>	Payee name <b>FOSTER HIGH SCHOOL <del>4400 FMPS - RICHMOND 77406</del></b>
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Amount (\$) <b>260.-</b>	Payee address: <b>4400 FM 723 RICHMOND, TX 77406</b>	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>DONATION</b>	Description <b>SENIOR SERVE</b>
	Check box if outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense