

# 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

FIRST

MI

NICKNAME

LAST

SUFFIX

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign  
treasurer appointment  
(Officeholder Only)

☒

July 15

☐

8th day before election

☐

Exceeded Modified  
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

01 / 01 / 2026

THROUGH

06 / 30 / 2026

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 05 / 2024

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other  
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

Place 6, at Large

13 OFFICE SOUGHT (if known)

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.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

OFFICE USE ONLY

Date Received

RECEIVED

JUL 15 2026

CITY SECRETARY'S OFFICE  
CITY OF BRYAN

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                          |                                                                                                                                       |                                        |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 15 C/OH NAME<br><u>Kevin C. Boriskie</u> |                                                                                                                                       | 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) | \$ <u>0</u>                            |
|                                          | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ <u>0</u>                            |
| EXPENDITURE TOTALS                       | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$ <u>0</u>                            |
|                                          | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ <u>10.00</u>                        |
| CONTRIBUTION BALANCE                     | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ <u>1,782.79</u>                     |
| OUTSTANDING LOAN TOTALS                  | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$ <u>0</u>                            |

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.

Kevin C. Boriskie

Signature of Candidate or Officeholder



NOTARY STAMP/SEAL

Please complete either option below:

Sworn to and subscribed before me by Kevin Boriskie this the 15<sup>th</sup> day of July, 2020, to certify which, witness my hand and seal of office.

Melissa Bunner Melissa Bunner City Sec  
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<br><i>Kevin C. Boriskie</i> |                                                                                    | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |                                                                                    | SUBTOTAL<br>AMOUNT                     |
| 1.                                        | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ <i>Ø</i>                            |
| 2.                                        | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ <i>Ø</i>                            |
| 3.                                        | SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$ <i>Ø</i>                            |
| 4.                                        | SCHEDULE E: LOANS                                                                  | \$ <i>Ø</i>                            |
| 5.                                        | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ <i>10.00</i>                        |
| 6.                                        | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$ <i>Ø</i>                            |
| 7.                                        | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ <i>Ø</i>                            |
| 8.                                        | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ <i>Ø</i>                            |
| 9.                                        | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ <i>Ø</i>                            |
| 10.                                       | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ <i>Ø</i>                            |
| 11.                                       | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ <i>Ø</i>                            |
| 12.                                       | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ <i>Ø</i>                            |



# 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  
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 F1:<br><b>1</b> | 2 FILER NAME<br><b>Kevin C. Boriskie</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------------------|------------------------------------------|---------------------------------------|

|                          |                                              |
|--------------------------|----------------------------------------------|
| 4 Date<br><b>5/29/26</b> | 5 Payee name<br><b>Brenham National Bank</b> |
|--------------------------|----------------------------------------------|

|                                          |                                        |
|------------------------------------------|----------------------------------------|
| 6 Amount (\$)<br><b>\$ 5.00</b>          | 7 Payee address; City; State; Zip Code |
| Check if individual's residence address. |                                        |

|                                       |                                                                                                             |                                         |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><b>Accounting/Banking</b>               | (b) Description<br><b>Statement Fee</b> |
|                                       | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |                                         |

|                                                              |                               |               |             |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|

|                                          |                                            |
|------------------------------------------|--------------------------------------------|
| Date<br><b>6/30/2026</b>                 | Payee name<br><b>Brenham National Bank</b> |
| Amount (\$)<br><b>\$ 5.00</b>            | Payee address; City; State; Zip Code       |
| Check if individual's residence address. |                                            |

|                              |                                                                                                         |                                     |
|------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------|
| PURPOSE<br>OF<br>EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Accounting/Banking</b>               | Description<br><b>Statement Fee</b> |
|                              | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |                                     |

|                                                            |                               |               |             |
|------------------------------------------------------------|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|------------------------------------------------------------|-------------------------------|---------------|-------------|

|                                          |                                      |
|------------------------------------------|--------------------------------------|
| Date                                     | Payee name                           |
| Amount (\$)                              | Payee address; City; State; Zip Code |
| Check if individual's residence address. |                                      |

|                              |                                                                                                         |             |
|------------------------------|---------------------------------------------------------------------------------------------------------|-------------|
| PURPOSE<br>OF<br>EXPENDITURE | Category (See Categories listed at the top of this schedule)                                            | Description |
|                              | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |             |

|                                                            |                               |               |             |
|------------------------------------------------------------|-------------------------------|---------------|-------------|
| 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**