

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

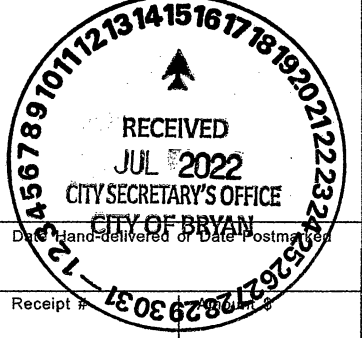
The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **10**

**OFFICE USE ONLY**

Date Received



Receipt #

Date Processed

Date Imaged

CAC 2:53pm

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
**Mr. Kevin C**  
 NICKNAME LAST SUFFIX  
**Boriskie**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**P.O. Box 4169  
 Bryan, Texas 77801**

✓ Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 [REDACTED]

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
**Mr. John W**  
 NICKNAME LAST SUFFIX  
**Crawford**

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**3237 Rose Hill Lane Bryan Texas 77808**

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**( 979 ) 777-0678**

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  
**5 / 25 / 22 THROUGH 6 / 30 / 22**

11 ELECTION

ELECTION DATE    ELECTION TYPE

Month Day Year    Primary Runoff Other Description

**11 / 8 / 22**     General    Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**Place 6, at Large**

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                       |
|                | COMMITTEE ADDRESS                    |
|                | COMMITTEE CAMPAIGN TREASURER NAME    |
|                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

Additional Pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                       |   |   |
|---------------------------------------|---|---|
| <b>15 C/OH NAME</b><br>Kevin Boriskie |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>         | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00                                       |
|                                       | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 2,700.00                                   |
| <b>EXPENDITURE TOTALS</b>             | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0.00                                       |
|                                       | 4. TOTAL POLITICAL EXPENDITURES   | \$ 924.45                                     |
| <b>CONTRIBUTION BALANCE</b>           | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 5,165.55                                   |
| <b>OUTSTANDING LOAN TOTALS</b>        | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 5,000.00                                   |

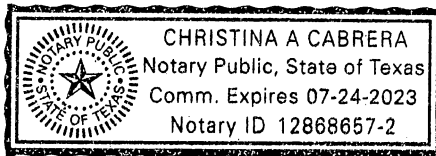
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Kevin Boriskie*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kevin Boriskie this the 15th day of July,

2022 to certify which, witness my hand and seal of office.

Christina A. Cabrera Christina A. Cabrera Notary Public  
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

|  |  |   |
|--|--|---|
| <b>19 FILER NAME</b><br>Kevin Boriskie   |  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE   |  | <b>SUBTOTAL AMOUNT</b>                        |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                         |  | \$ 200.00                                     |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS           |  | \$ 2,500.00                                   |
| 3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                     |  | \$ 5,000.00                                   |
| 4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS   |  | \$ 5,000.00                                   |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS |  | \$ 34.45                                      |
| 6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                              |  | \$ 590.00                                     |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                                    |  | \$  |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   |  | \$  |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS           |  | \$ 300.00                                     |
| 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: <b>1</b>                |
| 2 FILER NAME<br><b>Kevin Boriskie</b>   |   | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br><b>06/27/2022</b>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Daryl Massey</b><br>.....<br>6 Contributor address; City; State; Zip Code<br><b>500 S. Tabor Road, Bryan, TX 77803</b> | 7 Amount of contribution (\$)<br><br><b>200.00</b> |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)                      |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code   | Amount of contribution (\$)                        |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                        |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code   | Amount of contribution (\$)                        |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                        |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code   | Amount of contribution (\$)                        |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                        |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b></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: <b>1</b>                         |  |
| 2 FILER NAME<br><b>Kevin Boriskie</b>   |  | 3 Filer ID (Ethics Commission Filers)                       |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS   |  | \$ <b>0.00</b>  |  |
| 5 Date<br><b>06/28/2022</b>   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>David Ohendalski</b>                           | 8 Amount of Contribution \$<br><b>2,500.00</b>              | 9 In-kind contribution description<br><b>website development</b> |
| 7 Contributor address; City; State; Zip Code<br><b>1511 Texas Ave S #175, College Station, Texas 77840</b>  |  | Check if travel outside of Texas. Complete Schedule T.      |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)  |  | 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#: _____)<br>.....<br>Contributor address; City; State; Zip Code | Amount of Contribution \$                                   | In-kind contribution description                                 |
|   |  | Check if travel outside of Texas. Complete Schedule T.      |  |
| 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)  |  |   |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |   |  |

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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 B: <b>1</b>                     |  |
| 2 FILER NAME<br><b>Kevin Boriskie</b>   |  | 3 Filer ID (Ethics Commission Filers)                  |  |
| 4 TOTAL OF UNITEMIZED PLEDGES   |  | \$ <b>0.00</b>   |  |
| 5 Date<br><b>06/04/2022</b>   | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Kevin C. Boriskie II</b>     | 8 Amount of Pledge \$<br><b>1,000.00</b>               | 9 In-kind contribution description                             |
| 7 Pledgor address; City; State; Zip Code<br><b>1120 Columbus St, Houston, Texas 77019</b>                         |  | Check if travel outside of Texas. Complete Schedule T. |  |
| 10 Principal occupation / Job title (See Instructions)  |  | 11 Employer (See Instructions)                         |  |
| Date<br><b>06/17/2022</b>   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Brandon &amp; Suzil Dahlbo</b> | Amount of Pledge \$<br><b>2,000.00</b>                 | In-kind contribution description                               |
| Pledgor address; City; State; Zip Code<br><b>2201 Lakeway Blvd, Lakeway, Texas 78734</b>                          |  | Check if travel outside of Texas. Complete Schedule T. |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                            |  |
| Date<br><b>06/20/2022</b>   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jason &amp; Tasha Bienski</b>  | Amount of Pledge \$<br><b>1,000.00</b>                 | In-kind contribution description                               |
| Pledgor address; City; State; Zip Code<br><b>4406 Nottingham, Bryan, Texas 77802</b>                              |  | Check if travel outside of Texas. Complete Schedule T. |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                            |  |
| Date<br><b>06/28/2022</b>   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Buppy Simank</b>               | Amount of Pledge \$<br><b>1,000.00</b>                 | In-kind contribution description<br><b>Food for Fundraiser</b> |
| Pledgor address; City; State; Zip Code<br><div style="background-color: black; height: 20px; width: 100%;"></div> |  | Check if travel outside of Texas. Complete Schedule T. |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                            |  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**LOANS**

**SCHEDULE E**

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 E: <b>1</b>  |
| 2 FILER NAME<br><b>Kevin Boriskie</b>  |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |   | <b>\$ 0.00</b>  |
| 5 Date of loan<br><b>06/15/2022</b>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>Kevin Boriskie</b> | 9 Loan Amount (\$)<br><b>5,000.00</b>   |
| 6 Is lender a financial Institution?<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code<br><b>[REDACTED] Bryan, Texas 77802</b>                   | 10 Interest rate<br><b>0.00</b>   |
|  |   | 11 Maturity date  |
| 12 Principal occupation / Job title (See Instructions)<br><b>Business Owner</b>                          |   | 13 Employer (See Instructions)<br><b>Self</b>   |
| 14 Description of Collateral<br><input checked="" type="checkbox"/> none                                 |   | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><input checked="" type="checkbox"/> not applicable                           | 17 Name of guarantor<br>.....<br>18 Guarantor address; City; State; Zip Code                      | 19 Amount Guaranteed (\$)   |
| 20 Principal Occupation (See Instructions)   |   | 21 Employer (See Instructions)  |
| Date of loan   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )                            | Loan Amount (\$)  |
| Is lender a financial Institution?<br><input type="checkbox"/> Y <input type="checkbox"/> N              | Lender address; City; State; Zip Code   | Interest rate   |
|  |   | Maturity date   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)   |
| Description of Collateral<br><input checked="" type="checkbox"/> none                                    |   | Check if personal funds were deposited into political account (See Instructions)  |
| GUARANTOR INFORMATION<br><input checked="" type="checkbox"/> not applicable                              | Name of guarantor<br>.....<br>Guarantor address; City; State; Zip Code                            | Amount Guaranteed (\$)  |
| Principal Occupation (See Instructions)  |   | Employer (See Instructions)   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# 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            | 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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>1                              | <b>2</b> FILER NAME<br>Kevin Boriskie  | <b>3</b> Filer ID (Ethics Commission Filers)                        |
| <b>4</b> Date<br>06/28/2022   | <b>5</b> Payee name<br>Brenham National Bank   |   |
| <b>6</b> Amount (\$)<br>34.45                                       | <b>7</b> Payee address; City; State; Zip Code<br>2470 Earl Rudder Frwy South College Station Texas 77840   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking  | <b>(b)</b> Description<br>Fees for checks for Campaign Bank Account |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span> |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought <span style="float:right;">Office held</span>         |
| Date  | Payee name   |   |
| Amount (\$)   | Payee address; City; State; Zip Code   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description   |
|   | Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought <span style="float:right;">Office held</span>         |
| Date  | Payee name   |   |
| Amount (\$)   | Payee address; City; State; Zip Code   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description   |
|   | Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought <span style="float:right;">Office held</span>         |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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.

|  |                                       |  |
|--|---------------------------------------|--|
| <b>1</b> Total pages Schedule F2:<br>1                   | <b>2</b> FILER NAME<br>Kevin Boriskie | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS |                                       | \$ 590.00                                    |

|                                |  |       |                 |
|--------------------------------|--|-------|-----------------|
| <b>5</b> Date<br>06/13/2022    | <b>6</b> Payee name<br>BCS Creative Studios                    |       |                 |
| <b>7</b> Amount (\$)<br>590.00 | <b>8</b> Payee address;<br>720 N. Rosemary, Bryan, Texas 77802 | City; | State; Zip Code |

|                              |   |  |
|------------------------------|---|--|
| <b>9</b> TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|------------------------------|---|--|

|                                  |   |                                       |
|----------------------------------|---|---------------------------------------|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | <b>(b)</b> Description<br>Logo Design |
|                                  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span> |                                       |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>11</b> 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 |

|                            |                                    |  |
|----------------------------|------------------------------------|--|
| <b>TYPE OF EXPENDITURE</b> | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|----------------------------|------------------------------------|--|

|                               |  |             |
|-------------------------------|--|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)   | Description |
|                               | Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span> |             |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule G:<br>1   | <b>2</b> FILER NAME<br>Kevin Boriskie  | <b>3</b> Filer ID (Ethics Commission Filers)               |
| <b>4</b> Date<br>06/12/2022   | <b>5</b> Payee name<br>Ashley Ashbury Photography  |  |
| <b>6</b> Amount (\$)<br>300.00<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>3705 Park Oak Dr. Bryan, Texas 77802                              |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Other                                   | <b>(b)</b> Description<br>Photography Session for Campaign |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought Office held                                  |
| Date  | Payee name   |  |
| Amount (\$)<br><br>Reimbursement from political contributions intended  | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>   | 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                                  |
| Date  | Payee name   |  |
| Amount (\$)<br><br>Reimbursement from political contributions intended  | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>   | 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**