CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

CANDIDATE / OFFICEHOLDER NAME CANDIDATE / NICKNAME CANDIDATE / OFFICEHOLDER MAILING ADDRESS / PO BOX: APT / SUITE #: CITY; STATE: ZIP CODE CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address CANDIDATE / OFFICEHOLDER PHONE NUMBER CANDIDATE / OFFICEHOLDER PHONE BY 491 / SUITE #: CITY; STATE: ZIP CODE RECEIVED ONE Hand SHIRLING AMOUNT. AMOUNT OF BRYAN NICKNAME LAST NICKNAME NICKNAME LAST SUFFIX Date Procession Date Imaged Date Imaged TREASURER ADDRESS (Residence or Business) RECEIVED OFFICE USE ONLY Date Received Date Received Date Received Date Received Date Received Date Received Date Procession NICKNAME LAST SUFFIX Date Procession Date Imaged Date Imaged Date Imaged Date Imaged EXTENSION Date Procession Date Imaged DATE STATE: ZIP CODE RECEIVED OFFICE USE ONLY DATE STATE: ZIP CODE RECEIVED OFFICE USE ONLY DATE RECEIVED OFFICE USE ONLY Date Received	The C/OH Instruction Guid	le explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
CANDIDATE/ OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION TREASURER NAME MS / MRS / MR FIRST MI MS / MRS / MR FIRST NAME MCRNAME LAST CAMPAIGN TREASURER ADDRESS (NO PO 800 REASE): APT / SUITE #; CITY: STATE: ZIP CODE TREASURER ADDRESS Residence or Business) REPORT TYPE January 15 January 16 January 16 January 16 January 17 Jan	CANDIDATE / OFFICEHOLDER NAME	ms/mrs/mr First Kevin	SUFFIX	Date Received
OFFICE HOLDER PHONE MS / MRS / MR FIRST TREASURER NAME NICKNAME LAST LAST SUFFIX Date Processes Date Imaged Date	OFFICEHOLDER MAILING ADDRESS	Bryan, TX		Chylic LADWnate Postmarkad
Additional Pages MS INRS IMR MICKNAME LAST John J	OFFICEHOLDER	ANEX GODE		OF BRYAN
TOTICE FROM POLITICAL COMMITTEE (S) TO AMPAIGN TREASURER ADDRESS (No PO BOX PLEASE). ANY SOLITION THE PROPERTY OF THE CANDIDATE AND PERFORM THE ADDRESS (No PO BOX PLEASE). ANY SOLITION THE RECEIVE NOWLEDGY. AND THE PROPERTY OF THE PROPER		NICKNAME John NICKNAME Crawford	SUFFIX	Date Imaged
AREA CODE PHONE NUMBER REASURER PHONE 9 REPORT TYPE January 15 July 15 Soft day before election Runoff Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR) Nonth Day Year 7 / 15 Z - 24 THROUGH 7 / 26 Z - 24 THROUGH Primary Runoff Description 12 OFFICE OFFICE OFFICE HELD (if any) Bryan CH. Council Mac & Huse Primary Runoff Description 13 OFFICE SOUGHT (if known) Bryan CH. Council Mac & Huse THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPP POLITICAL COMMITTEE TYPE COMMITTEE TYPE COMMITTEE TYPE COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	TREASURER ADDRESS	3237 Rose Hill	Lane Bryan,	TX 77808
January 15 January 15 January 15 Joh day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR) Month Day Year Month Day Year THROUGH Primary Runoff Discription THE ELECTION Primary Runoff Discription THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPP COMMITTEE TYPE Additional Pages Additional Pages July 15 Struct Struct Struct Struct Struct Runoff Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR) Final Report (Attach C/	TREASURER	AREA GODE		45th day offer compaign
11 ELECTION ELECTION DATE Month Day Year Primary Runoff Other Description 12 OFFICE OMMITTEE OFFICE OMMITTEE O	9 REPORT TYPE	January 10	ore election Exceeded Modified Reporting Limit	treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
12 OFFICE 14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages ELECTION DATE Month Day Year Year General Primary Runoff Primary Runoff Primary Runoff Primary Runoff Other Description 13 OFFICE SOUGHT (if known) Bryan C.ty Cunnel Mace by Hage This box is for notice of political contributions accepted or political expenditures made by political committees to supplied and the candidate's or officeholders knowledge the candidate's or officeholders knowledge consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditure to the candidate's or officeholders are required to report this information only if they receive notice of such expenditures and officeholders are required to report this information only if they receive notice of such expenditures and pages Committee type Committee Address Committee Campaign treasurer name		Monai Doy	THROUGH	7/26/2024
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages OFFICE HELD (II alry) Bryan City Council Place of Floring Grant of the Council Place of The Council Place of The Council Place	11 ELECTION	Month Day Year	rimary Runoff Other Description Special	on
POLITICAL COMMITTEE(S) THE CANDIDATE / DIFFICENCIDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF COMMITTEE NAME COMMITTEE TYPE COMMITTEE NAME GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	12 OFFICE	Bryan City Council Place	eb attage	COMMITTEES TO SUPPORT
Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	POLITICAL	CONSENT. CANDIDATES AND OFFICEHOLDERS ARE	UTIONS ACCEPTED OR POLITICAL EXPENDITOR IDITURES MAY HAVE BEEN MADE WITHOUT THE E REQUIRED TO REPORT THIS INFORMATION ONL	CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF Y IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES
COMMITTEE CAMPAIGN TREASURER ADDRESS	Additional Pages	GENERAL COMMITTEE CAMPAI		
		COMMITTEE CAMPA	NIGN TREASURER ADDRESS	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	N FINANCE REPORT	
15 C/OH NAME	Kevin C. Boriskie 16 File	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ Ø
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,450.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø
	4. TOTAL POLITICAL EXPENDITURES	\$ 111.22
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,575.47
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true and coursed to be reported by me under Title 15, Election Code.	correct and includes all information
	Ki C. B	and
	Signature of Candidate	
(1) AND OVER S	Please complete either option below:	
NOTARY STAMP/SEA Sworn to and subscribed	12 0 1	ay of October.
- 1	which, witness my hand and seal of office.	
Modisa	Buno Melissa Brunner	City Socrebo
Signature of officer administr	Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declarati	on OR	
	, and my date of birth is	
My address is	(ababa)	(ala anda) (anda)
F		(zip code) (country)
Executed in	County, State of , on the day of (month)	20 (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE	Kevin C. Boriskie	20 Filer ID (Ethics Con	nmissior	r Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE			UBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4	,450,00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	Ø
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	Ø
4.	SCHEDULE E: LOANS		\$	Ø
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	INTRIBUTIONS	\$ /	111.22
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		\$	8
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	8
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	Ø
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	Ø
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	Ø

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: Z
2 FILER NAME Kevin C. Boriskie	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor 8/28/24 Sydney Bariskie 6 Contributor address; City; State; Zip Code 26/2 Louis G Cont Bryon, TX 77802	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date Full name of contributor out-of-state PAC (ID#:) 8/30/2024 Bill Lero Contributor address: City; State; Zip Code 4421 No Highen Lane Bryan, TX 77807	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruc	ctions)
Date Full name of contributor 8/24/274 Harrison Holkings Lf Contributor address; City; State; Zip Code 409 E. 26th St. Bryen, TX 7783	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Ctions)
Date Full name of contributor 9/4/2024 Contributor address; City; State; Zip Code 5301 Woodall CT College Station, TX 77845	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruc	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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:
2 FILER NAME	Kevin C. Boriskie	3 Filer ID (Ethics Commission Filers)
4 Date 8/30/2024	5 Full name of contributor out-of-state PAC (ID#:) Doys + Kara French 6 Contributor address; City; State; Zip Code 5500 Prestan Rl Dallas, TX 75205	7 Amount of contribution (\$)
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date 9/10/2024	Full name of contributor out-of-state PAC (ID#:) Bentley Nettles Contributor address; City; State; Zip Code P. O. Bo + 313 Bryan, TX 77881	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 9/16/24	Full name of contributor out-of-state PAC (ID#:) Andrew + Shelly Nelson Contributor address; City; State; Zip Code 720 N. Roseman Byan, TX 77803	Amount of contribution (\$) # [, 000, 00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 9/28/24	Full name of contributor Ramiro Galindo Contributor address; City; State; Zip Code 3000 Galindo Way Bryon, TX 77807	Amount of contribution (\$) # 100.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor 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 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.

S/26/24 Amount (\$) FULL 22 PURPOSE OF EXPENDITURE	5 Payee name Lawe's 7 Payee address; 3 225 Freedrm Blvd. (a) Category (See Categories listed at the top of this schedule) Other (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	City; B/767 (b) Description Zip fies f Check if Austin, Office sought		/
Amount (\$) 7 If [[], 22 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	7 Payee address; 3 225 Freedom Blvd. (a) Category (See Categories listed at the top of this schedule) Other (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Bigan (b) Description Zip fies f Check if Austin,	TX Signs	778VZ +T-pwts
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	3 225 Freedom Blvd. (a) Category (See Categories listed at the top of this schedule) Other (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Bigan (b) Description Zip fies f Check if Austin,	TX Signs	778VZ +T-pwts
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	(a) Category (See Categories listed at the top of this schedule) Other (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	(b) Description Zip fies f Check if Austin,	or signs	+T-pwts
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Zip fies f	CACA REPORTED NAME AND A	ng expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin,	CACA REPORTED NAME AND A	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		TX, officeholder livi	
expenditure to benefit C/OH		Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF 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 livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held