

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received		
	NICKNAME	LAST	SUFFIX			
	Mrs.	Lynn				
		Boswell				
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15		<input checked="" type="checkbox"/> Runoff		Date Hand-delivered or Date Postmarked	
	<input type="checkbox"/> July 15		<input type="checkbox"/> Exceeded \$500 limit			
	<input type="checkbox"/> 30th day before election		<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			
	<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Final report			
			Other (specify) _____			
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	10	25	20	THROUGH	12	5
				Receipt #	Amount \$	
				Date Processed		
				Date Imaged		

6 EXPLANATION OF CORRECTION
 Minor in-kinds were inadvertently left off the report. Once we noticed they had not been included, we submitted this amendment to detail the political items that had been purchased using the candidate's personal funds.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

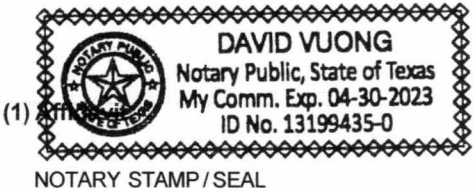
Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



 Signature of Candidate/Officeholder



Please complete either option below:

Sworn to and subscribed before me by David Vuong this the 15th day of January, 20 21, to certify which, witness my hand and seal of office.

Signature of officer administering oath: [Signature] Printed name of officer administering oath: David Vuong Title of officer administering oath: Personal Banker

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____.

 Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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	2 Total pages filed: 22	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Lynn	MI	OFFICE USE ONLY
	NICKNAME	LAST Boswell	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered or Date Postmarked
	1518 Mohle Drive			Receipt # Amount
	Austin, TX 78703			Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Heather	MI	
	NICKNAME	LAST Way	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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)			
9 PERIOD COVERED	Month Day Year		Month Day Year	
	10/25/2020		THROUGH 12/05/2020	
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	12/15/2020	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	
			AISD Trustee, District 5	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 22

13 C / OH NAME Boswell, Lynn	14 Filer ID
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15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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	

16 CONTRIBUTION TOTALS	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)	\$	22,621.29
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	15,616.88
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	11,183.41
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Boswell, Lynn		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,978.44
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,642.85
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 15,616.88
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/11 Rpt: 4/22
2 FILER NAME Boswell, Lynn		3 Filer ID
4 Date 11/06/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agnew, Ginny	7 Amount of Contribution (\$) \$105.58
6 Contributor address; City; State; Zip Code 1204 Castle Hill Street Austin, TX 78703		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Herring & Panzer
Date 12/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert, David	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1101 Grove Blvd. # 703 Austin, TX 78741		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Austin Community College
Date 11/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, David	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3501 Hampton Road Austin, TX 78705		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 11/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, John	Amount of Contribution (\$) \$52.95
Contributor address; City; State; Zip Code 1319 Corona Dr Austin, TX 78723		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) None
Date 11/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boswell, David	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 1012 Cragmont Ave Austin, TX 94708		
Principal occupation / Job title (See Instructions) Director of Ecosystem		Employer (See Instructions) Linux Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/11 Rpt: 5/22
2 FILER NAME Boswell, Lynn		3 Filer ID
4 Date 11/06/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boswell, Janet	7 Amount of Contribution (\$) \$263.47
6 Contributor address; City; State; Zip Code 214 Castano Avenue Austin, TX 78209		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 11/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boswell, Lynn	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 1518 Mohle Drive Austin, TX 78703		
Principal occupation / Job title (See Instructions) documentary filmmaker		Employer (See Instructions) Villita Media
Date 11/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boswell, Lynn	Amount of Contribution (\$) \$26.63
Contributor address; City; State; Zip Code 1518 Mohle Drive Austin, TX 78703		
Principal occupation / Job title (See Instructions) documentary filmmaker		Employer (See Instructions) Villita Media
Date 11/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullock, Dan	Amount of Contribution (\$) \$526.63
Contributor address; City; State; Zip Code P.O. Box 5627 Austin, TX 78763		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) None
Date 11/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burton, Bettie	Amount of Contribution (\$) \$316.11
Contributor address; City; State; Zip Code 20 VITTORIA RDG Austin, TX 78006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/11 Rpt: 6/22
2 FILER NAME Boswell, Lynn		3 Filer ID
4 Date 11/17/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Christina	7 Amount of Contribution (\$) \$42.42
	6 Contributor address; City; State; Zip Code 701 Landon Ln Austin, TX 78705	
8 Principal occupation / Job title (See Instructions) Admin		9 Employer (See Instructions) Self
Date 11/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Elton	Amount of Contribution (\$) \$26.63
	Contributor address; City; State; Zip Code 5014 Lansing Dr. Austin, TX 78745	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 11/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crook, Elizabeth	Amount of Contribution (\$) \$263.47
	Contributor address; City; State; Zip Code 1510 W 24th Street Austin, TX 78703	
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions) Self
Date 11/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dell, Genevieve	Amount of Contribution (\$) \$52.95
	Contributor address; City; State; Zip Code 5706 Avenue D Villa Dario Austin, TX 78752	
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self
Date 11/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doggett, Catherine	Amount of Contribution (\$) \$52.95
	Contributor address; City; State; Zip Code 1912 E. 21st St Austin, TX 78722	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/11 Rpt: 7/22
2 FILER NAME Boswell, Lynn		3 Filer ID
4 Date 11/06/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doggett, Lisa	7 Amount of Contribution (\$) \$158.21
6 Contributor address; City; State; Zip Code 1309 Marshall Ln. Austin, TX 78703		
8 Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions) AxisPoint Health
Date 12/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Education Austin	Amount of Contribution (\$) \$10,000.00
Contributor address; City; State; Zip Code 8716 MoPac Expressway Austin, TX 78759		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Roxanne	Amount of Contribution (\$) \$52.95
Contributor address; City; State; Zip Code 7300 Meadowood Drive Austin, TX 78723		
Principal occupation / Job title (See Instructions) PR specialist		Employer (See Instructions) City of Austin
Date 11/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederick, Megan	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 5740 Republic of Texas Blvd Austin, TX 78735		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 11/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Greta	Amount of Contribution (\$) \$52.95
Contributor address; City; State; Zip Code 406 Ridgewood Rd Austin, TX 78746		
Principal occupation / Job title (See Instructions) VP & Chief Risk Officer		Employer (See Instructions) Texas Mutual

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/11 Rpt: 8/22
2 FILER NAME Boswell, Lynn		3 Filer ID
4 Date 11/07/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grim, Laura	7 Amount of Contribution (\$) \$105.58
6 Contributor address; City; State; Zip Code 3001 Washington Sq Austin, TX 78705		
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) None
Date 11/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartman, Eric	Amount of Contribution (\$) \$26.63
Contributor address; City; State; Zip Code 2114 INDIAN TRL Austin, TX 78703		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 12/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hasty, Brent	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 3920 dry creek Austin, TX 78731		
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) MINDPOP
Date 12/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IBEW PAC Voluntary Fund	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code 4818 E Ben White Road #300 Austin, TX 78741		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken, Jones	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1601 Mohle Drive Austin, TX 78703		
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) Capital Anesthesiology Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/11 Rpt: 9/22
2 FILER NAME Boswell, Lynn		3 Filer ID
4 Date 12/03/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, David	7 Amount of Contribution (\$) \$105.58
6 Contributor address; City; State; Zip Code 1808 Kerr Street Austin, TX 78704		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 11/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, David	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 1808 Kerr Street Austin, TX 78704		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeClercq, Terri	Amount of Contribution (\$) \$26.63
Contributor address; City; State; Zip Code 606 e 46th st Austin, TX 78751		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 11/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lees, Jon	Amount of Contribution (\$) \$31.89
Contributor address; City; State; Zip Code 1504 Hillmont St Austin, TX 78704		
Principal occupation / Job title (See Instructions) Sw dev		Employer (See Instructions) SailPoint
Date 12/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LoVoi, Annette	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code 2810 Townes Lane Austin, TX 78703		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/11 Rpt: 10/22
2 FILER NAME Boswell, Lynn		3 Filer ID
4 Date 11/23/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucksinger, Annette <hr/> 6 Contributor address; City; State; Zip Code 4705 Ave. H Austin, TX 78751	7 Amount of Contribution (\$) \$26.63
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Camp Longhorn
Date 11/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Melinda <hr/> Contributor address; City; State; Zip Code 3500 Oakmont Blvd. Suite 100 Austin, TX 78731	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 11/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLain, Thana <hr/> Contributor address; City; State; Zip Code 1717 E 40th St Austin, TX 78722	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) None
Date 11/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menyhert, Joy <hr/> Contributor address; City; State; Zip Code 1507 Mohle Drive Austin, TX 78703	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Catering		Employer (See Instructions) Central Market
Date 11/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moffat, Susan <hr/> Contributor address; City; State; Zip Code 4112 Speedway Austin, TX 78751	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Self employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/11 Rpt: 11/22
2 FILER NAME Boswell, Lynn		3 Filer ID
4 Date 12/03/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelly, Mary Ann	7 Amount of Contribution (\$) \$52.95
6 Contributor address; City; State; Zip Code 1908 Barton Pky Austin, TX 78704		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 11/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Netscher, Francis	Amount of Contribution (\$) \$10.84
Contributor address; City; State; Zip Code 1711 E 16th St Unit B Austin, TX 78702		
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) University of Texas
Date 11/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peticolas, Anne	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code 5730 Abilene Trail Austin, TX 78749		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) None
Date 11/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinnelli, Janis W	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code P. O. Box 50038 Austin, TX 78763		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) J Pinnelli Company LLC
Date 11/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinnelli, Joseph F	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code P. O. Box 50038 Austin, TX 78763		
Principal occupation / Job title (See Instructions) General Contractor		Employer (See Instructions) J Pinnelli Company LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/11 Rpt: 12/22
2 FILER NAME Boswell, Lynn		3 Filer ID
4 Date 11/06/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piper, Stege Nelson ----- 6 Contributor address; City; State; Zip Code 3206 Harris Park Avenue Austin, TX 78705	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Chief Public Strategies Officer		9 Employer (See Instructions) SAFE
Date 10/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Qadri, Zohaib ----- Contributor address; City; State; Zip Code 91 Rainey Street Apt. 138 Austin, TX 78701	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Regional Director		Employer (See Instructions) DigiDems
Date 11/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenkkan, Frances ----- Contributor address; City; State; Zip Code 117 Laurel Lane Austin, TX 78705-2813	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions) self
Date 11/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sokolic, Katherine ----- Contributor address; City; State; Zip Code 4636 Ruiz St Austin, TX 78723	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Realty Austin
Date 11/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southwest Laborers District Council SWDC PAC ----- Contributor address; City; State; Zip Code 10008 Hampshire Drive Austin, TX 78753	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/11 Rpt: 13/22
2 FILER NAME Boswell, Lynn		3 Filer ID
4 Date 10/26/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spiro, Amy	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 2009 B Wright Street Austin, TX 78704		
8 Principal occupation / Job title (See Instructions) consultant		9 Employer (See Instructions) self employed
Date 11/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Svahn, Rebecca	Amount of Contribution (\$) \$52.95
Contributor address; City; State; Zip Code 1905 Stamford Ln. Austin, TX 78703		
Principal occupation / Job title (See Instructions) Knowledge Manager		Employer (See Instructions) Deloitte
Date 11/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Yolanda	Amount of Contribution (\$) \$52.95
Contributor address; City; State; Zip Code 4207 Nitschke Street Austin, TX 78723		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 11/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Allison	Amount of Contribution (\$) \$26.63
Contributor address; City; State; Zip Code 10212 Amwell Cv Austin, TX 78733		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) State of Texas
Date 12/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) bailey, Heather	Amount of Contribution (\$) \$52.95
Contributor address; City; State; Zip Code 1500 Raleigh Ave Austin, TX 78703		
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/11 Rpt: 14/22
2 FILER NAME Boswell, Lynn		3 Filer ID
4 Date 11/08/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) carranza, susana 6 Contributor address; City; State; Zip Code 40 N IH 35 apt 4b1 Austin, TX 78701	7 Amount of Contribution (\$) \$52.95
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Makel Engineering, Inc.
Date 10/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) hatch, tom Contributor address; City; State; Zip Code 1102 b east 8th street Austin, TX 78702	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) architect		Employer (See Instructions) huoarchitects
Date 11/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) reynolds, joseph Contributor address; City; State; Zip Code 2611 West 49th St Austin, TX 78731	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) None

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 15/22	
2 FILER NAME Boswell, Lynn		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/24/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boswell, Lynn	8 Amount of contribution (\$) \$525.00	9 In-kind contribution description Postage
	7 Contributor address; City; State; Zip Code 1518 Mohle Dr. Austin, TX 78703		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner		11 Employer (FOR NON-JUDICIAL) (See instructions) Villita Media	
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 11/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boswell, Lynn	Amount of contribution (\$) \$1,450.00	In-kind contribution description Postage
	Contributor address; City; State; Zip Code 1518 Mohle Dr. Austin, TX 78703		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner		Employer (FOR NON-JUDICIAL) (See instructions) Villita Media	
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)			
Date 11/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boswell, Lynn	Amount of contribution (\$) \$440.00	In-kind contribution description Postage
	Contributor address; City; State; Zip Code 1518 Mohle Dr. Austin, TX 78703		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner		Employer (FOR NON-JUDICIAL) (See instructions) Villita Media	
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 16/22	
2 FILER NAME Boswell, Lynn		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/25/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boswell, Lynn	8 Amount of contribution (\$) \$199.35	9 In-kind contribution description Office Supplies
	7 Contributor address; City; State; Zip Code 1518 Mohle Dr. Austin, TX 78703	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner		11 Employer (FOR NON-JUDICIAL) (See instructions) Villita Media	
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 11/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boswell, Lynn	Amount of contribution (\$) \$28.50	In-kind contribution description Office Supplies
	Contributor address; City; State; Zip Code 1518 Mohle Dr. Austin, TX 78703	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner		Employer (FOR NON-JUDICIAL) (See instructions) Villita Media	
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)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/6 Rpt: 17/22		2 FILER NAME Boswell, Lynn		3 Filer ID	
4 Date 11/09/2020		5 Payee name Burns, Briana			
6 Amount (\$) \$2,500.00		7 Payee address; City; State; Zip Code 901 Cannoneer Austin, TX 78757			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Management	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 11/02/2020		Payee name Facebook			
Amount (\$) \$17.43		Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Ads	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 11/02/2020		Payee name Facebook			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Ads	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: Sch: 2/6 Rpt: 18/22	2 FILER NAME Boswell, Lynn	3 Filer ID
4 Date 10/29/2020	5 Payee name Facebook	
6 Amount (\$) \$175.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Ads
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2020	Payee name Facebook	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2020	Payee name Frost Bank	
Amount (\$) \$9.00	Payee address; City; State; Zip Code 401 Congress Avenue Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 3/6 Rpt: 19/22		2 FILER NAME Boswell, Lynn		3 Filer ID	
4 Date 11/10/2020		5 Payee name Frost Bank			
6 Amount (\$) \$5.00		7 Payee address; City; State; Zip Code 401 Congress Avenue Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/30/2020		Payee name Frost Bank			
Amount (\$) \$9.00		Payee address; City; State; Zip Code 401 Congress Avenue Austin, TX 78701			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/09/2020		Payee name GNI Consulting			
Amount (\$) \$327.74		Payee address; City; State; Zip Code 210 Lavaca Street Austin, TX 78701			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Development	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: Sch: 4/6 Rpt: 20/22	2 FILER NAME Boswell, Lynn	3 Filer ID
4 Date 11/24/2020	5 Payee name Office Depot	
6 Amount (\$) \$29.99	7 Payee address; City; State; Zip Code 2620 W Anderson Lane Austin, TX 78757	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2020	Payee name Scale To Win	
Amount (\$) \$208.90	Payee address; City; State; Zip Code 13742 Harper Santa Ana, CA 92703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text Messages
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2020	Payee name Scale To Win	
Amount (\$) \$687.10	Payee address; City; State; Zip Code 13742 Harper Santa Ana, CA 92703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text Messages
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 5/6 Rpt: 21/22	2 FILER NAME Boswell, Lynn	3 Filer ID
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4 Date 12/04/2020	5 Payee name Stripe
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6 Amount (\$) \$262.95	7 Payee address; City; State; Zip Code 510 Townsend Street San Francisco, CA 94103
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/02/2020	Payee name Texas Democratic Party
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Amount (\$) \$90.00	Payee address; City; State; Zip Code 1106 Lavaca Suite 100 Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Additional Van Access
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/16/2020	Payee name The Rocket Science Group LLC
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Amount (\$) \$49.88	Payee address; City; State; Zip Code 675 Ponce de Leon Avenue NE Atlanta, GA 30308
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Vendor
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: Sch: 6/6 Rpt: 22/22	2 FILER NAME Boswell, Lynn	3 Filer ID
4 Date 12/01/2020	5 Payee name Union Direct Printing	
6 Amount (\$) \$5,819.92	7 Payee address; City; State; Zip Code 8222 N Lamar Blvd Austin, TX 78753	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2020	Payee name Union Direct Printing	
Amount (\$) \$5,049.97	Payee address; City; State; Zip Code 8222 N Lamar Blvd Austin, TX 78753	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held