

**CANDIDATE 1 OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

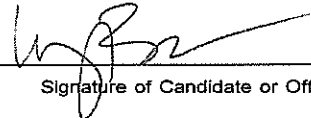
The CIOH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS 1 MRS 1 MR FIRST MI Ms. Audrey Lynn NICKNAME LAST SUFFIX Lynn Boswell		OFFICE USE ONLY
	4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS Change of Address		Date Received <i>Received 1-16-2024</i> <i>Edna P. Butts</i>
5 CANDIDATE/ OFFICEHOLDER PHONE		ADDRESS / PO BOX APT 1 SUITE #; CITY; STATE; ZIP CODE 1518 Mohle Drive Austin, TX 78703	AREA CODE PHONE NUMBER EXTENSION (512) 694-2896
6 CAMPAIGN TREASURER NAME	MS / MRS MR FIRST MI Ms. Heather NICKNAME LAST SUFFIX Way		Date Hand-delivered or Date Postmarked
			Receipt # Amount \$
			Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT 1 SUITE CITY; STATE; ZIP CODE 2108 Wright Street Austin, TX 78704		
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 THROUGH Month Day Year 07 01 2023 THROUGH 12 31 2023		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description General Special The last election was a December 2020 runoff.		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE 1 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.		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 352.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3610.51
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

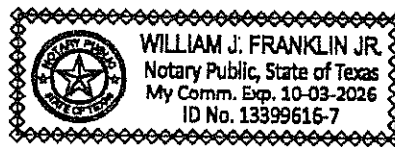
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Andrey Boswell this the 16 day of January

20 24, to certify which, witness my hand and seal of office.

Signature of officer administering oath: [Signature] Printed name of officer administering oath: William Franklin Title of officer administering oath: Notary Public

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)

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE

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.

1 Total pages Schedule FI: 3	2 FILER NAME Lynn Boswell for AISD 5	3 Filer ID (Ethics Commission Filers)
4 Date July 3, 2023	5 Payee name Squarespace	
6 Amount (\$) 6.50	7 Payee address; City; State; Zip Code 8 Clarkson Street New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description website hosting fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH		
Date July 31, 2023	Payee name Squarespace	
Amount (\$) 20.00	Payee address; City; State; Zip Code 8 Clarkson Street New York, NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website hosting fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH		
Date August 1, 2023	Payee name Squarespace	
Amount (\$) 6.50	Payee address; City; State; Zip Code 8 Clarkson Street New York, NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description website hosting fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE

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.

1 Total pages Schedule FI: 3	2 FILER NAME Lynn Boswell for AISD 5	3 Filer ID (Ethics Commission Filers)
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4 Date August 14, 2023	5 Payee name Squarespace
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6 Amount (\$) 332.59	7 Payee address; City; State; Zip Code 8 Clarkson Street New York, NY 10014
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description website hosting fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

Date Sept. 1, 2023	Payee name Squarespace
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Amount (\$) 6.50	Payee address; City; State; Zip Code 8 Clarkson Street New York, NY 10014
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description website hosting fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

Date October 2, 2023	Payee name Squarespace
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Amount (\$) 6.50	Payee address; City; State; Zip Code 8 Clarkson Street New York, NY 10014
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description website hosting fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

8/17/202
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		SCHEDULE
If the requested information is not applicable, DO NOT include this page in the report.		
EXPENDITURE CATEGORIES FOR BOX 8(a)		
<small>Advertising Expense</small>	<small>Event Expense</small>	<small>Loan Repayment/Reimbursement</small>
<small>Accounting/Banking</small>	<small>Fees</small>	<small>Office Overhead/Rental Expense</small>
<small>Consulting Expense</small>	<small>Food/Beverage Expense</small>	<small>Polling Expense</small>
<small>Contributions/Donations Made By</small>	<small>GW Awards/Memorials Expense</small>	<small>Printing Expense</small>
<small>Candidate/Officeholder/Political Committee</small>	<small>Legal Services</small>	<small>Salaries/Wages/Contract Labor</small>
<small>Credit Card Payment</small>		<small>Solicitation/Fundraising Expense</small>
		<small>Transportation Equipment & Related Expense</small>
		<small>Travel in District</small>
		<small>Travel Out Of District</small>
		<small>Other (enter a category not listed above)</small>
<small>The instruction Guide explains how to complete this form.</small>		
1 Total pages Schedule Filer: 3	2 FILER NAME Lynn Boswell for AISD 5	3 Filer ID (Ethics Commission Filers)
4 Date Nov. 1, 2023	5 Payee name Squarespace	
6 Amount (\$) 6.50	7 Payee address; City; State; Zip Code 8 Clarkson Street New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description website hosting fee
	<small>Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense</small>	
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH		
Date Dec. 1, 2023	5 Payee name Squarespace	
Amount (\$)	Payee address; City; State; Zip Code 8 Clarkson Street New York, NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description website hosting fee
	<small>Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense</small>	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH		

