

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: 20
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Lynn	MI
	NICKNAME	LAST Boswell	SUFFIX
OFFICE USE ONLY			
Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	1518 Mohle Drive		
	Austin, TX 78703		
	Date Hand-delivered or Date Postmarked		
Receipt #		Amount	
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 #;
	2108 Wright Street		CITY; STATE; ZIP CODE
Austin, TX 78704			
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
	10/25/2020	THROUGH	12/05/2020
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
12/15/2020		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) AISD Trustee, District 5

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

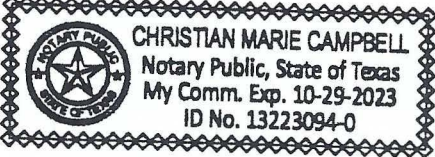
2 of 20

13 C / OH NAME Boswell, Lynn	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.										
<table style="width:100%"> <tr> <td style="width:20%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS			
	COMMITTEE TYPE	COMMITTEE NAME									
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS									
	<input type="checkbox"/> SPECIFIC										
COMMITTEE CAMPAIGN TREASURER NAME											
COMMITTEE CAMPAIGN TREASURER ADDRESS											

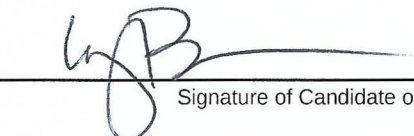
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,978.44
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED 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



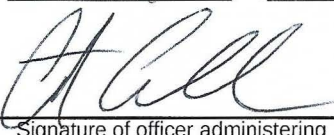
AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Lynn Boswell, this the 7th day of December, 20 20, to certify which, witness my hand and seal of office.



 Signature of officer administering

Christian Campbell

 Printed name of officer administering

Notary Public

 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 type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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: 4/20
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 <hr/> 6 Contributor address; City; State; Zip Code 1204 Castle Hill Street Austin, TX 78703	7 Amount of Contribution (\$) \$105.58
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 <hr/> Contributor address; City; State; Zip Code 1101 Grove Blvd. # 703 Austin, TX 78741	Amount of Contribution (\$) \$250.00
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 <hr/> Contributor address; City; State; Zip Code 3501 Hampton Road Austin, TX 78705	Amount of Contribution (\$) \$100.00
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 <hr/> Contributor address; City; State; Zip Code 1319 Corona Dr Austin, TX 78723	Amount of Contribution (\$) \$52.95
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 <hr/> Contributor address; City; State; Zip Code 1012 Cragmont Ave Austin, TX 94708	Amount of Contribution (\$) \$105.58
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: 5/20
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: 6/20
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 6 Contributor address; City; State; Zip Code 701 Landon Ln Austin, TX 78705	7 Amount of Contribution (\$) \$42.42
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 Contributor address; City; State; Zip Code 5014 Lansing Dr. Austin, TX 78745	Amount of Contribution (\$) \$26.63
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 Contributor address; City; State; Zip Code 1510 W 24th Street Austin, TX 78703	Amount of Contribution (\$) \$263.47
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 Contributor address; City; State; Zip Code 5706 Avenue D Villa Dario Austin, TX 78752	Amount of Contribution (\$) \$52.95
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 Contributor address; City; State; Zip Code 1912 E. 21st St Austin, TX 78722	Amount of Contribution (\$) \$52.95
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: 7/20
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: 8/20
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: 9/20
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: 10/20
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	7 Amount of Contribution (\$) \$26.63
6 Contributor address; City; State; Zip Code 4705 Ave. H Austin, TX 78751		
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	Amount of Contribution (\$) \$52.95
Contributor address; City; State; Zip Code 3500 Oakmont Blvd. Suite 100 Austin, TX 78731		
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	Amount of Contribution (\$) \$26.63
Contributor address; City; State; Zip Code 1717 E 40th St Austin, TX 78722		
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	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 1507 Mohle Drive Austin, TX 78703		
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	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 4112 Speedway Austin, TX 78751		
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: 11/20
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: 12/20
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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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: 13/20
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: 14/20
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	7 Amount of Contribution (\$) \$52.95
	6 Contributor address; City; State; Zip Code 40 N IH 35 apt 4b1 Austin, TX 78701	
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	Amount of Contribution (\$) \$105.58
	Contributor address; City; State; Zip Code 1102 b east 8th street Austin, TX 78702	
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	Amount of Contribution (\$) \$105.58
	Contributor address; City; State; Zip Code 2611 West 49th St Austin, TX 78731	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) None

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: 15/20	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 Office held
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 Office held
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 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: 2/6 Rpt: 16/20	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: 17/20	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 <u>ONLY</u> 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 <u>ONLY</u> 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 <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: 4/6 Rpt: 18/20		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 ONLY 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 ONLY 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 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
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: 19/20		2 FILER NAME Boswell, Lynn		3 Filer ID	
4 Date 12/04/2020		5 Payee name Stripe			
6 Amount (\$) \$262.95		7 Payee address; City; State; Zip Code 510 Townsend Street San Francisco, CA 94103			
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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
		Candidate/Officeholder name		Office sought	
Date 12/02/2020		Payee name Texas Democratic Party			
Amount (\$) \$90.00		Payee address; City; State; Zip Code 1106 Lavaca Suite 100 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 Additional Van Access	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
		Candidate/Officeholder name		Office held	
Date 11/16/2020		Payee name The Rocket Science Group LLC			
Amount (\$) \$49.88		Payee address; City; State; Zip Code 675 Ponce de Leon Avenue NE Atlanta, GA 30308			
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
		Candidate/Officeholder name		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: 6/6 Rpt: 20/20	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