

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

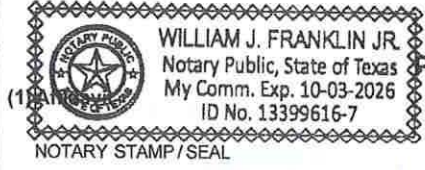
FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 21		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Hon.	FIRST Lynn	MI	Date Received Revid Jan. 15, 2025 by Etha Butts	
	NICKNAME	LAST Boswell	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Date Hand-delivered or Date Postmarked Jan. 15, 2025	
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)	Receipt #	Amount \$
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election			Date Imaged	
5 ORIGINAL PERIOD COVERED	Month Day Year 01 / 01 / 2024	THROUGH	Month Day Year 06 / 30 / 2024		

6 EXPLANATION OF CORRECTION
Inadvertently omitted a single political expense charged to my personal credit card. Upon realizing this omission on 1/5/2025, I am correcting Schedules F4 and G. I filed the original report in good faith and without intent to mislead or misrepresent the information contained in it.

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]
Signature of Candidate/Officeholder



Please complete either option below:

Sworn to and subscribed before me by Lynn Boswell this the 15 day of January, 2025, to certify which, witness my hand and seal of office.
[Signature] William Franklin Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration
My name is _____, and my date of birth is _____.
My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country).
Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) _____ (year).

Signature of Candidate/Officeholder (Declarant)

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: 20
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Lynn	OFFICE USE ONLY Date Received	
	NICKNAME LAST SUFFIX Boswell		
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 MI		
	NICKNAME LAST 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 type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" 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 01/01/2024	THROUGH	Month Day Year 06/30/2024
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	11 OFFICE OFFICE HELD (if any) Austin ISD Board of Trustees, District 5		12 OFFICE SOUGHT (if known) Austin ISD Board of Trustees, 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.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

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)	\$ 7,666.89
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,685.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,590.01
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
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,416.89
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 250.00
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	\$ 2,565.94
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 59.70
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 59.70
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: 1/10 Rpt: 4/20
2 FILER NAME Boswell, Lynn		3 Filer ID
4 Date 06/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alter, Alison (The Honorable)	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 4401 Bellvue Ave Austin, TX 78756		
8 Principal occupation / Job title (See Instructions) Elected Official		9 Employer (See Instructions) City of Austin
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, John	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 1319 Corona Dr Austin, TX 78723		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Auby, Susannah	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 2405 Pemberton Pl Austin, TX 78703		
Principal occupation / Job title (See Instructions) Fundraiser		Employer (See Instructions) Texas Book Festival
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldrige, Burton	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 1518 Mohle Dr Austin, TX 78703		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Baldrige Architects
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Robin	Amount of Contribution (\$) \$52.95
Contributor address; City; State; Zip Code 8601 White Cliff Dr Austin, TX 78759		
Principal occupation / Job title (See Instructions) Archaeologist		Employer (See Instructions) Arcadis U.S.Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/10 Rpt: 5/20
2 FILER NAME Boswell, Lynn		3 Filer ID
4 Date 06/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borowicz, Patricia <hr/> 6 Contributor address; City; State; Zip Code 905 E. 55th St Austin, TX 78751	7 Amount of Contribution (\$) \$26.63
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) O'Connell Robertson
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boswell, David <hr/> Contributor address; City; State; Zip Code 1012 Cragmont Ave Berkeley, CA 94708	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Director of Community Architecture		Employer (See Instructions) Linux Foundation
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boswell, Janet <hr/> Contributor address; City; State; Zip Code 205 Castano Ave San Antonio, TX 78209	Amount of Contribution (\$) \$526.63
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bui, Timmie <hr/> Contributor address; City; State; Zip Code 12501 Palfrey Dr Austin, TX 78727	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) City of Austin
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, Kimberly <hr/> Contributor address; City; State; Zip Code 7304 Wildcat Pass Austin, TX 78757	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Giant Squid Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/10 Rpt: 6/20
2 FILER NAME Boswell, Lynn		3 Filer ID
4 Date 06/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daemmrich, Janis 6 Contributor address; City; State; Zip Code 1122 Colorado St Ste. 2202 Austin, TX 78701-2100	7 Amount of Contribution (\$) \$105.58
8 Principal occupation / Job title (See Instructions) Sr. Vice President		9 Employer (See Instructions) Bob Daemmrich Photography
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dochen, Sandy Contributor address; City; State; Zip Code 5010 North Rim Dr Austin, TX 78731	Amount of Contribution (\$) \$210.84
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doggett, Cathy Contributor address; City; State; Zip Code 5503 Driftwood Dr Austin, TX 78731	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Paradigm Shift
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederick, Megan Contributor address; City; State; Zip Code 5740 Republic of Texas Blvd Austin, TX 78735	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Vikki (The Honorable) Contributor address; City; State; Zip Code 3701 Shady Valley Dr Austin, TX 78739	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Goodwin & Goodwin Real Estate

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/10 Rpt: 7/20
2 FILER NAME Boswell, Lynn		3 Filer ID
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Idona 6 Contributor address; City; State; Zip Code 5705 Puccoon Cv Austin, TX 78759	7 Amount of Contribution (\$) \$26.63
8 Principal occupation / Job title (See Instructions) Retired Teacher		9 Employer (See Instructions) N/A
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grim, Laura Contributor address; City; State; Zip Code 3001 Washington Square Austin, TX 78705	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hasty, Brent Contributor address; City; State; Zip Code 3920 Dry Creek Austin, TX 78731	Amount of Contribution (\$) \$263.47
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Mindpop
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffacker, Daphne Contributor address; City; State; Zip Code 12206 W. Cow Path Austin, TX 78727	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Charlie Contributor address; City; State; Zip Code 1108 Lavaca St 110-309 Austin, TX 78701	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Technologist		Employer (See Instructions) Acceleros

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/10 Rpt: 8/20
2 FILER NAME Boswell, Lynn		3 Filer ID
4 Date 06/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jarnigan, Stephanie <hr/> 6 Contributor address; City; State; Zip Code 3303 Bridle Path Austin, TX 78703	7 Amount of Contribution (\$) \$263.47
8 Principal occupation / Job title (See Instructions) Client Relations		9 Employer (See Instructions) Edward Jones
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Kisla <hr/> Contributor address; City; State; Zip Code 3012 West Ave Austin, TX 78705-2114	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Tesoros Traiding Company
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jobe, Camille <hr/> Contributor address; City; State; Zip Code 1208 Bentwood Rd Austin, TX 78722	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Jobe Corral Architects
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latson, Edward <hr/> Contributor address; City; State; Zip Code 10223 Dianella Ln Austin, TX 78759	Amount of Contribution (\$) \$263.47
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Opportunity Austin
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Layne, Liza <hr/> Contributor address; City; State; Zip Code 1312 Meriden Ln Austin, TX 78703	Amount of Contribution (\$) \$263.47
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/10 Rpt: 9/20
2 FILER NAME Boswell, Lynn		3 Filer ID
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd Doggett for Congress 6 Contributor address; City; State; Zip Code P.O. Box 5843 Austin, TX 78763	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Melinda Contributor address; City; State; Zip Code 2809 Townes Ln Austin, TX 78703	Amount of Contribution (\$) \$158.21
Principal occupation / Job title (See Instructions) Retired Behavior Analyst		Employer (See Instructions) N/A
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markman, Melisa Contributor address; City; State; Zip Code 8207 Long Canyon Dr Austin, TX 78730	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Policy Advisor		Employer (See Instructions) City of Austin
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKenzie, JoAnn Contributor address; City; State; Zip Code 4100 Jackson Ave #441 Austin, TX 78731-6080	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meabon, Brooke Contributor address; City; State; Zip Code 310 Castano Ave San Antonio, TX 78209	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Community Volunteer		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: 7/10 Rpt: 10/20
2 FILER NAME Boswell, Lynn		3 Filer ID
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melendrez, Eli 6 Contributor address; City; State; Zip Code 600 E. 53rd St Apt 229 Austin, TX 78751-1309	7 Amount of Contribution (\$) \$52.95
8 Principal occupation / Job title (See Instructions) Researcher		9 Employer (See Instructions) Texas AFT
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menyhert, Steve Contributor address; City; State; Zip Code 1507 Mohle Dr Austin, TX 78703	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Build A Sign
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Amy Contributor address; City; State; Zip Code 2908 Kassarine Pass Austin, TX 78704	Amount of Contribution (\$) \$158.21
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrow, Donna Contributor address; City; State; Zip Code 504 Tower Dr Austin, TX 78704	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullan, Melanie & Peter Contributor address; City; State; Zip Code 1002 Shelley Ave Austin, TX 78703	Amount of Contribution (\$) \$263.47
Principal occupation / Job title (See Instructions) Education/Architect		Employer (See Instructions) MxM Consulting/ATP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/10 Rpt: 11/20
2 FILER NAME Boswell, Lynn		3 Filer ID
4 Date 06/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norris, Robert 6 Contributor address; City; State; Zip Code 4412 Sinclair Ave Austin, TX 78756	7 Amount of Contribution (\$) \$105.58
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Otto, Gretchen Contributor address; City; State; Zip Code 512 E Mary St Austin, TX 78704	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Book Production Editor		Employer (See Instructions) Self-Employed
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payan, Beth Contributor address; City; State; Zip Code 4212 Cat Hollow Dr Austin, TX 78731	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Travis County
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petty, Carol Contributor address; City; State; Zip Code 4905 Fairview Dr Austin, TX 78731-5421	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phipps, Ann Contributor address; City; State; Zip Code 2100 Stamford Ln Austin, TX 78703	Amount of Contribution (\$) \$526.63
Principal occupation / Job title (See Instructions) Various		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/10 Rpt: 12/20
2 FILER NAME Boswell, Lynn		3 Filer ID
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regina I. Hinjosa Campaign Fund <hr/> 6 Contributor address; City; State; Zip Code P.O. Box 300095 Austin, TX 78703	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David C. <hr/> Contributor address; City; State; Zip Code 3423 Mount Barker Dr Austin, TX 78731	Amount of Contribution (\$) \$263.47
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) United Way for Greater Austin
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Way, Heather <hr/> Contributor address; City; State; Zip Code 2108 Wright St Austin, TX 78704	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Law Professor		Employer (See Instructions) University of Texas
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welsh, Amber <hr/> Contributor address; City; State; Zip Code 7200 Geneva Cir Austin, TX 78723	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Bill <hr/> Contributor address; City; State; Zip Code 3211 Funston St Austin, TX 78703	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Retired Education Administrator		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/20
2 FILER NAME Boswell, Lynn		3 Filer ID
4 Date 06/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeager, Laura 6 Contributor address; City; State; Zip Code 501 W. 33rd St Austin, TX 78705	7 Amount of Contribution (\$) \$263.47
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self-Employed
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yonge, Christine Contributor address; City; State; Zip Code 3204 Hillview Rd Austin, TX 78703	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 14/20
2 FILER NAME Boswell, Lynn		3 Filer ID
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 06/01/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldrige, Elena	8 Amount of contribution (\$) \$250.00
	7 Contributor address; City; State; Zip Code 1518 Mohle Drive Austin, TX 78703	9 In-kind contribution description Graphic design
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
11 Employer (FOR NON-JUDICIAL) (See instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

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: 1/4 Rpt: 15/20		2 FILER NAME Boswell, Lynn		3 Filer ID
4 Date 06/30/2024		5 Payee name Donateway		
6 Amount (\$) \$317.79		7 Payee address; City; State; Zip Code P.O. Box 301267 Austin, TX 78703		
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 Credit card fees for reporting period	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 05/15/2024		Payee name Heinrich, Allison		
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 2301 Ohlen Rd #107 Austin, TX 78757		
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 consulting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 06/18/2024		Payee name Heinrich, Allison		
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 2301 Ohlen Rd #107 Austin, TX 78757		
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 consulting	
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: 2/4 Rpt: 16/20		2 FILER NAME Boswell, Lynn		3 Filer ID	
4 Date 01/02/2024		5 Payee name Squarespace, Inc.			
6 Amount (\$) \$6.50		7 Payee address; City; State; Zip Code 225 Varick St 12th Floor New York, NY 10014			
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 Web hosting	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/01/2024		Payee name Squarespace, Inc.			
Amount (\$) \$7.79		Payee address; City; State; Zip Code 226 Varick St 12th Floor New York, NY 10014			
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 Web hosting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/01/2024		Payee name Squarespace, Inc.			
Amount (\$) \$7.79		Payee address; City; State; Zip Code 227 Varick St 12th Floor New York, NY 10014			
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 Web hosting	
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: 3/4 Rpt: 17/20		2 FILER NAME Boswell, Lynn		3 Filer ID
4 Date 04/01/2024		5 Payee name Squarespace, Inc.		
6 Amount (\$) \$7.79		7 Payee address; City; State; Zip Code 228 Varick St 12th Floor New York, NY 10014		
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 Web hosting
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 05/01/2024		Payee name Squarespace, Inc.		
Amount (\$) \$7.79		Payee address; City; State; Zip Code 229 Varick St 12th Floor New York, NY 10014		
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 Web hosting
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 06/03/2024		Payee name Squarespace, Inc.		
Amount (\$) \$7.79		Payee address; City; State; Zip Code 230 Varick St 12th Floor New York, NY 10014		
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 Web hosting
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: 4/4 Rpt: 18/20		2 FILER NAME Boswell, Lynn		3 Filer ID	
4 Date 06/21/2024		5 Payee name United States Postal Service			
6 Amount (\$) \$54.40		7 Payee address; City; State; Zip Code 3507 North Lamar Austin, TX 78705			
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 Stamps for notecards	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/20/2024		Payee name Worley Printing			
Amount (\$) \$148.30		Payee address; City; State; Zip Code 3217 N. IH-35 Austin, TX 78722			
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 Notecards and envelopes	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/1 Rpt: 19/20	2 FILER NAME Boswell, Lynn		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution Visa		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$59.70	(b) Date of Charge 06/16/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Mailchimp	(b) Payee address; City, State, Zip Code 675 Ponce de Leon Ave NE Ste. 5000 Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Email service
	(c) <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 expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 20/20	2 FILER NAME Boswell, Lynn	3 Filer ID
4 Date 06/16/2024	5 Payee name Visa	
6 Amount (\$) \$59.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 900 Metro Center Blvd Foster City, CA 94404	
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 Mailchimp expense charged to personal credit card
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

