

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

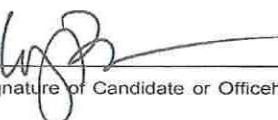
FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5					
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Lynn MI NICKNAME LAST Boswell SUFFIX							
	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1518 Mohle Drive Austin, TX 78703							
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS								
<input type="checkbox"/> Change of Address								
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 694-2896							
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Heather Way NICKNAME LAST SUFFIX							
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY, STATE, ZIP CODE							
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()							
9 REPORT TYPE	<input checked="" 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 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)							
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 01 / 2024 THROUGH 12 / 31 / 2024							
11 ELECTION	ELECTION DATE Month Day Year 11 / 05 / 2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special _____						
12 OFFICE	OFFICE HELD (if any) Austin ISD Board of Trustees, District 5		13 OFFICE SOUGHT (if known)					
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / 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.</p> <table border="1"> <tr> <td rowspan="4">COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS
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	COMMITTEE CAMPAIGN TREASURER NAME							
	COMMITTEE CAMPAIGN TREASURER ADDRESS							
GO TO PAGE 2								

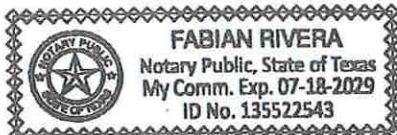
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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) \$ 0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0.00	
	4. TOTAL POLITICAL EXPENDITURES \$ 432.72	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 4057.85	
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00	
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

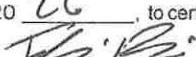
Please complete either option below:

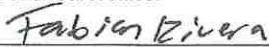


(1) Affidavit

NOTARY STAMP/SEAL

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





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)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 F1:	2 FILER NAME Boswell, Lynn		3 Filer ID (Ethics Commission Filers)		
4 Date 07/01/2025	5 Payee name Squarespace				
6 Amount (\$) 9.09	7 Payee address; 230 Varick Street, 12th Floor		City; New York,	State; NY	Zip Code 10014
<input type="checkbox"/> Check if individual's residence address.					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Webhosting		
	(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
Date 7/30/2025	Payee name Squarespace				
Amount (\$) 20.00	Payee address; 230 Varick Street, 12th Floor		City; New York,	State; NY	Zip Code 10014
<input type="checkbox"/> Check if individual's residence address.					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Webhosting		
	<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 expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 08/01/2025	Payee name Squarespace				
Amount (\$) 9.09	Payee address; 230 Varick Street, 12th Floor		City; New York,	State; NY	Zip Code 10014
<input type="checkbox"/> Check if individual's residence address.					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Webhosting		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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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)

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1 Total pages Schedule F1:	2 FILER NAME Boswell, Lynn	3 Filer ID (Ethics Commission Filers)	
4 Date 08/12/2025	5 Payee name Squarespace		
6 Amount (\$) 358.18	7 Payee address; 230 Varick Street, 12th Floor <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Webhosting	
	(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
Date 09/02/2025	Payee name Squarespace		
Amount (\$) 9.09	Payee address; 230 Varick Street, 12th Floor <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code New York, NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Webhosting	
	<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 expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/01/2025	Payee name Squarespace		
Amount (\$) 9.09	Payee address; 230 Varick Street, 12th Floor <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code New York, NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Webhosting	
	<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 expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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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:	2 FILER NAME Boswell, Lynn		3 Filer ID (Ethics Commission Filers)		
4 Date 11/03/2025	5 Payee name Squarespace				
6 Amount (\$) 9/09	7 Payee address: 230 Varick Street, 12th Floor		City: New York,	State: NY	Zip Code 10014
<input type="checkbox"/> Check if individual's residence address.					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Webhosting		
	(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
Date 12/01/2025	Payee name Squarespace				
Amount (\$) 9.09	Payee address: 230 Varick Street, 12th Floor		City: New York,	State: NY	Zip Code 10014
<input type="checkbox"/> Check if individual's residence address.					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Webhosting		
	<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 expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date	Payee name				
Amount (\$)	Payee address:		City:	State:	Zip Code
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