

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers) 00000001	<b>2 Total pages filed:</b> 4
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI Mr.                      Christopher                      H. NICKNAME                      LAST                      SUFFIX Chris                      Boswell		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX,                      APT / SUITE #,                      CITY,                      STATE,                      ZIP CODE 515 East Harrison, Suite A, Harlingen, TX 78550	Date Received Receipt #                      Amount Date Processed Date Imaged	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION ( 956 )                      428-9191		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI Mrs.                      Anita NICKNAME                      LAST                      SUFFIX Nita                      Boswell		
<b>7 CAMPAIGN TREASURER ADDRESS (residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE),                      APT / SUITE #,                      CITY,                      STATE,                      ZIP CODE 1001 Stack Circle Harlingen, Texas 78550		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION ( 956 )                      276-5608		
<b>9 REPORT TYPE</b>	<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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month                      Day                      Year                      THROUGH                      Month                      Day                      Year 7 / 15 / 10                      1 / 15 / 11		
<b>11 ELECTION</b>	ELECTION DATE                      ELECTION TYPE Month                      Day                      Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 5 / 8 / 10		
<b>12 OFFICE</b>	OFFICE HELD (if any) Mayor City of Harlingen	<b>13 OFFICE SOUGHT (if known)</b> Mayor City of Harlingen	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b> <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name Address / PO Box,                      Apt. / Suite #,                      City,                      State,                      Zip Code		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
**CHRISTOPHER H. BOSWELL**

16 ACCOUNT # (Ethics Commission Filers)  
N/A

17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. 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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

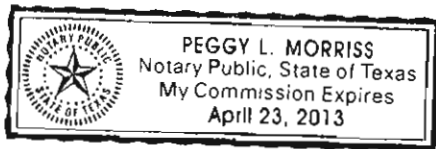
COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 600.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 534.72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 187.34
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

19 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.

*Ch. Boswell*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CHRISTOPHER H. BOSWELL, this the 14th day of January, 20 11, to certify which, witness my hand and seal of office.

*Peggy L. Morriss* Peggy L. Morriss Legal Assistant/Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.	<b>1</b> Total pages Schedule A: 1                   (01/15/11)
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<b>2</b> FILER NAME Christopher H. Boswell	<b>3</b> ACCOUNT # (Ethics Commission Filers) 00000001
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<b>4</b> Date 09/29/10	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRECPAC / Texas Association of Realtors  <b>6</b> Contributor address, City, State; Zip Code P.O. Box 2246 Austin, Texas 78768-2246	<b>7</b> Amount of contribution (\$)  \$600.00  <small>(If travel outside of Texas, complete Schedule T)</small>	<b>8</b> In-kind contribution description (if applicable)
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<b>9</b> Principal occupation / Job title (See Instructions)	<b>10</b> Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address, City, State; Zip Code	Amount of contribution (\$)  <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address, City, State; Zip Code	Amount of contribution (\$)  <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address, City, State; Zip Code	Amount of contribution (\$)  <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address, City, State; Zip Code	Amount of contribution (\$)  <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 1	<b>2</b> FILER NAME CHRISTOPHER H. BOSWELL	<b>3</b> ACCOUNT # (Ethics Commission Filers) 00000001
<b>4</b> Date 10/26/10	<b>5</b> Payee name Graphics to Go	
<b>6</b> Amount (\$) \$190.72	<b>7</b> Payee address; City, State, Zip Code 211 W. Jefferson Harlingen, Texas 78550	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 12/19/10	Payee name District 5930/Rotary	
Amount (\$) \$50.00	Payee address; City, State; Zip Code 312 E. Van Buren Harlingen, Texas 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 12/23/10	Payee name Postmaster/ Harlingen Post Office	
Amount (\$) \$44.00	Payee address; City, State; Zip Code New Combes Hwy Harlingen, Texas 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) postage	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 12/31/10	Payee name RGC/ Boy Scouts of America	
Amount (\$) \$250.00	Payee address; City, State; Zip Code 6912 W. Expressway 83 Harlingen, Texas 78552	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T)
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**