CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCEREPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Ms/Mrs/MR FIRST Mr. Christopher	MI H.	OFFICEUSEONLY
NAME	NICKNAME LAST Boswell	SUFFIX	Date Received Received Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		CITY; STATE; ZIP CODE	JUL 1 5 2016 m
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 428-9191	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	Mrs. Anita NICKNAME LAST	MI	Receipt # Amount \$ Date Processed
	Boswell		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (NO PO BOX PLEASE): APT / S 1001 Stack Cir., Harlingen, Tx 7855		78550
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 421-2626	EXTENSION	
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 04 / 29 / 2016	Month 07 / THROUGH	Day Year 15 / 2016
11 ELECTION	Month Day Year Primary 05 07 2016 X General	Runoff Other Description Special	
12 OFFICE	Mayor, City of Harlingen	13 OFFICE SOUGHT (if known Mayor, City of Harlin	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCEREPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			5 Filer ID (Ethics Commission Filers)	
Chr 16 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 COMMITTEE NAME			
	GENERAL	N/A		
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,527.29	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS.	\$ 0.00	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5,793.61	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 43.10			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00			
		true and correct and includes all info under Title 15, Election Code. Signature of Cand	didate or Officeholder the accompanying report is prepared by me didate or Officeholder	
		ch, witness my hand and seal of office.		
awards C	· Kley not	Amanda C. Elizando	City Sicy	
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 F	19 FILER NAME 20 Filer ID (Ethics Com			mmiss	sion Filers)
	Christopher H. Boswell				
		LE SUBTOTALS F SCHEDULE			SUBTOTAL AMOUNT
1.	x	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,527.29
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	199.94
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. SCHEDULE E: LOANS			\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$	5,793.61
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL O	CONTRIBUTIONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$	
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A I	BUSINESS OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	ons	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Chris Boswell Date O4 O4/26/2016 5 Full name of contributor O4 O4/26/2016 6 Contributor address: 21692 Briggs Coleman Harlingen, Tx 78550 Ty Full name of contributor Keim, Larry Amount of contribution (\$) Ty Full name of contributor Keim, Larry Amount of contribution (\$) Ty Full name of contributor Keim, Larry Amount of contribution (\$) Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor O4/28/2016 Full name of contributor O4/28/2016 Brown, Cynthia J. &Sidney P. City: State: Zip Code 3100.00 Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Employer (See Instructions) Date Full name of contributor Forman, D. Michael, Jr. and Tracia M. Contributor address: City: State: Zip Code S100.00 Employer (See Instructions)			
4 Date O4/26/2016 5 Full name of contributor Wright, Jacquelyn M. 04/26/2016 6 Contributor address: City: State: Zip Code S 25.00 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Ave. #109 Harlingen, Tx 78550 Date Full name of contributor Out-of-state PAC(ID#	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Wright, Jacquelyn M. 6 Contributor address; 21692 Briggs Coleman 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 Employer (See Instructions) 10 Employer (See Instructions) 11 Employer (See Instructions) 12 Employer (See Instructions) 13 Employer (See Instructions) 13 Employer (See Instructions) 14 Employer (See Instructions) 15 Employer (See Instructions) 16 Employer (See Instructions) 17 Full name of contributor address; City; State; Zip Code should be supposed and su	2 FILER NAME	Chris Boswell	3 Filer ID (Ethics Commission Filers)
Date 7 Full name of contributor	04	Wright, Jacquelyn M. 6 Contributor address: City; State; Zip Code	
Keim, Larry 8 Contributor address; City: State: Zip Code \$100.00	8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code 311 E. Washington Harlingen, Tx 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$100.00 \$100.00 \$100.00 Contributor address; City; State; Zip Code 311 E. Washington Harlingen, Tx 78550 Employer (See Instructions) Amount of contribution (\$) Forman, D. Michael, Jr. and Tracia M. Contributor address; City; State; Zip Code \$500.00 1625 Sam Houston Dr. Harlingen, Tx 78550	Date	,	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC(ID#:	04/27/2016		\$100.00
Brown, Cynthia J. &Sidney P. Contributor address; City; State; Zip Code 311 E. Washington Harlingen, Tx 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Forman, D. Michael, Jr. and Tracia M. Contributor address; City; State; Zip Code 1625 Sam Houston Dr. Harlingen, Tx 78550	Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Contributor address; City; State; Zip Code 311 E. Washington Harlingen, Tx 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC(ID#:	Date	Full name of contributor out-of-state PAC(ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC(ID#:	04/28/2016		\$100.00
Date Full name of contributor Forman, D. Michael, Jr. and Tracia M. Contributor address; City; State; Zip Code 1625 Sam Houston Dr. Sam Houston Dr. Sam Houston Dr. Amount of contribution (\$) Forman, D. Michael, Jr. and Tracia M. Sam Houston Dr. Sam Houston Dr. Full name of contributor out-of-state PAC(ID#:		311 E. Washington Harlingen, Tx 78550	
Forman, D. Michael, Jr. and Tracia M. Contributor address; City; State; Zip Code \$500.00 1625 Sam Houston Dr. Harlingen, Tx 78550	Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
1625 Sam Houston Dr. Harlingen, Tx 78550	Date	,	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	05/02/2016	·	\$500.00
	Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule A1:
2 FILER NAME	Chris Boswell		3 Filer ID (Ethics Commission Filers)
4 Date	9 Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC(ID#:)	7 Amount of contribution (\$)
05/03/2016	10 Contributor address; City	y; State; Zip Code	\$200.00
	312 E. Van Buren Ha	rlingen, Tx 78550	
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-	of-state PAC(ID#:) f Realtors (PAC)	Amount of contribution (\$)
05/05/2016			\$750.00
	Contributor address; City		
	P.O. Box 2246 Austin, Tx 785	586	
Principał occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-	of-state PAC(ID#:)	Amount of contribution (\$)
05/06/2016	Snell, Rose and Roderick		\$250.00
	Contributor address; City	y; State; Zip Code	\$250.00
	110 N. Nueces Park Ln	Harlingen, Tx 78552	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-	of-state PAC(ID#:)	Amount of contribution (\$)
	Uhlhorn, Tudor		\$602.29
05/09/2016	Contributor address; City	y; State; Zip Code	φ002.2 <i>9</i>
	1721 Morning Dove Circle Ha	arlingen, Tx 78550	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2: I	
2 FILER NAME Chris Boswell			3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0	
5 Date 04/29/2016	Allogra Printing Anita Boswell		8 Amount of Contribution \$ 9 In-kind contribution description \$ 199.94 Envelopes, Invitations	
	7 Contributor address; City; State; Zip Cool 1801 State; Zip Cool 1801 Stack Cr.		for election night event furchased from Allegra Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution Contribution \$ description	
	Contributor address; City; State; Zip Co	d	Check if travel outside of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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 MADE 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
Contributions/Donations

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Chris Boswell		3 Filer ID (Ethics Commission Filers)
4 Date 05/07/2016	5 Payeename Jackson Square Event Center		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$ 200.00	301 E. Jackson St., Harlingen, Tx 78550		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Election night ce	elebration
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/27/2016	Meade Marketing, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$3,596.18	211 W. Jefferson, Ste. 7, Harlingen, Tx 7855	50	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Check if Austin,	tside of Texas. Complete Schedule T Tx. off ls, newspaper ads - n and design
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		etside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

POLITICAL EXPENDITURES MADE 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	al Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:		s how to complete this form.	3 Filer ID (Ethics Commission Filers)
Total pages Schedule F1.	2 FILER NAME Chris Boswell		5 The 15 (Ethics Commission Thers)
4 Date	5 Payeename		
05/01/2016	HEB		
6 Amount (\$)	7 Payee address; City; State; Z	ip Code	
\$ 56.40	1103 Morgan Harlingen,	Tx 78550	
8	(a) Category (See Categories listed at the top of this s	schedule) (b) Description	
PURPOSE	Event evnence	Check if travel o	outside of Texas. Complete Schedule T.
OF EXPENDITURE	Event expense	Check if Austi	in, TX, officeholder living expense
		Stamps, P	ostage
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/11/2016	Meade Marketing, Inc.		
Amount (\$)	Payee address; City; State; Z	Lip Code	
\$ 331.30	211 W. Jefferson, Ste. 7, Harlingen	ı, Tx 78550	
	Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE	Advertising expense		outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising expense	—	in, TX, officeholder living expense
		Thank you	ı banner; Newspaper
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefitC/OH	1		
Date	Payee name		
05/07/2016	La Playa Mexican Cafe		
Amount (\$)	Payee address; City; State; Z	'ip Code	
\$1,609.73	502 S. 77 Sunshine Strip, Harlinger	ı, Tx 78550	
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE	Food/beverage expense		utside of Texas. Complete Schedule T.
OF EXPENDITURE	1 500 beverage expense	Check if Austi	n, TX, officeholder living expense
		Food for	election night celebration
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED