

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 10				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Christopher H. NICKNAME LAST SUFFIX Chris Boswell	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="text-align: center; margin: 0;">Date Received</p> <p style="text-align: center; margin: 0;"><i>Received</i></p> <p style="text-align: center; margin: 0;"><i>all</i></p> <p style="text-align: center; margin: 0;">JUL 12 2013</p> <p style="text-align: center; margin: 0;"><i>5:55 p.m.</i></p> <p style="text-align: center; margin: 0;">Date Hand Delivered or Postmarked</p> <p style="text-align: center; margin: 0;">HARLINGEN, TX</p> <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount</td> </tr> <tr> <td style="border: none;">Date Processed</td> <td style="border: none;">Date Imaged</td> </tr> </table> </div>		Receipt #	Amount	Date Processed	Date Imaged
Receipt #	Amount						
Date Processed	Date Imaged						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 1001 Stack Circle Harlingen, TX 78550						
<input type="checkbox"/> change of address							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 421-2626						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Anita S. NICKNAME LAST SUFFIX Nita Boswell						
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #: CITY: STATE: ZIP CODE 1001 Stack Circle Harlingen, TX 78550						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 421-2626						
9 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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)						
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 05 / 02 / 2013 06 / 30 / 2013						
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special / / /						
12 OFFICE	OFFICE HELD (if any) Mayor	13 OFFICE SOUGHT (if known) Mayor					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Christopher Boswell	15 ACCOUNT # (Ethics Commission Filers)
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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.


<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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additional pages

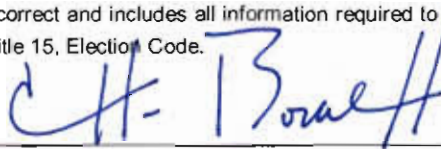
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	-0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,380.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	-0-
	4. TOTAL POLITICAL EXPENDITURES	\$	6,278.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	1,650.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	-0-

18 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.



AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Christopher H. Boswell, this the 15th day of July, 20 13, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Peggy L. Morriss Printed name of officer administering oath	Notary Public Title of officer administering oath
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME Christopher Boswell		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 05/02/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beller, Roy & Martha	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
6 Contributor address. City: State: Zip Code 3122 Leon Circle Harlingen, TX 78550		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/01/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duncan, Robert	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address. City: State: Zip Code P.O. Box 990 San Benito, TX 78586		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/02/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rowe, Dr. James D.-Harlingen Eye Clinic	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address. City: State: Zip Code 2220 Haine Drive, Ste 49 Harlingen, TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/02/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ballenger, Joe H. & Vivian	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address. City: State: Zip Code P.O. Box 2881 Harlingen, TX 78551		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/02/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanusi, M.D., Cherry & Oladayo	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address. City: State: Zip Code 1610 Christian Circle Harlingen, TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME Christopher Boswell		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 05/02/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wolf, Steve J. & Kathy H.	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code P.O. Box 1761 LaFeria, TX 78559		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/03/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kininmonth, Warren D. & Kaye	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1000 Camelot Dr., GH 6248 Harlingen, TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/03/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ray, Barry & Kellye Graham	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2906 Pine Valley Drive Harlingen, TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/05/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burns, Ricky & Laura	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 21201 Hatchett Road Harlingen, TX 78552-4011		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eliff, Joe D.	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1307 W. Harrison Harlingen, TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A.	
2 FILER NAME Christopher Boswell		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 05/07/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eliff, Larry J. 6 Contributor address. City: State: Zip Code 1307 W. Harrison Harlingen, Texas 78550	7 Amount of contribution (\$) \$250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/06/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eliff, William & Merrillee Contributor address City: State: Zip Code 5850 Acacia Drive Harlingen, Texas 78552	Amount of contribution (\$) \$250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/06/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duncan, Patty W. Contributor address: City: State: Zip Code 3008 Daniel Circle Harlingen, Texas 78550	Amount of contribution (\$) \$250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/08/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stoll, Dennis W. Contributor address. City: State: Zip Code 2406 Jacaranda Harlingen, Texas 78586	Amount of contribution (\$) \$100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McLelland, Mike & Ann Contributor address. City: State: Zip Code P.O. Box 2728 Harlingen, Texas 78551	Amount of contribution (\$) \$250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A 5	
2 FILER NAME Christopher Boswell		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 05/09/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bermea, Santos Rene 6 Contributor address; City, State, Zip Code 2418 N. Parkwood Harlingen, Texas 78550	7 Amount of contribution (\$) \$180.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable) Use of company trailer for political signs
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME Christopher Boswell		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 05/06/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ziehe, Eric J. & Dawn M.	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code 2801 Becky Lane Harlingen, Texas 78550		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Rowin Family Limited Partnership	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 133 S. Nueces Park Ln. Harlingen, Texas 78552		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Texas Association of Realtors - PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code P.O. Box 2246 Austin, TX 78768-2245		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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.

1 Total pages Schedule F: 3	2 FILER NAME Christopher Boswell	3 ACCOUNT # (Ethics Commission Filers)
4 Date 05/06/13	5 Payee name ProForma	
6 Amount (\$) \$119.68	7 Payee address: City: State: Zip Code P.O. Box 640814, Cincinnati, Ohio 45264-0814	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Balloons, decoration
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Christopher Boswell	Office sought Mayor
		Office held Mayor
Date 05/09/13	Payee name Rio Grande Equipment Company	
Amount (\$) \$305.81	Payee address: City: State: Zip Code 2601 S. 77 Sunshine Strip, Harlingen, Texas 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Cosntruction, Material & Labor for sign frame for trailer
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Christopher Boswell	Office sought Mayor
		Office held Mayor
Date 05/09/13	Payee name Santos Rene Bermea	
Amount (\$) \$140.00	Payee address: City: State: Zip Code 2418 N. Parkwood, Harlingen, Texas 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel in District	Description (If travel outside of Texas, complete Schedule T) Gas & Supplies for trailer
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Christopher Boswell	Office sought Mayor
		Office held Mayor
Date 05/10/13	Payee name Meade Marketing, Inc.	
Amount (\$) \$2,155.86	Payee address: City: State: Zip Code 211 W. Jefferson, Suite 7, Harlingen, Texas 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Production & design, television, newspaper ad development
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Christopher Boswell	Office sought Mayor
		Office held Mayor

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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.

1 Total pages Schedule F 3	2 FILER NAME Christopher Boswell	3 ACCOUNT # (Ethics Commission Filers)
4 Date 05/14/13	5 Payee name Colettis	
6 Amount (\$) \$2,527.19	7 Payee address: City: State: Zip Code 202 S. 1st Street, Harlingen, Texas 78550	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Campaign celebration-food/drink
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Christopher Boswell	Office sought Mayor Office held Mayor
Date 05/20/13	Payee name Rio Grande Equipment Company	
Amount (\$) \$75.00	Payee address: City: State: Zip Code 2601 S. 77 Sunshine Strip, Harlingen, Texas 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Sign disposal & stake cleaning
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Christopher Boswell	Office sought Mayor Office held Mayor
Date 05/22/13	Payee name Meade Marketing, Inc.	
Amount (\$) \$325.00	Payee address: City: State: Zip Code 211 W. Jefferson, Suite 7, Harlingen, Texas 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Valley Morning Star "Thank You" ad
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Christopher Boswell	Office sought Mayor Office held Mayor
Date 06/15/13	Payee name Elliff Motors	
Amount (\$) \$180.00	Payee address: City: State: Zip Code 1307 W. Harrison Harlingen, Texas 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Political Advertising/trailer rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Christopher Boswell	Office sought Mayor Office held Mayor

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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.

1 Total pages Schedule F: 3	2 FILER NAME Christopher Boswell	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 06/15/13	5 Payee name RGV+Beyond Arts & More
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6 Amount (\$) \$350.00	7 Payee address: City: State: Zip Code 2216 Camelot Plaza Circle Harlingen, Texas 78550
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (if travel outside of Texas, complete Schedule T) Political Advertising
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Christopher Boswell	Office sought Mayor	Office held Mayor
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Date 06/30/13	Payee name Rowin Family Limited Partnership
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Amount (\$) \$100.00	Payee address: City: State: Zip Code 133 S. Nueces Park Ln. Harlingen, Texas 78552
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (if travel outside of Texas, complete Schedule T) Return of contribution from limited Partnership with GP of Limited Liab Company
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Christopher Boswell	Office sought Mayor	Office held Mayor
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Date	Payee name
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Amount (\$)	Payee address: City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address: City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED