# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

# FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruction C	Guide explains how to complete	this form.	1 Filer ID		2 Total pages file	ed:
The Go Groff modulen c	value explains now to complete	1110 101111	(Ethics Commission Filers) 00081381		11	L
3 CANDIDATE	MS / MRS / MR	FIRST	•	MI	OFFICE U	ISE ONLY
NAME	Ms.	Lillie J.			Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2025	
	TVIOTA VIV.	Schechter				
					Date Hand-delivered or	Date Postmarked
4 CANDIDATE	ADDRESS / PO BOX; AP	T / SUITE #; C	CITY; STATE; ZIP COD	E	Date Hard delivered	Date i osanamos
ADDRESS	P.O. Box 667204				Receipt #	Amount
Change of Address	Houston, TX 77266				Date Processed	
Change of Addicess					D. A. Immad	
					Date Imaged	
<b>5</b> CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME		Larissa				
INAIVIE						
	NICKNAME	LAST			SUFFIX	
		Charles				
6 CAMPAIGN	STREET ADDRESS (NO PO	O BOX PLEASE)	; APT / SUITE #;	CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	2339 Commerce		•			
(Residence or Business)	Houston, TX 77002					
7 CAMPAIGN	AREA CODE	PHONE N	NUMBER		EXTENSION	
TREASURER PHONE	(281) 508-8550					
FIIONL						
8 REPORT TYPE						
O KEI OKI III E	January 15	30th day	y before convention / electio	n [	Runoff	
	X July 15	☐ 8th day	before convention / election	, г	T Final report (A	ttach SC C/OH-FR)
	X July 13	our day	Delote Convention / Ciccash	' <b>L</b>	Filiai Teport (/ )	lldCir SC C/Orr r Ry
9 PERIOD	Month Day Y	Year			Month D	eay Year
COVERED	03/21/2025		THROUGH			0/2025
10 CONVENTION /	Month Day Y	⁄ear	11 OFFICE		STATE CHAIF	₹
ELECTION DATE			SOUGHT		COUNTY CHA	AIR
<b>12</b> POLITICAL PARTY	Democrat		COUN	ITY (If Applica	ıble)	
		CO	TO PAGE 2			
		GO	TO PAGE 2			

#### STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT: SUPPORT & TOTALS

# FORM SC C/OH COVER SHEET PG 2

2 of 11

13 CANDIDATE NAME	Schechter, Lillie J. (N	<b>1</b> s.)	14 Filer 0008		Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)		andidate's knowledge or cons	cal committees to support the ca ent. Candidates are required to		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
radiaona rages	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN T	REASURER NAME		
		COMMITTEE CAMPAIGN T	REASURER ADDRESS		
16 CONTRIBUTION TOTALS			TIONS (OTHER THAN PLEDG BUTIONS MADE ELECTRONIC		0.00
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUAR	RANTEES OF LOANS)	\$	3,693.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITI	JRES	\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	5,433.41
CONTRIBUTION BALANCE	5. TOTAL POLITIC. REPORTING PE		AINED AS OF THE LAST DAY	OF THE \$	781.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		ANDING LOANS AS OF THE	\$	0.00
<b>17</b> AFFADAVIT		true and o	r affirm, under penalty of perjur correct and includes all informat e 15, Election Code.		
			Ms. Lillie J. S	schechter	
			Signature of C	Candidate	
AFFIX NO	TARY STAMP / SEAL ABO	OVE			
Sworn to and subso	cribed before me, by the s	aid	, this	the	day
of	, 20, to ce	rtify which, witness my hand	and seal of office.		
Signature of office	eer administering oath	Printed name of officer a	administering oath	Title of officer adminis	stering oath

### SUBTOTALS - SC C/OH

## FORM SC C/OH COVER SHEET PG 3

			C	JVER SH	3 of 11
l		E NAME , Lillie J. (Ms.)	19 Filer ID 00081381	(Ethics Com	mission Filers)
		E SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,693.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	5,433.41
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/11	
2	FILER NAME Schechter, L	illie J. (Ms.)			3	Filer ID (Ethics Commission 00081381	on Filers)
4	Date 03/28/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$250.00
_	Deinsinal assu	Houston, TX 77007	10	Familia var (Cala Instructiona			
8	Lawyer	pation / Job title (See Instructions)	9	Employer (See Instructions Edgardo E. Colon PC	<del></del>		
	Date 03/26/2025	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$750.00
	Principal occu	Houston, TX 77021 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Consultant	, ,		The Daniels Group			
	Date 03/26/2025			)		Amount of Contribution (\$)	\$50.00
		Houston, TX 77027					
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 03/25/2025	Full name of contributor out-of-state PAC Miller, Bill Contributor address; City; State; Zip Code Austin, TX 78703		)		Amount of Contribution (\$)	\$2,000.00
	Principal occu Lobbyist	pation / Job title (See Instructions)		Employer (See Instructions HillCo Partners LLC	5)		
	Date 04/04/2025	Full name of contributor out-of-state PAC Rosenfeld, Wendy Contributor address; City; State; Zip Code Houston, TX 77096	(ID#:	)		Amount of Contribution (\$)	\$18.00
	Principal occu Golf Course	pation / Job title (See Instructions)		Employer (See Instructions Greenscape Methods	5)		
	Son Course	Constitution		Creenscape Methous			

	MONETARY POLITIC	CAL CONTRIBUTIO	ONS			SCHEDUL	E <b>A1</b>
	The Instruction Guide explai	ins how to complete this fo	orm.	1	Total pages Sch Sch: 2/2 Rpt:		
2	FILER NAME Schechter, Lillie J. (Ms.)						
4	Date 03/22/2025  5 Full name of contrib Schechter, Lucia 6 Contributor address	7	Amount of Cont	ribution (\$)	\$25.00		
8	College Station, 7 Principal occupation / Job title (See In		9 Employer (See Instructions	<u> </u>			
	Interpreter	ou doublis)	Akorbi	٠,			
	Date Full name of contrib 03/26/2025 Wiens Talbert, Ar Contributor address		)		Amount of Cont	ribution (\$)	\$100.00
	Houston, TX 770						
	Principal occupation / Job title (See In Chief Strategy Officer	structions)	Employer (See Instructions Planned Parenthood Gu		Coast		
	Date Full name of contribution address  Contributor address  Houston, TX 7706	s; City; State; Zip Code			Amount of Cont	indution (\$)	\$500.00
	Principal occupation / Job title (See In Attorney	structions)	Employer (See Instructions Lanier Law Firm	5)			

#### SCHEDULE F1

Advertising Expense Event
Accounting/Banking Fees
Consulting Expense Food/
Contributions/ Populations Made By -

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 1/6 Rpt: 6/11	2 FILER NAME Schechter, Lillie J. (Ms.) 3 Filer ID (Ethics Commission Filers) 00081381
4 Date 04/15/2025	5 Payee name Actblue
6 Amount (\$) \$165.65	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense credit card fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 03/26/2025	Payee name Airbnb
Amount (\$) \$156.15	Payee address; City; State; Zip Code 888 Brannan St FL 4 San Francisco, CA 94103
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense lodging
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 03/27/2025	Payee name Grizzelda's
Amount (\$) \$138.46	Payee address; City; State; Zip Code  105 Tillery St
	Austin, TX 78702
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense food
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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)

L			The Instruction Guide	explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	1					<b>3</b> File		(Ethics Commissio	n Filers)
L	Sch: 2/6 Rpt: 7/11	_	Schechter, Lillie J. (Ms.)				000	081381		
4		1	Payee name							
L	03/28/2025		HEB							
6	Amount (\$)	1	Payee address; City;	State; Zip Co	de					
	\$328.38	1	1801 E.51ST STREET							
			Austin, TX 78723							
8			Category (See Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	F	Food/Beverage Expense			Check if travel ou			nplete Schedule T. g expense	
	ĺ					food for staff				
		1			<b> </b>		_	_		_
9	Complete ONLY if direct expenditure to benefit C/OH		andidate/Officeholder name	Office sou	ght			Office h	eld	
$\vdash$	· .	_								
	Date 03/21/2025	1	Payee name HOLIDAY INN EXPRESS							
$\vdash$		—		Stato: 7in O-	do					
	Amount (\$) \$138.18	1	Payee address; City; B Ravinia Dr	State; Zip Co	ue					
	Ψ100.10	`								
			Atlanta, GA 30346		_					
	PURPOSE OF		Category (See Categories listed at the to	op of this schedule)	(b)	Description	ıtci-i		valota California	
	EXPENDITURE	1	Travel In District			Check if travel ou			nplete Schedule T. g expense	
	İ					lodging				
L										
آ	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Officeholder name	Office sou	ght	<del></del>		Office h	eld	_ <del></del>
L		_								
	Date	1	Payee name							
L	03/29/2025	╄	Mother's Ruin	Chata: 7!: C	da					
	Amount (\$) \$26.89	1	Payee address;	State; Zip Co e 204	ae					
	Ψ20.09		LIVE E Our Or Durining A, Suite	- <del></del>						
			Austin, TX 78702							
ً	PURPOSE OF	1	Category (See Categories listed at the to	op of this schedule)	(b)	Description	utoisi- *		valota Cob - del =	
	EXPENDITURE	1	Travel In District			Check if travel ou			nplete Schedule T. g expense	
	İ					food				
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Officeholder name	Office sou	ght			Office h	eld	
ı										

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services  The Instruction Guide 6	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 3/6 Rpt: 8/11	Schechter,	Lillie J. (Ms.)					00081381	
4	Date	5 Payee name							
	03/29/2025	Mother's R							
6	Amount (\$)	7 Payee addre	•	State; Zip C	ode				
	\$106.48	1401 E 6th	St Building A, Suite	204					
		Austin, TX	78702						
8	PURPOSE OF		ee Categories listed at the top	of this schedule)	(b)	Description	OU #~ :	do of Toyes C	plata Sahadula T
	EXPENDITURE	Food/Bever	age Expense			<b>=</b>		de of Texas. Com officeholder living	
						food		•	
9	Complete ONLY if direct		ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	<b>⊣</b>							
	Date	Payee name							
	03/29/2025	Mother's Rı	uin						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$41.00	1401 E 6th	St Building A, Suite	204					
		Austin, TX	78702						
	PURPOSE OF		ee Categories listed at the top	of this schedule)	(b)	Description			
	EXPENDITURE	Food/Bever	age Expense			<b>=</b>		de of Texas. Com officeholder living	
						food	,		•
	Complete ONLY if direct		ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	<del></del>							
	Date	Payee name							
	03/22/2025	Rosario's C	omidaMex & Bar						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$3,189.27	722 S St M	ary's St						
		San Antoni	o, TX 78205						
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Event Expe	nse			<u></u>		de of Texas. Com	
	-					food for event		officeholder living	g expense
						.554 151 64611	•		
_	Complete ONLY if direct	Candidate/Off	ceholder name	Office so	l ught			Office he	eld
	expenditure to benefit C/O								

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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)

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.		
1	Total pages Schedule F1: Sch: 4/6 Rpt: 9/11	2 FILER NAME Schechter, Lillie J. (Ms.)	3	Filer ID 00081381	(Ethics Commission Filers)
4	Date 03/21/2025	5 Payee name Southwest	•		
6	Amount (\$) \$208.99	7 Payee address; City; State; Zip Code 2702 Love Field Dr.			
8	PURPOSE OF EXPENDITURE	Dallas, TX 75235  (a) Category (See Categories listed at the top of this schedule)  Travel In District  (b)	=	side of Texas. Com <sub>l</sub>	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought		Office he	eld
	Date 03/21/2025	Payee name Southwest			
	Amount (\$) \$302.48	Payee address; City; State; Zip Code 2702 Love Field Dr.  Dallas, TX 75235			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District	<b>—</b>	side of Texas. Com K, officeholder living	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
	Date 03/23/2025	Payee name Uber			
	Amount (\$) \$46.82	Payee address; City; State; Zip Code 1725 3rd Street			
		San Francisco, CA 94158			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b)		side of Texas. Com K, officeholder living	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
1	Sch: 5/6 Rpt: 10/11	2 FILER NAME Schechter, Lillie J. (Ms.) 3 Filer ID (Ethics Commission Filers) 00081381	
4	Date	5 Payee name	
	03/28/2025	Uber	
6	Amount (\$) \$45.97	7 Payee address; City; State; Zip Code 1725 3rd Street	
		San Francisco, CA 94158	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense travel	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/27/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	1725 3rd Street	
		San Francisco, CA 94158	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		travel	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/28/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.74	1725 3rd Street	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		travel	
			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			-

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transport in District Travel in District Travel Out of District
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 3 Filer ID (Ethics Commission Filers)
	Sch: 6/6 Rpt: 11/11	Schechter, Lillie J. (Ms.) 00081381
4	Date	5 Payee name
	03/28/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.00	1725 3rd Street
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense tip for driver
		üβ ioi diivei
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Data	
	Date	Payee name
	03/28/2025	Volstead
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1500 E 6th St
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense food and beverage for event
		lood and beverage for event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	03/28/2025	wright bros brew
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.95	500 San Marcos St #105
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense food
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense food  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense food  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense food  Candidate/Officeholder name  Office sought  Office held