

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: 9
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Heidi	MI E.	OFFICE USE ONLY Date Received JUN 14 2015 <i>MW</i>
	NICKNAME	LAST Easley	SUFFIX	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Hand-delivered or Postmarked
	P.O. Box 667, Victoria TX 77902					Receipt #

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 676-4559	EXTENSION	Date Processed
				Date Imaged

6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Lisa	MI	
	NICKNAME	LAST Harvey Moore	SUFFIX	

7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	111 S. Main St. Victoria, TX 77901				

8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 649-4150	EXTENSION

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
	1	1	2015		6	30	2015

11 ELECTION	ELECTION DATE Month / Day / Year			ELECTION TYPE			
				<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special

12 OFFICE OFFICE HELD (if any) Victoria County Clerk	13 OFFICE SOUGHT (if known)
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS


FORM C/OH COVER SHEET PG 2

14 C/OH NAME Mrs. Heidi E. Easley	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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.		
	<table border="1" style="width:100%"> <tr> <td style="width:25%"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td> COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/> </td> </tr> </table>	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>		

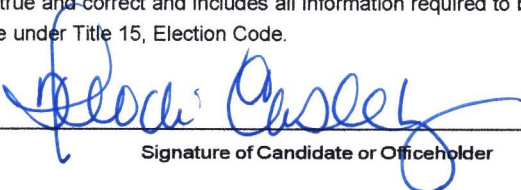
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 630.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,730.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 34.23
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,678.01
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 943.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



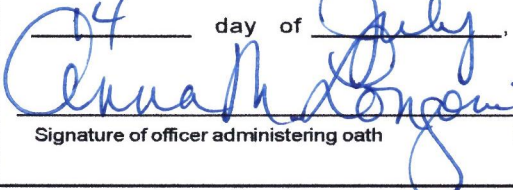
AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Heidi Easley, this the 04 day of July, 2015, to certify which, witness my hand and seal of office.



 Signature of officer administering oath

Anna M. Longoria

 Printed name of officer administering oath

Notary Public

 Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME Mrs. Heidi E. Easley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6-4-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Ellwood Ernst	7 Amount of contribution (\$) 100.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 202 Whispering Creek, Victoria, TX 77904		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6-4-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Zafereo	Amount of contribution (\$) 200.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 125 Kreekvew, Victoria, TX 77904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-4-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Bomersbach	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 606 Basswood, Victoria, TX 77904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-4-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Rachel Heard	Amount of contribution (\$) 200.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 17 Meadowview, Victoria, TX 77904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-4-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William F. Moeller	Amount of contribution (\$) 150.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Po Box 3547, Victoria, TX 77903		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>4</u>	
2 FILER NAME <u>Mrs. Heidi E. Easley</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>6-4-15</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Michael Stanford</u>	7 Amount of contribution (\$) <u>100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>167 Aloe Rd. North, Victoria, TX 77905</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>6-8-15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert J. Hewitt Jr.</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>PO Box 400, Victoria, TX 77902</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>6-8-15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ray L. Easley</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>302 W. Forrest, Victoria, TX 77901</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>6-8-15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert McKay</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>PO Box 2469, Victoria, TX 77902</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>6-8-15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Susan Whitehouse</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>8747 US Hwy 87 North, Victoria, TX 77904</u>		(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: <u>4</u>	
2 FILER NAME <u>Mrs. Heidi E. Easley</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>6-8-15</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bill & Lea Murphy</u>	7 Amount of contribution (\$) <u>300.⁰⁰</u>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <u>PO Box 1307, Victoria, TX 77902</u>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>6-18-15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>A. C. Frankson</u>	Amount of contribution (\$) <u>100.⁰⁰</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>305 Summerwind Dr, Victoria, TX 77904</u>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>6-18-15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jay Easley</u>	Amount of contribution (\$) <u>100.⁰⁰</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>614 Basswood St, Victoria, TX 77904</u>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>6-18-15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Leslie Werner</u>	Amount of contribution (\$) <u>200.⁰⁰</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>PO Box 247, Victoria, TX 77902</u>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>6-18-15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Marek Griffin + Knaupp</u>	Amount of contribution (\$) <u>250.⁰⁰</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>PO Box 2329, Victoria, TX 77902</u>	(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: 4	
2 FILER NAME Mrs. Heidi E. Easley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6-23-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Smajstrla	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1577 Wood Hi Rd., Victoria, TX 77905		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6-23-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Lee McNeill	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 3446, Victoria, TX 77903		(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)	
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: 1	2 FILER NAME Mrs. Heidi E. Easley	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6-19-15	5 Payee name Martin Printing	
6 Amount (\$) 988.62	7 Payee address; City; State; Zip Code 2407 N. Laurent St., Victoria, TX 77901	
8 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) <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 6-19-15	Payee name Chris Nicholson	
Amount (\$) 1,500.00	Payee address; City; State; Zip Code PO Box 2522, Victoria, TX 77902	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees - Reimbursement	Description (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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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 PERSONAL FUNDS

SCHEDULE G

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 G: 2	2 FILER NAME Ms. Heidi E. Easley	3 ACCOUNT # (Ethics Commission Filers)
4 Date 1-12-15	5 Payee name Chris Nicholson	
6 Amount (\$) 304.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 2522, Victoria, TX 77902	
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) Reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 1-23-15	Payee name Postmaster	
Amount (\$) 42.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 312 S. Main, Victoria, TX 77901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Rental Expense - PO box	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 5-29-15	Payee name Postmaster	
Amount (\$) 334.21 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 312 S. Main, Victoria, TX 77901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Postage	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 5-29-15	Payee name Fossati's	
Amount (\$) 414.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 302 S. Main St., Victoria, TX 77901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) fundraiser <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <i>2</i>	2 FILER NAME <i>Mr. Heidi E. Easley</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>6-19-15</i>	5 Payee name <i>Postmaster</i>	
6 Amount (\$) <i>17.15</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>312. S. main, Victoria, TX 77901</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Postage Fee</i>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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