

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**3563 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: 8
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Commissioner Samuel T. NICKNAME LAST SUFFIX Biscoe		OFFICE USE ONLY RECEIVED ETHICS COMMISSION 1 40 PM '91
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 6411 Bridgewater Drive Austin, Texas 78723		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Eugene NICKNAME LAST SUFFIX Bailey		Receipt # HD / PM Amount Date Processed
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY STATE ZIP CODE 3212 Northeast Drive Austin, Texas 78723		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 926-0427		
8 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)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 97 THROUGH 6 / 30 / 97		
10 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) County Commissioner, Pct. 1		12 OFFICE SOUGHT (if known)
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <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 None 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**

14 C/OH NAME

Samuel T. Biscoe

15 ACCOUNT # (Ethics Commission files)

16 SUPPORTING POLITICAL COMMITTEE(S)

-- This listing includes political expenditures 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

additional pages

COMMITTEE NAME

None

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavits below and submit pages 1 and 2 only)

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)

\$ 650.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 327.01

4. TOTAL POLITICAL EXPENDITURES

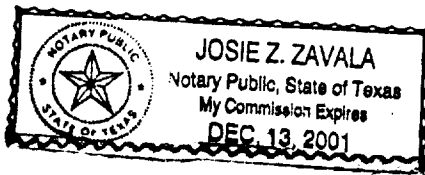
\$ 1983.54

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Samuel T. Biscoe
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Samuel T. Biscoe this the 15th day of July 19 97, to certify which, witness my hand and seal of office.

Josie Z. Zavala
Signature of officer administering oath

Print 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.

1 Total pages Schedule A: 1/1

2 FILER NAME Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/23/97

5 Full name of contributor out of state PAC
Rust/Wheelabrator Sensible Government

7 Amount of contribution (\$) 400.00

8 In-kind contribution description(if applicable)

6 Contributor address; City; State; Zip Code
811 Barton Springs Road Fund
Austin, Texas 78704

9 Principal occupation

10 Employer (optional)

Date 4/23/97

Full name of contributor out of state PAC
Rosalyn Craig

Amount of contribution (\$) 250.00

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code
12502 Laramie Parke
Austin, Texas 78726

Principal occupation

Employer (optional)

Date

Full name of contributor out of state PAC

Amount of contribution (\$)

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor out of state PAC

Amount of contribution (\$)

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor out of state PAC

Amount of contribution (\$)

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

None

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule B: 1/1

2 FILER NAME Samuel T. Biscoe 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: \$

6 Date 6 Full name of pledgor out of state PAC 8 Amount of pledge (\$) 9 In-kind description (if applicable) 7 Pledgor address; City; State; Zip Code

10 Principal occupation 11 Employer (optional)

Date Full name of pledgor out of state PAC Amount of pledge (\$) In-kind description (if applicable) Pledgor address; City; State; Zip Code

Principal occupation Employer (optional)

Date Full name of pledgor out of state PAC Amount of pledge (\$) In-kind description (if applicable) Pledgor address; City; State; Zip Code

Principal occupation Employer (optional)

Date Full name of pledgor out of state PAC Amount of pledge (\$) In-kind description (if applicable) Pledgor address; City; State; Zip Code

Principal occupation Employer (optional)

Date Full name of pledgor out of state PAC Amount of pledge (\$) In-kind description (if applicable) Pledgor address; City; State; Zip Code

Principal occupation Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

None

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1/1

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission files)

4

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender

out of state PAC

9 Loan Amount (\$)

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out of state PAC

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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

POLITICAL EXPENDITURES

SCHEDULE F

* The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2/4
2 FILER NAME Samuel T. Biscoe		3 ACCOUNT # (Ethics Commission files)
4 Date 3/4/97	5 Payee name University Hills Optimist Club 6 Payee address: City: State: Zip Code P.O. Box 16426 Austin, Texas 78761	7 Amount (\$) 85.00
8 Purpose of expenditure Donation for youth activities		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 3/7/97	Payee name Diana's Flower Shop Payee address: City: State: Zip Code 2614 E. 74th Street Austin, Texas 78702	Amount (\$) 70.36
Purpose of expenditure Flowers for funeral		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 4/29/97	Payee name Thompson Conference Center Payee address: City: State: Zip Code P.O. Box 7879 Austin, Texas 78713	Amount (\$) 51.31
Purpose of expenditure Refreshments for Citizens Bond Advisory Committee		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 5/12/97	Payee name Austin Museum of Art Payee address: City: State: Zip Code P.O. Box 5568 Austin, Texas 78763	Amount (\$) 100.00
Purpose of expenditure Donation		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

* The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1/4
2 FILER NAME Samuel T. Biscoe		3 ACCOUNT # (Ethics Commission files)
4 Date 2/3/97	5 Payee name Texas School for the Deaf 6 Payee address: City: State: Zip Code P.O. Box 3538 Austin, Texas 78764	7 Amount (\$) 55.00
8 Purpose of expenditure Sports Calendar		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 2/12/97	Payee name Tomorrow's Women in Science + Technology Payee address: City: State: Zip Code P.O. Box 203961 Austin, Texas 78720	Amount (\$) 200.00
Purpose of expenditure Donation		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 2/13/97	Payee name Elks Lodge Payee address: City: State: Zip Code 7237 Hwy 290 E. Austin, Texas 78723	Amount (\$) 91.45
Purpose of expenditure Donation for state convention		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 3/4/97	Payee name Worley Printing Payee address: City: State: Zip Code 3217 N. I-35 Austin, Texas 78722	Amount (\$) 392.41
Purpose of expenditure Campaign Flyers		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3/4
2 FILER NAME Samuel T. Biscoe		3 ACCOUNT # (Ethics Commission filers)
4 Date 6/1/97	5 Payee name Alpha Fraternity 6 Payee address: City: State: Zip Code c/o John Linton 11919 Bluebonnet Lane Manchaca, Texas 78652	7 Amount (\$) 56.00
8 Purpose of expenditure Scholarship Fund		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 6/2/97	Payee name Austin Young Lawyer's Association Payee address: City: State: Zip Code 700 Lavaca, Suite # 602 Austin, Texas 78701	Amount (\$) 100.00
Purpose of expenditure Donation		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 6/11/97	Payee name Capital Area Progressive Democrats Payee address: City: State: Zip Code P.O. Box 142175 Austin, Texas 78714	Amount (\$) 100.00
Purpose of expenditure Donation / Sponsorship		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 6/20/97	Payee name Vietnam Veteran's Foundation of Texas Payee address: City: State: Zip Code P.O. Box 14382 Austin, Texas 78761	Amount (\$) 95.00
Purpose of expenditure Donation		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

<p>A The INSTRUCTION GUIDE explains how to complete this form.</p>		<p>1 Total pages Schedule F: 4/4</p>
<p>2 FILER NAME Samuel T. Biscoe</p>		<p>3 ACCOUNT # (Ethics Commission filers)</p>
<p>4 Date 6/24/97</p>	<p>5 Payee name Eastside Baptist Church</p> <p>6 Payee address; City; State; Zip Code 7109 Hwy 290 E. Austin, Texas 78723</p>	<p>7 Amount (\$) 100.00</p>
<p>8 Purpose of expenditure Donation</p>		<p>9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held</p>
<p>Date 6/30/97</p>	<p>Payee name The Villager (Newspaper)</p> <p>Payee address; City; State; Zip Code P.O. Box 1223 - A Rosewood Avenue Austin, Texas 78702</p>	<p>Amount (\$) 60.00</p>
<p>Purpose of expenditure Juneteenth ad</p>		<p>-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held</p>
<p>Date 4/30/97</p>	<p>Payee name Sam Biscoe</p> <p>Payee address; City; State; Zip Code P.O. Box 1748 Austin, Texas 78767</p>	<p>Amount (\$) 100.00</p>
<p>Purpose of expenditure Reimbursement for luncheons with the PUSH UP Foundation and office staff</p>		<p>-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held</p>
<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p>	<p>Amount (\$)</p>
<p>Purpose of expenditure</p>		<p>-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held</p>

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

None

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1/1

2 FILER NAME Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

None

^ The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H: 1/1
2 FILER NAME Samuel T. Biscoe		3 ACCOUNT # (Ethics Commission files)
4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount (\$)
8 Purpose of payment		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

None

SCHEDULE I

* The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

1/1

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure	8 Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

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