

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 3866

### 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: <b>30</b>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <i>Samuel T.</i>	OFFICE USE ONLY Date Received FEB 11 4 12 PM '98 FILED CLERK TRAVIS COUNTY, TEXAS	
	NICKNAME LAST SUFFIX <i>Bischoe</i>		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>809 Rio Grande, Suite 102 Austin, TX 78701</i>		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <i>Eugene</i>	Receipt	
	NICKNAME LAST SUFFIX <i>Baily</i>	Date Processed	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>3212 Northeast Dr. Austin, TX 78723</i>	Date Imaged	
7 CAMPAIGN TREASURER PHONE	AREA CODE; PHONE NUMBER; EXTENSION <i>(512) 924 - 0427</i>		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input 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 <i>1 11 198    2 16 198</i>		
10 ELECTION	ELECTION DATE Month Day Year <i>3 11 198</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) <i>NONE</i>	12 OFFICE SOUGHT (if known) <i>Travis County Judge</i>	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p>-- 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. --</p> <p>Name</p> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>		

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME <i>Samuel T. Biscoe</i>	15 ACCOUNT # (Ethics Commission Files)
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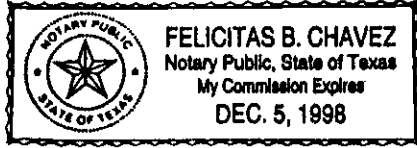
16 SUPPORTING POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  <i>NONE</i>
		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 affidavit 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	\$ <i>3,410.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>22,730.00</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <i>—</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>14,674.61</i>
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>2,500.00</i>

19 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.



*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 9<sup>th</sup> day of February 1998, to certify which, witness my hand and seal of office.

<i>Felicitas B. Chavez</i> Signature of officer administering oath	Felicitas B. Chavez Print 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: <b>17</b>	
2 FILER NAME <i>Samuel T. Buscoe</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>1/15/98</i>	5 Full name of contributor <i>Jim P. Tolbot</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2029 Greenwood Ln. Roanoke, TX. 76262</i>			
9 Principal occupation		10 Employer (optional)	
Date <i>1/15/98</i>	Full name of contributor <i>KOCH PAC</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 2256 Wichita, KS. 67201</i>			
Principal occupation <i>(1401 I. St. N.W. Suite 300</i>		Employer (optional) <i>WASHINGTON, DC. 20005</i>	
Date <i>1/15/98</i>	Full name of contributor <i>Sue Deleuze</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8907 Monie Circle Austin, TX 78758</i>			
Principal occupation		Employer (optional)	
Date <i>1/15/98</i>	Full name of contributor <i>Cal Varner</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$2000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1211 E. 11th St. Austin, TX 78702</i>			
Principal occupation		Employer (optional)	
Date <i>1/15/98</i>	Full name of contributor <i>Leland Beatty</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$75.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2529 Winsted La. Austin, TX. 78703</i>			
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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule A: <u>17</u>	
2 FILER NAME				3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)		
<u>1/15/98</u>	<u>Lodis Rhoder</u> 6 Contributor address: City: State; Zip Code <u>7005 Greenock</u> <u>Austin, TX 78749-2405</u>	<u>\$175.00</u>			
9 Principal occupation <u>(professor)</u>			10 Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)		
<u>1/15/98</u>	<u>Dawana M. Duker</u> Contributor address: City: State; Zip Code <u>5224 Marymount Dr.</u> <u>Austin, TX 78723</u>	<u>\$1100.00</u>			
Principal occupation <u>(elected official)</u>			Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)		
<u>1/15/98</u>	<u>Shuronda N. Robinson</u> Contributor address: City: State; Zip Code <u>510 S. Congress Ave.</u> <u>Suite 102 Austin, TX 78704</u>	<u>\$1100.00</u>			
Principal occupation			Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)		
<u>1/15/98</u>	<u>Bradley C. Bryant</u> Contributor address: City: State; Zip Code <u>1122 Colorado Suite 301</u> <u>Austin, TX 78701</u>	<u>\$1000.00</u>			
Principal occupation			Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)		
<u>1/15/98</u>	<u>Ben Fisher</u> Contributor address: City: State; Zip Code <u>11322 June Dr.</u> <u>Austin, TX 78753</u>	<u>\$50.00</u>			
Principal occupation <u>retired</u>			Employer (optional)		

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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: *17*

2 FILER NAME

*Samuel T. Biscoe*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*1/19/98*

5 Full name of contributor

*Donna Hightower Vanoutrine*

out of state PAC

7 Amount of contribution (\$)

*20.00*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*8702 Pointer La.  
Austin, TX 78758*

9 Principal occupation

10 Employer (optional)

Date

*1/19/98*

Full name of contributor

*Rita J. Lincomb*

out of state PAC

Amount of contribution (\$)

*5100.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*4412 Clarno Dr.  
Austin, TX 78744*

Principal occupation

Employer (optional)

Date

*1/19/98*

Full name of contributor

*Kelly Keeto*

out of state PAC

Amount of contribution (\$)

*5150.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*4607 Sara  
Austin, TX. 78721*

Principal occupation

Employer (optional)

Date

*2/2/98*

Full name of contributor

*JAMES R. Carpenter*

out of state PAC

Amount of contribution (\$)

*11000.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*1402 Ridgecrest  
Austin, TX - 78746 - 2217*

Principal occupation

Employer (optional)

Date

*2/2/98*

Full name of contributor

*Demetri Sampson*

out of state PAC

Amount of contribution (\$)

*5500.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2209 Elder Oaks Ln.  
Dallas, TX*

Principal occupation

*(Attorney)*

Employer (optional)

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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: 17

2 FILER NAME Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission filers)

4 Date 2/2/98 5 Full name of contributor  out of state PAC  
H. Row White & Assoc.

7 Amount of contribution (\$) \$250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
1999 Bryon St.  
Dallas, TX 75201

9 Principal occupation 10 Employer (optional)

Date 2/2/98 Full name of contributor  out of state PAC  
Jim Talbot

Amount of contribution (\$) \$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
2029 Greenwood Ln.  
Roanoke, TX 76262

Principal occupation Employer (optional)

Date 2/2/98 Full name of contributor  out of state PAC  
Niva Patel

Amount of contribution (\$) \$200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1301 Buxton  
De Soto, TX 75115

Principal occupation Employer (optional)

Date 2/2/98 Full name of contributor  out of state PAC  
Mrs. Cleophas R. Steel

Amount of contribution (\$) \$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
330 S. R.L. Thornton  
Suite 112 Dallas TX 75203

Principal occupation Employer (optional)

Date 2/2/98 Full name of contributor  out of state PAC  
Vonciel Jones 1611

Amount of contribution (\$) \$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1627 Acapulca Dr.  
Dallas, TX 75232

Principal occupation Employer (optional)

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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: <b>17</b>	
2 FILER NAME <i>Samuel T. Briscoe</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2/2/98</b>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>Charles S. Black Jr.</i>	7 Amount of contribution (\$) <b>1,100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1315 Deer Ridge Dr. Duncanville, TX 75137</i>			
9 Principal occupation		10 Employer (optional)	
Date <b>2/2/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Zackery &amp; Catherine Walker</i>	Amount of contribution (\$) <b>1,500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3209 Ridge Oak Dr. Bullard, TX 75844</i>			
Principal occupation		Employer (optional)	
Date <b>2/2/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Gerald Alley</i>	Amount of contribution (\$) <b>1,250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>606 Loch Chalet Ct. Arlington, TX 76012</i>			
Principal occupation		Employer (optional)	
Date <b>2/2/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Lynn &amp; Bernice Washington</i>	Amount of contribution (\$) <b>1,100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4359 Highlander Dr. Dallas, TX 75287-6842</i>			
Principal occupation		Employer (optional)	
Date <b>2/2/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Dr. Troy Colman</i>	Amount of contribution (\$) <b>150.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7003 Hunnicutt Rd. Dallas, TX 75227-4534</i>			
Principal occupation		Employer (optional)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTOR GUIDE explains how to complete this form.			1 Total pages Schedule A: 17	
2 FILER NAME			3 ACCOUNT # (Ethics Commission files)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
2/2/98	Sharon Middlebrooks 6 Contributor address: City: State: Zip Code 2235 Marboe St. Dallas, TX 75214	150.00		
9 Principal occupation		10 Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/2/98	Wilma Tees Flucas Contributor address: City: State: Zip Code 8823 Pound brook Cir.	100.00		
Principal occupation		Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/2/98	L. A. Bedford Contributor address: City: State: Zip Code 2622 Martin Luther King Blvd. Dallas, TX 78215	75.00		
Principal occupation		Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/2/98	Alberzine Freeman Contributor address: City: State: Zip Code 8539 Vm Pelt Dallas, TX. 75228	100.00		
Principal occupation		Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/2/98	Jessie Oliver Contributor address: City: State: Zip Code 810 Buckalew Dallas, TX 75208	100.00		
Principal occupation		Employer (optional)		

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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: <i>17</i>	
2 FILER NAME <i>Samuel T. Biscoe</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/2/98</i>	5 Full name of contributor <i>Julius &amp; Severine Whitham</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>5100<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>632 N. Maran Dr. Dallas, TX 75224</i>			
9 Principal occupation		10 Employer (optional)	
Date <i>2/2/98</i>	Full name of contributor <i>Glenn Holley</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>525<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3808 Runge Ct. Irving, TX 75038</i>			
Principal occupation		Employer (optional)	
Date <i>2/2/98</i>	Full name of contributor <i>Doris T. O'Bannon Jr.</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>150<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2504 Aaron Circle Dallas, TX 75233</i>			
Principal occupation		Employer (optional)	
Date <i>2/2/98</i>	Full name of contributor <i>Richard M. Lawren</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>5100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>907 Valencia Dallas, TX</i>			
Principal occupation		Employer (optional)	
Date <i>2/2/98</i>	Full name of contributor <i>Barbara L. Steek</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>5100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1924 Lanark Ave. Dallas, TX 75203</i>			
Principal occupation		Employer (optional)	

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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: 17

2 FILER NAME Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission files)

4 Date 2/2/98  
5 Full name of contributor Walter Irvin  out of state PAC

7 Amount of contribution (\$) \$150.00  
8 In-kind contribution description (if applicable)

6 Contributor address: City, State, Zip Code  
5782 S. Hampton Rd.  
Ste 210 Dallas, TX 75232-2255

9 Principal occupation  
10 Employer (optional)

Date 2/2/98  
Full name of contributor Barbara Colfield  out of state PAC

Amount of contribution (\$) \$25.00  
In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code  
P.O. Box 170052  
Irving, TX 75017

Principal occupation  
Employer (optional)

Date 2/2/98  
Full name of contributor Fethro Pugh, Jr.  out of state PAC

Amount of contribution (\$) \$100.00  
In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code  
5616 Easton Ave.  
Dallas, TX 75214

Principal occupation  
Employer (optional)

Date 2/2/98  
Full name of contributor Peter Lewis  out of state PAC

Amount of contribution (\$) \$100.00  
In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code  
18727 Greenside Dr.  
Dallas, TX 75252

Principal occupation  
Employer (optional)

Date 2/2/98  
Full name of contributor Michael Rinehart  out of state PAC

Amount of contribution (\$) \$150.00  
In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code  
3606 Hawaii  
Garland, TX 75044

Principal occupation  
Employer (optional)

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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: <i>17</i>	
2 FILER NAME <i>Samuel T. Biscoe</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/5/98</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>Annie Weymiller</i>	7 Amount of contribution (\$) <i>100<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address: City; State; Zip Code <i>12166 Metric Blvd. # 234 Austin, TX 78758</i>			
9 Principal occupation		10 Employer (optional)	
Date <i>2/5/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Birdie Davis Moten</i>	Amount of contribution (\$) <i>190<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <i>8902 Mount Bartlett Dr. Austin, TX 78759</i>			
Principal occupation <i>Engineer</i>		Employer (optional)	
Date <i>2/5/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Donna Carter</i>	Amount of contribution (\$) <i>1100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <i>1506 W. 9th St. Austin, TX 78703</i>			
Principal occupation <i>Architect</i>		Employer (optional)	
Date <i>2/5/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Ed Harris</i>	Amount of contribution (\$) <i>1100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <i>9200 North Plaza Dr. Austin, TX 78753</i>			
Principal occupation		Employer (optional)	
Date <i>2/5/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Karen Kennard</i>	Amount of contribution (\$) <i>1100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <i>408 Sunbark St. Austin, TX 78734-4404</i>			
Principal occupation		Employer (optional)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME <u>Samuel T. Biscoe</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>2/5/98</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>Austin + Gloria Campbell</u>	7 Amount of contribution (\$) <u>\$100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>7513 Ponoma Trail Austin, TX 78749</u>			
9 Principal occupation		10 Employer (optional)	
Date <u>2/5/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Nathan + Nancy Ash</u>	Amount of contribution (\$) <u>\$60.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>7317 Gainer Mill Ln. Austin, TX 78745</u>			
Principal occupation		Employer (optional)	
Date <u>2/5/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>James Johnson</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3413 Elijah Austin, TX 78745</u>			
Principal occupation		Employer (optional)	
Date <u>2/5/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Kirk Johnson</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2001 Browning Pl. Austin, TX 78752</u>			
Principal occupation		Employer (optional)	
Date <u>2/5/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Raymond Ellis</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>8103 Cardin Pr. Austin, TX 78759</u>			
Principal occupation		Employer (optional)	

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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: 17

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/5/98

5 Full name of contributor

out of state PAC

Mary Taylor

6 Contributor address; City; State; Zip Code

1001 W. Rundberg Ln.  
Austin, TX 78758

7 Amount of contribution (\$)

5/100.00

8 In-kind contribution description (if applicable)

9 Principal occupation

10 Employer (optional)

Date

2/6/98

Full name of contributor

out of state PAC

Abe Clay

Contributor address; City; State; Zip Code

3811 Hidden Hollow  
Austin, TX 78731

Amount of contribution (\$)

5/100.00

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

2/6/98

Full name of contributor

out of state PAC

Sheryl Cole

Contributor address; City; State; Zip Code

4364 Parkwood  
Austin, TX 78722

Amount of contribution (\$)

5/100.00

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

2/6/98

Full name of contributor

out of state PAC

Stanley Mays

Contributor address; City; State; Zip Code

2516 MLK. Blvd.  
Ste 102  
Dallas, TX 75215

Amount of contribution (\$)

2.50.00

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

2/6/98

Full name of contributor

out of state PAC

Barbara Wilson

Contributor address; City; State; Zip Code

2425 Ashdale #24  
Austin, TX 78757

Amount of contribution (\$)

5/100.00

In-kind contribution description (if applicable)

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 17

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission files)

4 Date

2/6/98

5 Full name of contributor

Eric Shepherd

out of state PAC

7 Amount of contribution (\$)

100<sup>00</sup>

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

1314 Travis Heights Blvd #A  
Austin, TX 78704

9 Principal occupation

Attorney

10 Employer (optional)

Date

2/6/98

Full name of contributor

Dr. Ramon L. Carrasquilla

out of state PAC

Amount of contribution (\$)

\$258<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

3011 Hatley Dr.  
Austin, TX 78746

Principal occupation

Engineer

Employer (optional)

Date

2/6/98

Full name of contributor

Peggy Messer Carrasquilla

out of state PAC

Amount of contribution (\$)

\$258<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

3011 Hatley Dr.  
Austin TX 78746

Principal occupation

Employer (optional)

Date

2/6/98

Full name of contributor

Fidel Estrada

out of state PAC

Amount of contribution (\$)

250<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

2618 E. 7th St.  
Austin, TX

Principal occupation

Business Owner

Employer (optional)

Date

2/6/98

Full name of contributor

Bob Gregory

out of state PAC

Amount of contribution (\$)

\$580<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

2909 West Lake Cove  
Austin, TX 78746

Principal occupation

Business Executive

Employer (optional)

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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: *17*

2 FILER NAME

*Samuel T. Biscoe*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*2/6/98*

5 Full name of contributor

 out of state PAC*Andrew Ramirez*

7 Amount of contribution (\$)

*1,500<sup>00</sup>*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*40 N. I.H. 35 TH 6  
Austin, TX 78701-4323*

9 Principal occupation

*Business Owner*

10 Employer (optional)

Date

*2/6/98*

Full name of contributor

 out of state PAC*Carmelo & Dolores Medina*

Amount of contribution (\$)

*1,400<sup>00</sup>*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*5410 S. First  
Austin, TX 78745*

Principal occupation

*Business owner*

Employer (optional)

Date

*2/6/98*

Full name of contributor

 out of state PAC*Michael A. Von Ohlen*

Amount of contribution (\$)

*1,500<sup>00</sup>*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*9509 Leaning Rock Cir.  
Austin, TX 78730*

Principal occupation

*Business owner*

Employer (optional)

Date

*2/6/98*

Full name of contributor

 out of state PAC*Everett M. Owen*

Amount of contribution (\$)

*1,100<sup>00</sup>*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*7606 Rustling Cove  
Austin, TX 78731*

Principal occupation

Employer (optional)

Date

*2/6/98*

Full name of contributor

 out of state PAC*Roberto T. Chapa*

Amount of contribution (\$)

*1,500<sup>00</sup>*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2516 Mountain View Dr.  
Austin, TX 78704*

Principal occupation

*(retired)*

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>17</i>	
2 FILER NAME <i>Samuel T. Biscoe</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>2/6/98</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>Virgil + Diana Lino</i>	7 Amount of contribution (\$) <i>1/100<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code <i>3409 Kay St. Austin, TX 78702</i>			
9 Principal occupation <i>Business owner</i>		10 Employer (optional)	
Date <i>2/6/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Rosa Rios Valdez</i>	Amount of contribution (\$) <i>1/5/100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>6901 Hill meadow Austin, TX 78734</i>			
Principal occupation		Employer (optional)	
Date <i>2/6/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Roberto O. Martinez</i>	Amount of contribution (\$) <i>1/5/50<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>5905 Thomas Dr. Austin, TX 78723</i>			
Principal occupation <i>Engineer</i>		Employer (optional)	
Date <i>2/6/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Lee Flores</i>	Amount of contribution (\$) <i>1/5/50<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>302-M Cuernavaca Austin, TX 78733</i>			
Principal occupation <i>Engineer</i>		Employer (optional)	
Date <i>2/6/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Steve Villegas</i>	Amount of contribution (\$) <i>1/5/50<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>2511 Mountain View Dr. Austin, TX 78704</i>			
Principal occupation <i>Accountant</i>		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.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <u>17</u>	
2 FILER NAME <u>Samuel T. Bischoe</u>		3 ACCOUNT # (Ethics Commission files)	
4 Date <u>2/6/98</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>Chris Saunders</u>	7 Amount of contribution (\$) <u>25.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <u>3713 Windsor Rd. Austin, TX 78703</u>			
9 Principal occupation <u>Consultant</u>		10 Employer (optional)	
Date <u>2/6/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>George Dolin &amp; Ingrid Weigand</u>	Amount of contribution (\$) <u>25.00</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>704 W. Gibson Austin, TX 78704</u>			
Principal occupation		Employer (optional)	
Date <u>2/6/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Enma Barrientes</u>	Amount of contribution (\$) <u>25.00</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>2906 Ben Circle Austin, TX 78704</u>			
Principal occupation		Employer (optional)	
Date <u>2/6/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Walter &amp; Dorothy Rechter</u>	Amount of contribution (\$) <u>20.00</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>3901 Ave. G. Austin, TX 78751</u>			
Principal occupation <u>retired state senator</u>		Employer (optional)	
Date <u>2/6/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Russell Graham</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>Lineberger, Heard Goggans Blair GRAHAM, Penn, &amp; Sampson</u>			
Principal occupation <u>Attorney</u>		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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 17

2 FILER NAME

*Samuel T. Briscoe*

3 ACCOUNT # (Ethics Commission file)

4 Date

*2/6/98*

5 Full name of contributor

*Jean Mather*

out of state PAC

7 Amount of contribution (\$)

*120.00*

8 In-kind contribution description (if applicable)

6 Contributor address: City, State, Zip Code

*1611 Alameda Dr.  
Austin, TX. 78704-3103*

9 Principal occupation

10 Employer (optional)

Date

*2/6/98*

Full name of contributor

*Karen Langley*

out of state PAC

Amount of contribution (\$)

*130.00*

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

*4200 Bradwood Rd  
Austin, TX 78722*

Principal occupation

Employer (optional)

*Service agency director*

Date

*2/6/98*

Full name of contributor

*Linda Shaw*

out of state PAC

Amount of contribution (\$)

*140.00*

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

*17117 FM 969  
Arlington, TX 78653*

Principal occupation

Employer (optional)

*State worker*

Date

*2/6/98*

Full name of contributor

*Ron De La Rosa*

out of state PAC

Amount of contribution (\$)

*175.00*

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

*1304 San Antonio Ste. 106  
Austin, TX 78701*

Principal occupation

Employer (optional)

Date

*2/6/98*

Full name of contributor

*Lupe Gomez*

out of state PAC

Amount of contribution (\$)

*165.00*

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

*P.O. Box 11544  
Austin, TX 78711*

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: 17
2 FILER NAME Samuel T. Biscoe		3 ACCOUNT # (Ethics Commission Form)	
4 Date 2/6/98	5 Full name of contributor DAVID V. Pimentel <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) 1/125.00	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code Kathryn M. Nichols 2704 Chaparral Marchessault, TX 78652			
9 Principal occupation		10 Employer (optional)	
Date 2/6/98	Full name of contributor James G. Parish <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 1/58.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code P.O. Box 13145 Austin, TX 78711			
Principal occupation		Employer (optional)	
Date 2/6/98	Full name of contributor John Smith <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 12113 Metric Blvd. 227 Austin, TX 78758			
Principal occupation		Employer (optional)	
Date 2/6/98	Full name of contributor Renee Hicks <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 1/30.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code Susan Hicks 4112 Ramsey Austin, TX 78756			
Principal occupation		Employer (optional)	
Date 2/6/98	Full name of contributor MAX Woodfin <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 1/20.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 1405 Travis Heights Blvd. Austin, TX 78704			
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

# SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <span style="float: right; font-size: 2em;">/</span>
2 FILER NAME: <i>Samuel T. Biscoe</i>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$		
5 Date of loan <i>1-14-97</i>	7 Name of lender <input type="checkbox"/> out of state PAC <i>Samuel T. Biscoe</i>	9 Loan Amount (\$) <i>2500.00</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <i>6411 Bridgewater Dr. Austin, TX 78723</i>	10 Interest rate
		11 Maturity date
12 Description of Collateral <input checked="" type="checkbox"/> none		
13 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	14 Name of guarantor  15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
17 Principal Occupation		18 Employer
Date of loan	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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: <b>10</b>
2 FILER NAME <b>SAMUEL T. Biscoe</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>1-1-98</b>	5 Payee name <b>Computer Nerds</b>	7 Amount (\$) <b>158.00</b>
6 Payee address; City; State; Zip Code <b>4201 S. Congress #302 Austin, TX 78745</b>		
8 Purpose of expenditure <b>(Computer Repair)</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>1-1-98</b>	Payee name <b>Home Depot</b>	Amount (\$) <b>386.09</b>
Payee address; City; State; Zip Code <b>7211 L.H. 35 N. Austin, TX 78752</b>		
Purpose of expenditure <b>(Sign supplies)</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>1-2-98</b>	Payee name <b>Travis Co. Democratic Party</b>	Amount (\$) <b>50.00</b>
Payee address; City; State; Zip Code <b>1905 N. LAMAR, Suit 101 Austin, TX 78705</b>		
Purpose of expenditure <b>(Friday Day Dinner Ticket)</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>1/5/98</b>	Payee name <b>Timothy Waugh</b>	Amount (\$) <b>410.00</b>
Payee address; City; State; Zip Code <b>809 Rio Grande Austin, TX 78701</b>		
Purpose of expenditure <b>(Rent - office)</b>		-- 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: <i>10</i>
2 FILER NAME <i>Samuel T. Biscoe</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/5/98</i>	5 Payee name <i>Ace Printing</i>	7 Amount (\$) <i>\$2000.00</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 13522 Austin TX 78711</i>		
8 Purpose of expenditure <i>(Signs)</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>1/9/98</i>	Payee name <i>Dan Smith</i>	Amount (\$) <i>\$1250.00</i>
Payee address; City; State; Zip Code <i>P.O. Box 8499 Austin TX 78713</i>		
Purpose of expenditure <i>(Political Consulting)</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>1/13/98</i>	Payee name <i>Home Depot</i>	Amount (\$) <i>\$93.63</i>
Payee address; City; State; Zip Code <i>7211 W. I.H. 35 W. Austin TX 78752</i>		
Purpose of expenditure <i>(Sign supplies)</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>1/13/98</i>	Payee name <i>Ace Printing</i>	Amount (\$) <i>\$1856.00</i>
Payee address; City; State; Zip Code <i>P.O. Box 13522 Austin TX 78711</i>		
Purpose of expenditure <i>(Signs)</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <span style="font-size: 1.5em; margin-left: 100px;">10</span>
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name	7 Amount (\$)
1/13/98	Bert Kivell ----- 6 Payee address; City; State; Zip Code 937 Remli Austin, TX 78731	\$ 790. <sup>10</sup>
8 Purpose of expenditure		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
(Sign installation + supplies)		
Date	Payee name	Amount (\$)
1/14/98	Chris Saunders ----- Payee address; City; State; Zip Code 3713 Windsor Rd. Austin, TX 78703	\$ 175. <sup>00</sup>
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
(Graphic Design)		
Date	Payee name	Amount (\$)
1/16/98	Mary Taylor ----- Payee address; City; State; Zip Code 6411 Bridgewater Austin, TX 78723	\$ 50. <sup>00</sup>
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
(Chairs)		
Date	Payee name	Amount (\$)
1/16/98	Southwestern Bell ----- Payee address; City; State; Zip Code P.O. Box 4844 Houston, TX 79097	\$ 244. <sup>34</sup>
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Telephone Bill		
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>10</b>
2 FILER NAME <i>Samuel T. Biscoe</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/14/98</i>	5 Payee name <i>OZARKA</i>	7 Amount (\$) <i>\$ 131.99</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 650640 Dallas TX 75265-0040</i>		
8 Purpose of expenditure <i>(WATER)</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>1/19/98</i>	Payee name <i>Home Depot</i>	Amount (\$) <i>\$ 419.41</i>
Payee address; City; State; Zip Code <i>7211 N. I.H. 35 Austin, TX 78752</i>		
Purpose of expenditure <i>(yard sign stakes)</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>1/21/98</i>	Payee name <i>U.S. Post office</i>	Amount (\$) <i>\$ 164.00</i>
Payee address; City; State; Zip Code <i>Austin, TX 78701</i>		
Purpose of expenditure <i>Postage</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>1/21/98</i>	Payee name <i>Texa</i>	Amount (\$) <i>\$ 25.00</i>
Payee address; City; State; Zip Code <i>371 Robinson Austin, TX 78722</i>		
Purpose of expenditure <i>(Advertisement) Convention program</i>		-- 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: <b>10</b>
2 FILER NAME <i>Samuel T. Biscoe</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/21/98</i>	5 Payee name <i>Ephiphatha Baptist Church</i> 6 Payee address; City: State: Zip Code <i>P. O. Box 8947 Austin, TX 78723</i>	7 Amount (\$) <i>\$25.00</i>
8 Purpose of expenditure <i>(Advertisement church program)</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <i>1/22/98</i>	Payee name <i>Bert Kivell</i> Payee address; City: State: Zip Code <i>937 Reinst Austin, TX 78721</i>	Amount (\$) <i>\$388.66</i>
Purpose of expenditure <i>(Sign installation)</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <i>1/22/98</i>	Payee name <i>Angela Bardo</i> Payee address; City: State: Zip Code <i>809 P.O. Grande Austin, TX 78701</i>	Amount (\$) <i>\$11.24</i>
Purpose of expenditure <i>(Cleaning Service)</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <i>1/26/98</i>	Payee name <i>Jim Davis</i> Payee address; City: State: Zip Code <i>P. O. Box 149 Austin, TX 78768</i>	Amount (\$) <i>\$25.97</i>
Purpose of expenditure <i>(Reimbursement for labels)</i>		** 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: <b>10</b>
2 FILER NAME <b>Samuel T. Bischoe</b>		3 ACCOUNT # (Ethics Commission files)
4 Date <b>1/27/98</b>	5 Payee name <b>U.S. Post Office</b> 6 Payee address: City: State: Zip Code <b>Austin, TX 78701</b>	7 Amount (\$) <b>\$160.00</b>
8 Purpose of expenditure <b>(Postage)</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:
Date <b>1/28/98</b>	Payee name <b>Southwest Airlines</b> Payee address: City: State: Zip Code <b>Robert Mueller Airport Austin, TX 78722</b>	Amount (\$) <b>\$177.00</b>
Purpose of expenditure <b>(Airline ticket)</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:
Date <b>1/29/98</b>	Payee name <b>Stacy Suits</b> Payee address: City: State: Zip Code <b>600 S. Third St. Austin, TX 78704</b>	Amount (\$) <b>\$103.44</b>
Purpose of expenditure <b>(Supplies)</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:
Date <b>2/1/98</b>	Payee name <b>T. D. Bell</b> Payee address: City: State: Zip Code <b>2904 Lafayette Ave Austin, TX 78722</b>	Amount (\$) <b>\$400.00</b>
Purpose of expenditure <b>(Entertainment) Fee</b>		-- 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: <b>10</b>
2 FILER NAME <i>Samuel T. Biscoe</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>2/1/98</b>	5 Payee name <i>W. C. Clark</i>	7 Amount (\$) <b>\$1,500.00</b>
6 Payee address; City, State; Zip Code <i>1209 Baylor St. Austin, TX 78703-4123</i>		
8 Purpose of expenditure <i>(Entertainment Services)</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>2/2/98</b>	Payee name <i>Bruce W. Barneck</i>	Amount (\$) <b>\$1,157.50</b>
Payee address; City, State; Zip Code <i>3904 Row of the Oak Suite F. Austin, TX 78704</i>		
Purpose of expenditure <i>(Consulting Services)</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>2/2/98</b>	Payee name <i>Texas Asian Chamber of Commerce</i>	Amount (\$) <b>\$1,110.00</b>
Payee address; City, State; Zip Code <i>3036 South First Austin, TX. 78704</i>		
Purpose of expenditure <i>(Banquet Tickets)</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>2/2/98</b>	Payee name <i>Trina Ray Waugh</i>	Amount (\$) <b>\$670.00</b>
Payee address; City, State; Zip Code <i>809 Rio Grande Suite 200 Austin, TX. 78701</i>		
Purpose of expenditure <i>(Office Rent)</i>		-- 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: <b>10</b>
2 FILER NAME <b>Samuel T. Biscoe</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>2/2/98</b>	5 Payee name <b>Austin Area Urban League</b> ----- 6 Payee address; City; State; Zip Code <b>1825 E 38 1/2 St. Austin, TX 78722</b>	7 Amount (\$) <b>1,110<sup>00</sup></b>
8 Purpose of expenditure <b>(Banquet tickets)</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name _____ Office sought / held _____
Date <b>2/3/98</b>	Payee name <b>Office Max</b> ----- Payee address; City; State; Zip Code <b>5451 B. N. IH 35 Austin, TX 78723</b>	Amount (\$) <b>1,519<sup>95</sup></b>
Purpose of expenditure <b>(Ink Cartridge)</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name _____ Office sought / held _____
Date <b>2/5/98</b>	Payee name <b>R. L. Stewart</b> ----- Payee address; City; State; Zip Code <b>1233 Maymont, Austin, TX 78723</b>	Amount (\$) <b>1,100<sup>00</sup></b>
Purpose of expenditure <b>(Deposit for D.J.)</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name _____ Office sought / held _____
Date <b>2/4/98</b>	Payee name <b>Serrano's</b> ----- Payee address; City; State; Zip Code <b>1111 Red River</b>	Amount (\$) <b>1,180<sup>00</sup></b>
Purpose of expenditure <b>(Banquet Services)</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name _____ Office sought / held _____
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **10**

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

4 Date	5 Payee name	7 Amount (\$)
2-6-98	<b>John Brand</b> Payee address: City, State: Zip Code <b>4320 S. Congress # 7101</b>	<b>\$ 272.00</b>

8 Purpose of expenditure <b>Contract labor</b>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
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Date	Payee name	Amount (\$)
2-6-98	<b>Christopher Lomas</b> Payee address: City, State: Zip Code <b>3409 Katy St.            Austin, TX 78702</b>	<b>\$ 1496.00</b>

Purpose of expenditure <b>Contract labor</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
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Date	Payee name	Amount (\$)
2-6-98	<b>Ozarka</b> Payee address: City, State: Zip Code <b>P.O. Box 658640            Dallas, TX 75265-0640</b>	<b>2163</b>

Purpose of expenditure <b>(water)</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
--	---

Date	Payee name	Amount (\$)
2-6-98	<b>DAV Smith</b> Payee address: City, State: Zip Code <b>P.O. Box 8499            Austin, TX 78713-8499</b>	<b>\$ 210.66</b>

Purpose of expenditure <b>(reimbursement office supplies)</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
--	---

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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: <b>10</b>
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2 FILER NAME <b>Samuel T. Biscoe</b>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <b>2-6-98</b>	5 Payee name <b>DAN SMITH</b>	7 Amount (\$) <b>12500.00</b>
6 Payee address; City; State; Zip Code <b>P.O. Box 9499 Austin, TX 78713-8499</b>		

8 Purpose of expenditure <b>(Political Consulting)</b>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
------------------------	---

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
------------------------	---

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

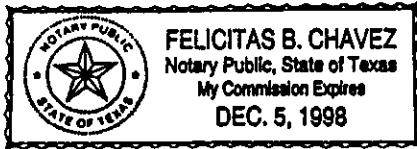
VERIFICATION

I do solemnly swear that the foregoing Financial Statement, filed herewith, is in all things true and correct, and fully shows all information required to be reported by me pursuant to Texas Government Code, Chapter 572.

Samuel T. Bisnie

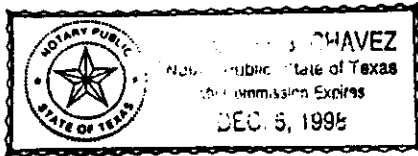
Signature of Filer

Sworn to and subscribed before me by Samuel T. Bisnie, this the 11th day of February, 19 98, to certify which, witness my hand and seal of office.



Felicitas B. Chavez

Signature of officer administering oath\*



Felicitas B. Chavez

Print name of officer administering oath

AFFIX NOTARY STAMP/SEAL ABOVE

Notary Public

Title of officer administering oath

\* The following are some of the persons that may administer oaths, affidavits, or affirmations made within this state:

- a. a judge, clerk, or commissioner of any court of record;
- b. a notary public;
- c. a justice of the peace; or
- d. any member of any board or commission created by the laws of this state, in matters pertaining to the duties thereof.