

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3075

## 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:  38
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX	APT / SUITE #, CITY, STATE, ZIP CODE
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE	
7 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER EXTENSION
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 type="checkbox"/> July 15 <input checked="" 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	
10 ELECTION		ELECTION DATE	ELECTION TYPE
11 OFFICE		OFFICE HELD (if any)	OFFICE SOUGHT (if known)
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS		** 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 Address / PO Box    Apt / Suite #,    City,    State,    Zip Code <input type="checkbox"/> additional pages	

OFFICE USE ONLY

Date Received

FILED

MAR 3 4 57 PM '98

CLERK

TRAVIS COUNTY, TEXAS

Receipt #

HD / PM

Date Processed

Date Imaged

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

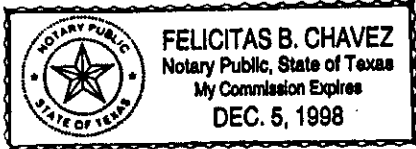
14 C/OH NAME <u>Samuel T Biscoe</u>	15 ACCOUNT # (Ethics Commission files)
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16 SUPPORTING POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees to support the candidate / 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  <p style="text-align:center"><u>NONE</u></p>
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)
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18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>600.<sup>00</sup></u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>27140.<sup>00</sup></u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>35,242.<sup>90</sup></u>
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>5500.<sup>00</sup></u>

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 2nd day of March 1998, to certify which, witness my hand and seal of office.

<u>Felicitas B. Chavez</u> Signature of officer administering oath	<u>Felicitas B. Chavez</u> Print name of officer administering oath	<u>Notary Public</u> 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>26</b>	
2 FILER NAME <i>Samuel T. Biscoe</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>2/12/98</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>Darrell K. Royal</i>	7 Amount of contribution (\$) <i>5250.<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>1505 MESA RIDGE LA Austin, TX. 78735</i>			
9 Principal occupation <i>Retired Football Coach</i>		10 Employer (optional)	
Date <i>2/12/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Minton Burton Foster</i>	Amount of contribution (\$) <i>1500.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>1100 Guadalupe Austin, TX</i>			
Principal occupation <i>LAW FIRM</i>		Employer (optional)	
Date <i>2/13/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Bill Milburn</i>	Amount of contribution (\$) <i>11000.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>P.O. Box 24507 Austin, TX 78755-0507</i>			
Principal occupation <i>Home builder</i>		Employer (optional)	
Date <i>2/12/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Ladd Pothillo</i>	Amount of contribution (\$) <i>1300.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>1700 Jackson Hole Cove Austin, TX 78744</i>			
Principal occupation <i>Municipal Finance Advisor</i>		Employer (optional)	
Date <i>2/13/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Ponciano Morales III</i>	Amount of contribution (\$) <i>1250.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>800 S ISSAC PLYON DR Austin, TX 78749</i>			
Principal occupation <i>Architect</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:	
2 FILER NAME <i>Samuel T. Biscoe</i>				3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/13/98</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>Paul S. Ruiz</i>	7 Amount of contribution (\$) <i>150.00</i>	8 In-kind contribution description (if applicable)		
6 Contributor address: City: State: Zip Code <i>222 E. Riverside #129 Austin TEXAS 78704</i>					
9 Principal occupation <i>Attorney</i>			10 Employer (optional)		
Date <i>2/13/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Carolyn S. Hadnot</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)		
Contributor address: City: State: Zip Code <i>8204 Bretthoods LA. Austin, TX 78753-5804</i>					
Principal occupation <i>Business Owner</i>			Employer (optional)		
Date <i>2/13/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Otha L. Field</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)		
Contributor address: City: State: Zip Code <i>1930 W. Rundberg Ln. Apt 414 Austin, TX 78758</i>					
Principal occupation			Employer (optional)		
Date <i>2/13/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Bill Bunch</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)		
Contributor address: City: State: Zip Code <i>1307 Oxford Austin, TX 78704</i>					
Principal occupation <i>Attorney</i>			Employer (optional)		
Date <i>2/13/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Joyce Hunt / Mitchie's</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)		
Contributor address: City: State: Zip Code <i>5312 Airport Austin, TX 78751</i>					
Principal occupation <i>Gallery owner</i>			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:	
2 FILER NAME <i>SAMUEL T. BISCOE</i>				3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/13/98</i>	5 Full name of contributor <i>Minnie + Leonard Mann</i> <input type="checkbox"/> out of state PAC	6 Contributor address; City; State; Zip Code <i>1104 E. 12th St. Austin, TX. 78702</i>	7 Amount of contribution (\$) <i>100<sup>00</sup></i>	8 In-kind contribution description (if applicable)	
9 Principal occupation <i>Business Owner</i>			10 Employer (optional)		
Date <i>2/13/98</i>	Full name of contributor <i>Donald Spence</i> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <i>3507 Rockhurst Ln. Austin, TX 78723</i>	Amount of contribution (\$) <i>1/100<sup>00</sup></i>	In-kind contribution description (if applicable)	
Principal occupation			Employer (optional)		
Date <i>2/13/98</i>	Full name of contributor <i>Jett + Ann Lewis</i> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <i>11000 Amaranta Ln. Austin, TX 78754</i>	Amount of contribution (\$) <i>1/100<sup>00</sup></i>	In-kind contribution description (if applicable)	
Principal occupation			Employer (optional)		
Date <i>2/13/98</i>	Full name of contributor <i>General Marshall</i> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <i>2508 Given Ave. Austin, TX 78722-2107</i>	Amount of contribution (\$) <i>1/100<sup>00</sup></i>	In-kind contribution description (if applicable)	
Principal occupation			Employer (optional)		
Date <i>2/13/98</i>	Full name of contributor <i>Bobby Taylor</i> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <i>1709 E. MLK. Blvd, Austin, TX 78702</i>	Amount of contribution (\$) <i>1/100<sup>00</sup></i>	In-kind contribution description (if applicable)	
Principal occupation <i>Attorney</i>			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:	
2 FILER NAME <i>Samuel T. Biscoe</i>		3 ACCOUNT # (Ethics Commission filer)	
4 Date <i>2/12/98</i>	5 Full name of contributor <i>Patricia Johnson</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>1/5/00<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>8016 Hendricks Austin, TX 78729</i>			
9 Principal occupation		10 Employer (optional)	
Date <i>2/13/98</i>	Full name of contributor <i>Laverne + Kerry Bell</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>1/5/00<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>5908 Avery Island Ave. Austin, TX 78727</i>			
Principal occupation		Employer (optional)	
Date <i>2/13/98</i>	Full name of contributor <i>Sharon E. White</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>1/5/00<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>12063 Warden Austin, TX 78750</i>			
Principal occupation		Employer (optional)	
Date <i>2/12/98</i>	Full name of contributor <i>Patricia Johnson</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>1/50<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>8016 Hendricks Austin, TX 78729</i>			
Principal occupation		Employer (optional)	
Date <i>2/13/98</i>	Full name of contributor <i>Edward B. Adam</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>1/5/00<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>7308 Valburn Dr. Austin, TX 78731</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:	
2 FILER NAME <i>Samuel T. Biscoe</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>2/13/98</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>Bill Bingham</i>	7 Amount of contribution (\$) <i>1250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City, State, Zip Code <i>719 Carolyn Ave. Austin, TX 78705-1735</i>			
9 Principal occupation <i>Attorney</i>		10 Employer (optional)	
Date <i>2/13/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Tom Blanton</i>	Amount of contribution (\$) <i>1100.00</i>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <i>P.O. Box 1028 1108 LANICA Austin, TX 78767</i>			
Principal occupation		Employer (optional)	
Date <i>2/13/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Shields + Rusk</i>	Amount of contribution (\$) <i>1200.00</i>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <i>910 LANACA Austin, TX 78701</i>			
Principal occupation <i>LAW FIRM</i>		Employer (optional)	
Date <i>2/13/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Harold Wells</i>	Amount of contribution (\$) <i>1100.00</i>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <i>P.O. Box 140381 Austin, TX 78714</i>			
Principal occupation		Employer (optional)	
Date <i>2/13/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Clarence Bibby</i>	Amount of contribution (\$) <i>125.00</i>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <i>6401 Heron Dr. Austin, TX 78759</i>			
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:	
2 FILER NAME <i>SAMUEL</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>2/13/98</i>	5 Full name of contributor <i>O. C. Hunter</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>1,100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>2115 M.L.K. Blvd. Austin, TX 78702</i>			
9 Principal occupation		10 Employer (optional)	
Date <i>2/13/98</i>	Full name of contributor <i>MAMIE C. McPhaul</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>180.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>8501 DANVILLE Dr. Austin, TX 78753</i>			
Principal occupation		Employer (optional)	
Date <i>2/17/98</i>	Full name of contributor <i>Lee Mercer</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>1,100.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>200 PARK LA. Elgin, TX 78621</i>			
Principal occupation		Employer (optional)	
Date <i>2/17/98</i>	Full name of contributor <i>Wayne E. Adams</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>1,100.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>1801 Wells Branch Pkwy Austin, TX 78728 Apt 404</i>			
Principal occupation		Employer (optional)	
Date <i>2/17/98</i>	Full name of contributor <i>Ramon King</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>1,100.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>1800 Guadalupe Suite 202 Austin, TX 78701</i>			
Principal occupation <i>Attorney</i>		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:	
2 FILER NAME <i>SAMUEL T. BISCOE</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/17/98</i>	5 Full name of contributor <i>Roy Perry</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>1100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>11400 CHAROLAN Cr. Austin, TX 78758</i>			
9 Principal occupation		10 Employer (optional)	
Date <i>2/17/98</i>	Full name of contributor <i>Willie F. Williams</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>160.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>600 S. 1st #210 Austin, TX 78704</i>			
Principal occupation		Employer (optional)	
Date <i>2/17/98</i>	Full name of contributor <i>Robert E. Johnson</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>1500.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>1122 Colorado Suite 208 Austin, TX 78701</i>			
Principal occupation		Employer (optional)	
Date <i>2/17/98</i>	Full name of contributor <i>Charles Foelkel</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>1500.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code			
Principal occupation		Employer (optional)	
Date <i>2/17/98</i>	Full name of contributor <i>DAVID R. Ruchlman</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>1500.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>98 San Jacinto Blvd. Austin, TX 78701 Suite 220</i>			
Principal occupation <i>Engineer</i>		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:

2 FILER NAME

*SAMUEL T. BISCOE*

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor

out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

*2/17/98*

*DENNIS BOREL*

6 Contributor address: City: State: Zip Code

*2703 ROCK TERRACE  
AUSTIN, TX 78704*

*1,150.00*

9 Principal occupation

10 Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

*2/17/98*

*HEW*

Contributor address: City: State: Zip Code

*6448 Hwy. 290 E. Suite E102  
Austin, TX 78723*

*1,250.00*

Principal occupation

Employer (optional)

*General Contractor*

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

*2/17/98*

*Jessie L. Colunga*

Contributor address: City: State: Zip Code

*8914-I FM 973 Suite 12  
Austin, TX 78719*

*1,500.00*

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

*2/17/98*

*KURT JOBE*

Contributor address: City: State: Zip Code

*4604 BENNETT AVE.  
Austin, TX 78751*

*1,300.00*

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

*2/18/98*

*SARAH CRÖCKER*

Contributor address: City: State: Zip Code

*701 BRAZOS Suite 470  
Austin, TX 78701*

*1,500.00*

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:	
2 FILER NAME <i>SAMUEL T. BISCOE</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>2/18/98</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>RICHARD T. SUTTLE JR.</i>	7 Amount of contribution (\$) <i>1,000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City, State, Zip Code <i>3300 TEXAS ST. LA. AUSTIN, TX 78744</i>			
9 Principal occupation <i>Attorney</i>		10 Employer (optional)	
Date <i>2/18/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Paul Linchans</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <i>7502 Creek bluff Dr. Austin, TX 78750</i>			
Principal occupation <i>Land Planner</i>		Employer (optional)	
Date <i>2/18/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Darrell Wilburn</i>	Amount of contribution (\$) <i>1,100.00</i>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <i>8302 Lewis Mountain Austin, TX 78737-3117</i>			
Principal occupation		Employer (optional)	
Date <i>2/18/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>William Kykendall</i>	Amount of contribution (\$) <i>1,100.00</i>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <i>10809 Redwood Cove Austin, TX 78739</i>			
Principal occupation		Employer (optional)	
Date <i>2/18/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>MARCIA CONNER</i>	Amount of contribution (\$) <i>1,100.00</i>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <i>10223 Matoca Way Austin, TX 78724</i>			
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:	
2 FILER NAME <i>SAMUEL T. BISCOE</i>		3 ACCOUNT # (Ethics Commission form)	
4 Date <i>2/18/98</i>	5 Full name of contributor <i>Deborah Parker Thomas</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>1,100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code <i>7303 Sevilla Dr. Austin, TX 78752</i>			
9 Principal occupation		10 Employer (optional)	
Date <i>2/18/98</i>	Full name of contributor <i>Dr. Madeline Andersen</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>1,100.00</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>2113 E. MLK Blvd. Austin, TX 78702</i>			
Principal occupation <i>Dentist</i>		Employer (optional)	
Date <i>2/18/98</i>	Full name of contributor <i>Alexander Brown</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>1,100.00</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>617 Furlong Dr. Austin, TX 78744</i>			
Principal occupation		Employer (optional)	
Date <i>2/18/98</i>	Full name of contributor <i>Tina Campbell</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>1,100.00</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>5107 Stonebark Dr. Austin, TX 78721-1611</i>			
Principal occupation		Employer (optional)	
Date <i>2/18/98</i>	Full name of contributor <i>Woodwell Ramsey</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>1,100.00</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>12910 Turkey Run Austin, TX 78727</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:	
2 FILER NAME <i>SAMUEL T. BISCOE</i>				3 ACCOUNT # (Ethics Commission files)	
4 Date <i>2/18/98</i>	5 Full name of contributor <i>Stephen D. Anderson</i> <input type="checkbox"/> out of state PAC	6 Contributor address: City, State, Zip Code <i>9204 Texas Oaks Dr. Austin, TX 78748</i>		7 Amount of contribution (\$) <i>25.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation			10 Employer (optional)		
Date <i>2/18/98</i>	Full name of contributor <i>James Northern III</i> <input type="checkbox"/> out of state PAC	Contributor address: City, State, Zip Code <i>14203 Anita Marie Ln. Austin, TX 78728</i>		Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Principal occupation			Employer (optional)		
Date <i>2/18/98</i>	Full name of contributor <i>Darrel Pierce</i> <input type="checkbox"/> out of state PAC	Contributor address: City, State, Zip Code <i>4204 Reynosa Austin, TX 78739</i>		Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Principal occupation			Employer (optional)		
Date <i>2/18/98</i>	Full name of contributor <i>Robert Gregory</i> <input type="checkbox"/> out of state PAC	Contributor address: City, State, Zip Code <i>P.O. Box 14011 Austin, TX 78714-0911</i>		Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Principal occupation			Employer (optional)		
Date <i>2/18/98</i>	Full name of contributor <i>DERRICK Smith</i> <input type="checkbox"/> out of state PAC	Contributor address: City, State, Zip Code <i>12403 Mellow Meadow #717 Austin, TX 78750</i>		Amount of contribution (\$) <i>50.00</i>	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 INSTRUCTOR GUIDE explains how to complete this form.				1 Total pages Schedule A:	
2 FILER NAME <i>SAMUEL T. BISCOE</i>				3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/18/98</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>Brad Pierce</i>	7 Amount of contribution (\$) <i>150.00</i>	8 In-kind contribution description (if applicable)	6 Contributor address: City, State, Zip Code <i>11900 Stonehollow Dr. # 227 Austin, TX 78752</i>	
9 Principal occupation			10 Employer (optional)		
Date <i>2/18/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Daffney Henry</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)	Contributor address: City, State, Zip Code <i>4404 Irons Country Circle # F-2 Austin, TX 78735</i>	
Principal occupation			Employer (optional)		
Date <i>2/18/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Lawrence Pierce</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)	Contributor address: City, State, Zip Code <i>4204 Reynolds Austin, TX 78739</i>	
Principal occupation			Employer (optional)		
Date <i>2/18/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Ronald T. Reynolds</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)	Contributor address: City, State, Zip Code <i>1748 Oakley Rd. # 83 Austin, TX 78757</i>	
Principal occupation			Employer (optional)		
Date <i>2/20/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>William C. Blount</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)	Contributor address: City, State, Zip Code <i>6850 Austin Center Blvd Suite 205 Austin, TX 78731</i>	
Principal occupation <i>Attorney</i>			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:

2 FILER NAME

SAMUEL T. BISCOE

3 ACCOUNT # (Ethics Commission files)

4 Date

2/20/98

5 Full name of contributor

Robb Sutherland  out of state PAC

6 Contributor address: City, State, Zip Code

3737 Executive Center Dr. Suite 150  
Austin, TX 78731

7 Amount of contribution (\$)

1/100.00

8 In-kind contribution description (if applicable)

9 Principal occupation

10 Employer (optional)

Date

2/20/98

Full name of contributor

Barbara Wilson  out of state PAC

Contributor address: City, State, Zip Code

2425 Ashdale #24  
Austin, TX 78757

Amount of contribution (\$)

1/100.00

In-kind contribution description (if applicable)

Principal occupation

Attorney

Employer (optional)

Date

2/20/98

Full name of contributor

John Trofka  out of state PAC

Contributor address: City, State, Zip Code

Chapman & Cutler  
111 W. Monroe St.  
Chicago, Illinois 60603

Amount of contribution (\$)

1/250.00

In-kind contribution description (if applicable)

Principal occupation

Attorney

Employer (optional)

Date

2/20/98

Full name of contributor

Vipson + Elkins TEXAS Political  out of state PAC

Contributor address: City, State, Zip Code

2300 First City Tower  
Houston, TX 77002-6760

Amount of contribution (\$)

1/500.00

In-kind contribution description (if applicable)

Principal occupation

Law Firm

Employer (optional)

Date

2/20/98

Full name of contributor

Texas Commerce Bank  out of state PAC

Contributor address: City, State, Zip Code

Fund For Good Gov't  
P.O. Box 558  
Austin, TX 78789-0051

Amount of contribution (\$)

1/250.00

In-kind contribution description (if applicable)

Principal occupation

BANKERS

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:	
2 FILER NAME <i>SAMUEL T. BISCOE</i>				3 ACCOUNT # (Ethics Commission files)	
4 Date <i>2/20/98</i>	5 Full name of contributor <i>Browning-Ferris Industries</i> <input type="checkbox"/> out of state PAC	6 Contributor address: City, State, Zip Code <i>TRUE Blue PAC P. O. Box 79622 Houston, TX 77278-9622</i>	7 Amount of contribution (\$) <i>1,200.<sup>00</sup></i>	8 In-kind contribution description (if applicable)	
9 Principal occupation			10 Employer (optional)		
Date <i>2/20/98</i>	Full name of contributor <i>Terrence L. Irion</i> <input type="checkbox"/> out of state PAC	Contributor address: City, State, Zip Code <i>3755 Capital of TX Hwy S. Austin, TX 78704</i>	Amount of contribution (\$) <i>1,100.<sup>00</sup></i>	In-kind contribution description (if applicable)	
Principal occupation <i>Attorney</i>			Employer (optional)		
Date <i>2/20/98</i>	Full name of contributor <i>David Nelson</i> <input type="checkbox"/> out of state PAC	Contributor address: City, State, Zip Code <i>1900 Frost Bank Plaza 816 Congress Ave Austin, TX 78701</i>	Amount of contribution (\$) <i>1,200.<sup>00</sup></i>	In-kind contribution description (if applicable)	
Principal occupation <i>Attorney</i>			Employer (optional)		
Date <i>2/20/98</i>	Full name of contributor <i>Fulbright &amp; Jaworski</i> <input type="checkbox"/> out of state PAC	Contributor address: City, State, Zip Code <i>TEXAS COMMITTEE 1301 McKinney Ste 5100 Houston, TX 77010</i>	Amount of contribution (\$) <i>1,000.<sup>00</sup></i>	In-kind contribution description (if applicable)	
Principal occupation <i>LAW FIRM</i>			Employer (optional)		
Date <i>2/20/98</i>	Full name of contributor <i>Demetrius G. McDANIEL</i> <input type="checkbox"/> out of state PAC	Contributor address: City, State, Zip Code <i>80 Red River #221 Austin, TX 78701</i>	Amount of contribution (\$) <i>1,500.<sup>00</sup></i>	In-kind contribution description (if applicable)	
Principal occupation <i>Attorney</i>			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:

2 FILER NAME

*SAMUEL T. BISCOE*

3 ACCOUNT # (Ethics Commission Name)

4 Date

*2/24/98*

5 Full name of contributor

*Beverly Davis*

out of state PAC

6 Contributor address, City, State, Zip Code

*6807 Tree Fern Ln.  
Austin, TX 78750*

7 Amount of contribution (\$)

*1  
5/100<sup>00</sup>*

8 In-kind contribution description (if applicable)

9 Principal occupation

10 Employer (optional)

Date

*2/26/98*

Full name of contributor

*Ray Freddie*

out of state PAC

Contributor address, City, State, Zip Code

*6200 Savoy Suite 300  
Houston, TX 77036*

Amount of contribution (\$)

*1  
5/100<sup>00</sup>*

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

*2/26/98*

Full name of contributor

*Eric Shropshire*

out of state PAC

Contributor address, City, State, Zip Code

*P.O. Box 200362  
Austin, TX 78720-0362*

Amount of contribution (\$)

*1  
58<sup>00</sup>*

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

*2/26/98*

Full name of contributor

*Wallace Young*

out of state PAC

Contributor address, City, State, Zip Code

*11021 Handrock Rd.  
Austin, TX 78750*

Amount of contribution (\$)

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

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

*2/26/98*

Full name of contributor

*DAVID L. Williams Jr.*

out of state PAC

Contributor address, City, State, Zip Code

*7205 Lamplight Ln.  
Austin, TX 78731*

Amount of contribution (\$)

*1  
5/100<sup>00</sup>*

In-kind contribution description (if applicable)

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:

2 FILER NAME

*SAMUEL T. BISCOE*

3 ACCOUNT # (Ethics Commission file)

4 Date

*2/24/98*

5 Full name of contributor

*Beverly Davis*

out of state PAC

7 Amount of contribution (\$)

*1  
\$100.00*

8 In-kind contribution description (if applicable)

6 Contributor address, City, State, Zip Code

*6907 Tree Fern Ln.  
Austin, TX 78750*

9 Principal occupation

10 Employer (optional)

Date

*2/26/98*

Full name of contributor

*Ray Freddie*

out of state PAC

Amount of contribution (\$)

*1  
\$100.00*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*6200 Savoy Suite 300  
Houston, TX 77036*

Principal occupation

Employer (optional)

Date

*2/26/98*

Full name of contributor

*Eric Shropshire*

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 200362  
Austin, TX 78720-0362*

Principal occupation

Employer (optional)

Date

*2/26/98*

Full name of contributor

*Wallace Young*

out of state PAC

Amount of contribution (\$)

*1  
\$100.00*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*11021 Hardrock Rd.  
Austin, TX 78750*

Principal occupation

Employer (optional)

Date

*2/26/98*

Full name of contributor

*DAVID L. WILLIAMS JR.*

out of state PAC

Amount of contribution (\$)

*1  
\$100.00*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*7205 Lamplight Ln.  
Austin, TX 78731*

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:	
2 FILER NAME <i>SAMUEL T. BISCOE</i>		3 ACCOUNT # (Ethics Commission File)	
4 Date <i>2/26/98</i>	5 Full name of contributor <i>AKAUS: EVANS</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>1,500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address. City. State. Zip Code <i>520 King Charles Dr. Austin, TX 78724</i>			
9 Principal occupation <i>Newspaper Publisher</i>		10 Employer (optional)	
Date <i>2/26/98</i>	Full name of contributor <i>Anna Allen</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>130.00</i>	In-kind contribution description (if applicable)
Contributor address. City. State. Zip Code <i>1804 Brackenridge Austin, TX 78704-3576</i>			
Principal occupation		Employer (optional)	
Date <i>2/26/98</i>	Full name of contributor <i>Ned BRANGER</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>1,250.00</i>	In-kind contribution description (if applicable)
Contributor address. City. State. Zip Code <i>605 W. 10th St. Austin, TX 78701</i>			
Principal occupation <i>Attorney</i>		Employer (optional)	
Date <i>2/26/98</i>	Full name of contributor <i>Jim Brooks</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>1,100.00</i>	In-kind contribution description (if applicable)
Contributor address. City. State. Zip Code <i>P.O. Box 1549 Austin, TX 78714</i>			
Principal occupation		Employer (optional)	
Date <i>2/24/98</i>	Full name of contributor <i>DARWIN MCKEE</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>1,100.00</i>	In-kind contribution description (if applicable)
Contributor address. City. State. Zip Code <i>7601 Glenhill Cv. Austin, TX 78752</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:

2 FILER NAME

*SAMUEL T. BISCOE*

3 ACCOUNT # (Ethics Commission Name)

4 Date

*2-11-98*

5 Full name of contributor

*Carl VARNER*

out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address. City. State. Zip Code

*1211 E. 12th  
Aurora, TX 78702*

*\$500.00  
(Postage)*

9 Principal occupation

*Governmental Affairs*

10 Employer (optional)

*Consultant*

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)

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.

# LOANS

# SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

SAMUEL T BISCOE

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

2-13-98

7 Name of lender

out of state PAC

SAMUEL T BISCOE

9 Loan Amount (\$)

\$3000.<sup>00</sup>

6 Is lender a financial institution?

Y

N

8 Lender address; City; State; Zip Code

6411 Bridgewater  
Austin, TEXAS 78723

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: 9

2 FILER NAME SAMUEL T. BISCOE 3 ACCOUNT # (Ethics Commission files)

4 Date <u>2/11/98</u>	5 Payee name <u>Worky Printing</u> Payee address: <u>3277 N IH 35</u> <u>Austin, TX 78722</u>	7 Amount (\$) <u>1,857.<sup>04</sup></u>
--------------------------	--	---

8 Purpose of expenditure <u>Printing Services</u>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought / held: _____
--	--

Date <u>2/12/98</u>	Payee name <u>Bill Mahomes Jr.</u> Payee address: <u>900 Jackson St. Suite 600</u> <u>Dallas, TX 75202</u>	Amount (\$) <u>350.<sup>00</sup></u>
------------------------	---	---

Purpose of expenditure <u>Reimbursement for Fundraiser Expense</u>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought / held: _____
---	--

Date <u>2/12/98</u>	Payee name <u>Office Max</u> Payee address: <u>5451 B. N. I.H. 35</u> <u>Austin, Texas</u>	Amount (\$) <u>51.<sup>95</sup></u>
------------------------	---	--

Purpose of expenditure <u>Ink Cartridges</u>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought / held: _____
---	--

Date <u>2/12/98</u>	Payee name <u>U.S. Postmaster</u> Payee address: <u>6th + Brundage</u> <u>Austin, TX 78701</u>	Amount (\$) <u>96.<sup>00</sup></u>
------------------------	---	--

Purpose of expenditure <u>Postage</u>	-- 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:
2 FILER NAME <i>SAMUEL T BISCOE</i>		3 ACCOUNT # (Ethics Commission files)
4 Date <i>2/13/98</i>	5 Payee name <i>H + C Political Media</i> ----- 6 Payee address: City: State: Zip Code <i>208 W. 4th St. Suite 3A Austin, TX 78701</i>	7 Amount (\$) <i>1,520,000</i>
8 Purpose of expenditure <i>(Media Services)</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought / held: _____
Date <i>2/13/98</i>	Payee name <i>Holy Cross Catholic Church</i> ----- Payee address: City: State: Zip Code <i>1610 E. 11th St. Austin, TX 78702</i>	Amount (\$) <i>150.00</i>
Purpose of expenditure <i>Black History Month Banquet Tickets</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought / held: _____
Date <i>2/13/98</i>	Payee name <i>Conley - Guerrero Senior Activity Center</i> ----- Payee address: City: State: Zip Code <i>808 Nile St. Austin, TX 78702</i>	Amount (\$) <i>150.00</i>
Purpose of expenditure <i>Donation - Senior Valentines Party</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought / held: _____
Date <i>2/13/98</i>	Payee name <i>U. S. Postmaster</i> ----- Payee address: City: State: Zip Code <i>6th + Guadalupe Austin, TX 78701</i>	Amount (\$) <i>1596.00</i>
Purpose of expenditure <i>Postage</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:

2 FILER NAME *SAMUEL T. BISCOE* 3 ACCOUNT # (Ethics Commission files)

4 Date <i>2/13/98</i>	5 Payee name <i>U.S. Postmaster</i>	7 Amount (\$) <i>160<sup>00</sup></i>
6 Payee address; City, State; Zip Code <i>6th + Guadalupe Austin, Texas 78701</i>		

8 Purpose of expenditure <i>Postage</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
--	---

Date <i>2/14/98</i>	Payee name <i>Jan Smith</i>	Amount (\$) <i>35.72</i>
Payee address; City, State; Zip Code <i>P.O. Box 8499 Austin, Texas 78713-8499</i>		

Purpose of expenditure <i>Reimbursement for copier</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
---	---

Date <i>2/17/98</i>	Payee name <i>Austin Women's Political Caucus</i>	Amount (\$) <i>1,575<sup>00</sup></i>
Payee address; City, State; Zip Code <i>P.O. Box 13241 Austin, TX 78762</i>		

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

Date <i>2/17/98</i>	Payee name <i>PODER</i>	Amount (\$) <i>126<sup>00</sup></i>
Payee address; City, State; Zip Code <i>55 N. I.H. 35 II 205B Austin, Texas 78702</i>		

Purpose of expenditure <i>Banquet tickets</i>	-- 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:
2 FILER NAME <i>Samuel T. Biscoe</i>		3 ACCOUNT # (Ethics Commission files)
4 Date <i>2-18-98</i>	5 Payee name <i>U.S. Postmaster</i> ----- 6 Payee address: City: State: Zip Code <i>6 m + Guadalupe Austin, TX 78701</i>	7 Amount (\$) <i>1,192.00</i>
8 Purpose of expenditure		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>2/19/98</i>	Payee name <i>K-Juice Radio 1070 A.M.</i> ----- Payee address: City: State: Zip Code <i>4301 Westbank B-350 Austin, TX 78746</i>	Amount (\$) <i>1,380.00</i>
Purpose of expenditure <i>Advertising</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>2/20/98</i>	Payee name <i>Third Eye Photography</i> ----- Payee address: City: State: Zip Code <i>2532 Guadalupe Austin, Texas 78705</i>	Amount (\$) <i>164.95</i>
Purpose of expenditure <i>(Photographs)</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>2/20/98</i>	Payee name <i>H + C Political Media</i> ----- Payee address: City: State: Zip Code <i>208 W. 4th St. Suite 3A Austin, TX 78701</i>	Amount (\$) <i>1,8300.00</i>
Purpose of expenditure <i>(Media Services)</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:

2 FILER NAME

*Samuel T. Biscoe*

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

*2/20/98*

*Christopher Limon*

6 Payee address: City: State: Zip Code

*3409 Kay St.  
Austin, TX 78702*

*\$ 464.00*

8 Purpose of expenditure

*Contract labor*

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

*2/20/98*

*Federal Express*

Payee address: City: State: Zip Code

*Littlefield Blvd  
6th + Brazos  
Austin, TX 78701*

*\$ 22.50*

Purpose of expenditure

*(delivery service)*

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

*2/21/98*

*Home Depot*

Payee address: City: State: Zip Code

*7211 W. I. H. 35  
Austin, TX 78752*

*\$ 145.27*

Purpose of expenditure

*(YARD SIGN STAKES)*

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

*2/20/98*

*John BRAND*

Payee address: City: State: Zip Code

*4326 S. Congress Apt 7101  
Austin, TX 78745*

*\$ 228.00*

Purpose of expenditure

*Contract labor*

-- 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:

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

4 Date <i>2/21/98</i>	5 Payee name <i>Chris Saunders</i>	7 Amount (\$) <i>1,100.00</i>
6 Payee address: City, State, Zip Code <i>3713 Windsor Rd Austin, Texas 78703</i>		

8 Purpose of expenditure <i>Graphic Design</i>	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 <i>2/21/98</i>	Payee name <i>Southwestern Bell Telephone</i>	Amount (\$) <i>1,146.33</i>
Payee address: City, State, Zip Code <i>P.O. Box 4844 Houston, Texas 77091-6079</i>		

Purpose of expenditure <i>Telephone Bill</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
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Date <i>2/21/98</i>	Payee name <i>DAW Smith</i>	Amount (\$) <i>137.37</i>
Payee address: City, State, Zip Code <i>P.O. Box 8499 Austin, Texas 78713-8499</i>		

Purpose of expenditure <i>Re-imbursment Office Misc. Expenses</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
--	---

Date <i>2/21/98</i>	Payee name <i>ATT</i>	Amount (\$) <i>184.27</i>
Payee address: City, State, Zip Code <i>P.O. Box 78225 Phoenix AZ. 85062-8225</i>		

Purpose of expenditure <i>Telephone Bill</i>	-- 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:
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2 FILER NAME <i>Samuel T. Biscoe</i>	3 ACCOUNT # (Ethics Commission Use)
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4 Date <i>2/22/98</i>	5 Payee name <i>Angela Bardo</i>	7 Amount (\$) <i>1510.00</i>
6 Payee address: City, State, Zip Code <i>809 Rio Grande Austin, TEXAS 78701</i>		

8 Purpose of expenditure <i>Janitorial Service</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date <i>2/23/98</i>	Payee name <i>Villager Newspaper</i>	Amount (\$) <i>15310.00</i>
Payee address: City, State, Zip Code <i>1223 Rosewood Ave. Austin, TX 78702</i>		

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

Date <i>2/24/98</i>	Payee name <i>Calkin Fund</i>	Amount (\$) <i>15100.00</i>
Payee address: City, State, Zip Code <i>c/o Lesbian + Gay Rights Lobby P.O. Box 2340 Austin, TX 78768</i>		

Purpose of expenditure <i>Calkin Fund Contributions</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
--	--

Date <i>2/24/98</i>	Payee name <i>NOKOA Newspaper</i>	Amount (\$) <i>1388.50</i>
Payee address: City, State, Zip Code <i>1154-B Angelina Austin, TX 78702</i>		

Purpose of expenditure <i>Advertisement</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:

2 FILER NAME *SAMUEL T. BISCOE* 3 ACCOUNT # (Ethics Commission files)

4 Date <i>2-25-98</i>	5 Payee name <i>Austin Tejano Democrats</i> ----- 6 Payee address: City: State: Zip Code <i>P.O. Box 334 Austin, TX 78747</i>	7 Amount (\$) <i>1,400.00</i>
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8 Purpose of expenditure <i>(MAILER)</i>	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 <i>2-25-98</i>	Payee name <i>Austin Progressive Coalition</i> ----- Payee address: City: State: Zip Code <i>1903 Summit View Austin, TX 78703</i>	Amount (\$) <i>1,358.00</i>
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Purpose of expenditure <i>(MAILER)</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
---	---

Date <i>2/22/98</i>	Payee name <i>U.S. Postmaster</i> ----- Payee address: City: State: Zip Code <i>612 + broadalope Austin, TX 78701</i>	Amount (\$) <i>1130.00</i>
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Purpose of expenditure <i>Postage</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
--	---

Date <i>2/26/98</i>	Payee name <i>U.S. Postmaster</i> ----- Payee address: City: State: Zip Code <i>612 + broadalope Austin, TX 78701</i>	Amount (\$) <i>132.00</i>
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Purpose of expenditure <i>Postage</i>	-- 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:

2 FILER NAME

*Samuel T Biscoe*

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Payee name

7 Amount (\$)

*2/26/98*

*Christopher L. Linn*

6 Payee address. City, State, Zip Code

*3409 Kay St.  
Austin, TX 78702*

*1  
510<sup>00</sup>*

8 Purpose of expenditure

*(Reimbursement for  
gasoline)*

9 -- 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

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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