



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

**14 C/OH NAME** SAMUEL T. BISCOE **15 ACCOUNT # (Ethics Commission files)**

**16 SUPPORTING POLITICAL COMMITTEE(S)**  
 \*\* This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME: NONE

COMMITTEE ADDRESS:

COMMITTEE CAMPAIGN TREASURER NAME:

COMMITTEE CAMPAIGN TREASURER ADDRESS:

**17 NO REPORTABLE ACTIVITY**  Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7300.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 6939.88
<b>OUTSTANDING LOAN TOTALS</b>	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1400.00

**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 15th day of JULY, 19 99, to certify which, witness my hand and seal of office.

Brenda Hines-Bradshaw BRENDA HINES-BRADSHAW NOTARY PUBLIC  
Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <u>6</u>	
2 FILER NAME <u>SAMUEL T. BISCOE</u>		3 ACCOUNT # (Ethics Commission files)	
4 Date <u>3/24/99</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>SUSANNE GOAR MATHEWS</u>	7 Amount of contribution (\$) <u>150.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>1504 Ashberry Dr. Austin, TEXAS 78723</u>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <u>4/2/99</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Don Houston</u>	Amount of contribution (\$) <u>200.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>19 Rio Vista Dr. Stuart, FL 34996-6420</u>			
Principal occupation (Optional) <u>Corporation Executive</u>		Employer (Optional)	
Date <u>4/2/99</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Michael J. Whellan</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>Craven, Dougherty, Heard &amp; Mowbray P.O. Box 98 Austin, TEXAS 78767</u>			
Principal occupation (Optional) <u>ATTORNEY</u>		Employer (Optional)	
Date <u>5/21/99</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>TEXAS State holders</u>	Amount of contribution (\$) <u>11000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>914 Congress Ave Austin, TEXAS 78701</u>			
Principal occupation (Optional)		Employer (Optional)	
Date <u>5/21/99</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>MARK J. HANNA</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 5535 Austin, TEXAS 78763</u>			
Principal occupation (Optional)		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 A1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.					1 Total pages this Schedule A1: <b>2/6</b>	
2 FILER NAME <b>SAMUEL T. BINCOE</b>					3 ACCOUNT # (Ethics Commission files)	
4 Date <b>5/21/99</b>	5 Full name of contributor <b>Nick Kraji</b> <input type="checkbox"/> out of state PAC	6 Contributor address; City; State; Zip Code <b>3608 Dali Austin, TX. 78703</b>		7 Amount of contribution (\$) <b>\$250.00</b>	8 In-kind contribution description (if applicable)	
9 Principal occupation (Optional)			10 Employer (Optional)			
Date <b>5/21/99</b>	Full name of contributor <b>Robert R. Kamm</b> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <b>405 W. 14th St. Austin, TX. 78701</b>		Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)	
Principal occupation (Optional) <b>ATTORNEY</b>			Employer (Optional)			
Date <b>5/21/99</b>	Full name of contributor <b>Thomas G. Loomis</b> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <b>6006 Cary Dr. Austin, TX. 78757</b>		Amount of contribution (\$) <b>\$150.00</b>	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)			
Date <b>5/21/99</b>	Full name of contributor <b>Gene Fandren</b> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <b>P.O. Box 1028 Austin, TX. 78767</b>		Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)	
Principal occupation (Optional) <b>Trade Assoc. Executive</b>			Employer (Optional)			
Date <b>5/21/99</b>	Full name of contributor <b>Rodriguez + Schorn</b> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <b>4315 S. First St. Suite K Austin, TEXAS 78745</b>		Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)	
Principal occupation (Optional) <b>ATTORNEY</b>			Employer (Optional)			

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

3/6

2 FILER NAME

SAMUEL T. BINCOE

3 ACCOUNT # (Ethics Commission files)

4 Date

5/21/99

5 Full name of contributor

Ed Wendler Sr. & Assoc.

out of state PAC

6 Contributor address; City; State; Zip Code

3007 N. LAMAR  
Austin, TX. 78705

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

Attorney

10 Employer (Optional)

Date

5/21/99

Full name of contributor

Morris L. Overstreet

out of state PAC

Contributor address; City; State; Zip Code

P.O. Box 12817  
Austin, TX 78711

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Attorney

Employer (Optional)

Date

5/21/99

Full name of contributor

Pike Powers.

out of state PAC

Contributor address; City; State; Zip Code

Fullbright & Jaworski  
600 Congress Suite 2400  
Austin, TX 78701

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Attorney

Employer (Optional)

Date

5/21/99

Full name of contributor

Charles W. Crostin

out of state PAC

Contributor address; City; State; Zip Code

5905 Humbling Creek  
Austin, TX. 78731

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Architect

Employer (Optional)

Date

5/21/99

Full name of contributor

Jerry Harris

out of state PAC

Contributor address; City; State; Zip Code

BM + OH-Electo PAC  
1400 Franklin Plaza  
111 Congress Austin, TX 78701

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Attorney

Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <i>4/6</i>	
2 FILER NAME <i>SAMUEL T. BIRROE</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5/21/99</i>	5 Full name of contributor <i>TERRY Bray</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>1250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>GRAVES Douglas H. Hearns + Moody P.O. Box 98 Austin, TX 78767</i>			
9 Principal occupation (Optional) <i>ATTORNEY</i>		10 Employer (Optional)	
Date <i>5/21/99</i>	Full name of contributor <i>Charles Scholtz</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>CANALAS, MARTINEZ + NASH 9027 Northgate Blvd #141 Austin, TX 78758</i>			
Principal occupation (Optional) <i>Engineer</i>		Employer (Optional)	
Date <i>5/21/99</i>	Full name of contributor <i>John Joseph Minter, Joseph + Thornhill</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>811 Barton Springs Suite 800 Austin, TX 78704</i>			
Principal occupation (Optional) <i>ATTORNEY</i>		Employer (Optional)	
Date <i>5/21/99</i>	Full name of contributor <i>Lee Flores</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>309 W Cuernavaca Austin, TX 78733</i>			
Principal occupation (Optional) <i>Engineer</i>		Employer (Optional)	
Date <i>5/21/99</i>	Full name of contributor <i>D. Ladd Pethillo</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1700 Jackson Hole Cv. Austin, TX 78746</i>			
Principal occupation (Optional)		Employer (Optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 Total pages this Schedule A1: <i>5/6</i>	
2 FILER NAME <i>Samuel T. Biscoe</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>5/21/99</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>DAVID H. Sailing</i>	7 Amount of contribution (\$) <i>1,100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6506 Laderia Norte Austin, TX 78731</i>			
9 Principal occupation (Optional) <i>Builder</i>		10 Employer (Optional)	
Date <i>5/21/99</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Kelly Keeton</i>	Amount of contribution (\$) <i>1,100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4107 SARA Austin, TX 78721</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>6/4/99</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>MARK MORAN</i>	Amount of contribution (\$) <i>1,100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>16309 Lakeshore Dr. Austin, TX 78734</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>6/4/99</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Kristen A. Osmond</i>	Amount of contribution (\$) <i>1,100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3702 Green Trails S. Austin, TX 78731</i>			
Principal occupation (Optional) <i>Consultant</i>		Employer (Optional)	
Date <i>6/4/99</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>William Martin</i>	Amount of contribution (\$) <i>130.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8802 Silverasson Court Austin, TX 78759</i>			
Principal occupation (Optional)		Employer (Optional)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.					1 Total pages this Schedule A1: <i>6/6</i>	
2 FILER NAME <i>Samuel T Biscoe</i>					3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>6/4/99</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>A-OK ZAMORA BAIL Bond</i>			7 Amount of contribution (\$) <i>1,300.00</i>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <i>155 South LBJ Dr. San Marcos, TX 78666</i>						
9 Principal occupation (Optional)			10 Employer (Optional)			
Date <i>2/1/99</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Chi-Kao Hsu</i>			Amount of contribution (\$) <i>1,100.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>1001 Sawalito Dr. Austin, TX 78759</i>						
Principal occupation (Optional) <i>Engineer</i>			Employer (Optional)			
Date <i>2/1/99</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Terrance Keel</i>			Amount of contribution (\$) <i>1,250.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>2 World of Tennis Sq. #140 Austin, TX 78738-1161</i>						
Principal occupation (Optional)			Employer (Optional)			
Date	Full name of contributor <input type="checkbox"/> out of state PAC			Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code						
Principal occupation (Optional)			Employer (Optional)			
Date	Full name of contributor <input type="checkbox"/> out of state PAC			Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code						
Principal occupation (Optional)			Employer (Optional)			

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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7  
1/7

2 FILER NAME

SAMUEL T. BISCOE

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1/15/99

Brenda Bradshaw

6 Payee address; City; State; Zip Code

1914 Sunnybrook Dr.  
Austin, TX 78723

\$13.89

8 Purpose of expenditure

Re-imbursment Office  
Supplies

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

1/19/99

Black Cultural Awareness Com.

Payee address; City; State; Zip Code

P.O. Box 17169  
Austin, TX 78763

\$50.00

Purpose of expenditure

Donation

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

2/1/99

Hershall Shelley

Payee address; City; State; Zip Code

2401 Greentree Dr.  
Austin, TX. 78703

\$300.00

Purpose of expenditure

Re-payment of loan

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

2/3/99

Brenda Bradshaw

Payee address; City; State; Zip Code

1914 Sunnybrook Dr.  
Austin, TX 78723

\$33.56

Purpose of expenditure

Re-imbursment Office  
Supplies

-- 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:  
2/7

2 FILER NAME  
Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission filers)

4 Date 2/12/99	5 Payee name The Group	7 Amount (\$) \$100.00
6 Payee address; City; State; Zip Code 7103 Crosswood Austin, TX. 78745		

8 Purpose of expenditure  
Sponsorship - African-American History Project

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

Date 3/24/99	Payee name Worley Printing	Amount (\$) \$167.79
Payee address; City; State; Zip Code 3217 North I. H. 35 Austin, TX. 78722		

Purpose of expenditure  
Printing

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

Date 4/1/99	Payee name Dan Smith	Amount (\$) \$27.06
Payee address; City; State; Zip Code P.O. Box 8499 Austin, TX. 78743		

Purpose of expenditure  
Reimbursement Photos Third Eye

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

Date 4/1/99	Payee name David Armbrust	Amount (\$) \$40.00
Payee address; City; State; Zip Code 100 Congress Ave. Suite 1300 Austin, TX. 78701		

Purpose of expenditure  
Entry Fee / Golf Tournament

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:  
3/7

2 FILER NAME  
Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/6/99	5 Payee name Brenda Bradshaw	7 Amount (\$) 153.59
6 Payee address; City; State; Zip Code 1914 Sunnybrook Dr. Austin, TX 78723		

8 Purpose of expenditure Reimbursement Office Supplies	9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought / held
--	--

Date 4/24/99	Payee name Roscoe Parker	Amount (\$) 150.00
Payee address; City; State; Zip Code 14304 Weldon Ln. Austin, TX 78728		

Purpose of expenditure Golf Sponsorship	<input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought / held
--	--

Date 4/30/99	Payee name Travis County Cinco de Mayo Celebrations	Amount (\$) 25.00
Payee address; City; State; Zip Code P.O. Box 1748 Austin, TX 78767		

Purpose of expenditure Sponsorship	<input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought / held
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Date 5/17/99	Payee name Pete McCrae	Amount (\$) 66.00
Payee address; City; State; Zip Code 16309 Lakeshore Dr. Austin, TX 78734		

Purpose of expenditure Reimbursement / Postage	<input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> 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:  
4/7

2 FILER NAME  
SAMUEL T. BRUCE

3 ACCOUNT # (Ethics Commission filers)

4 Date 5/17/99	5 Payee name Brenda Bradshaw 6 Payee address; City; State; Zip Code 1914 Sunnybrook Austin, TX. 78723	7 Amount (\$) 34.37
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8 Purpose of expenditure  
Re-imbursment  
Office Supplies

9  Complete if direct expenditure to benefit C/OH   
Candidate / Officeholder name Office sought / held

Date 5/20/99	Payee name Kelly Keeton Payee address; City; State; Zip Code 4607 Sara Austin, TX. 78721	Amount (\$) 815.00
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Purpose of expenditure  
Catering Services

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

Date 5/23/99	Payee name SAMUEL T. BRUCE Payee address; City; State; Zip Code 6411 Bridgewater Dr. Austin, TX. 78723	Amount (\$) 250.00
-----------------	--	-----------------------

Purpose of expenditure  
Re-imbursment - Sponsorship  
Donation Eastside Hwy

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

Date 5/20/99	Payee name Chris Saunders Payee address; City; State; Zip Code 3713 Windsor Rd Austin, TX 78703	Amount (\$) 60.00
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Purpose of expenditure  
Graphic Design Services

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:

5/2

2 FILER NAME

*SAMUEL T. BISCOE*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5/26/99

*SAMUEL T. BISCOE*

6 Payee address; City; State; Zip Code

*6411 Bridgewater Dr.  
Austin, TX. 78723*

*250.00*

8 Purpose of expenditure

*Re-imbursment for miscellaneous Expenses*

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

Office sought / held

Date

Payee name

Amount (\$)

5/25/99

*Pete McCrae*

Payee address; City; State; Zip Code

*16309 Lakeshore Dr.  
Austin, TX 78734*

*50.00*

Purpose of expenditure

*Re-imbursment / Supplies for fund-raiser*

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

Office sought / held

Date

Payee name

Amount (\$)

5/25/99

*Mark Moran*

Payee address; City; State; Zip Code

*16309 Lakeshore Dr.  
Austin, TX. 78734*

*510.00*

Purpose of expenditure

*Consulting Services*

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

Office sought / held

Date

Payee name

Amount (\$)

6/2/99

*Leisure Management Intl.*

Payee address; City; State; Zip Code

*Millennium Entertainment Complex  
1156 Hargrave St.  
Austin, TX 78702*

*250.00*

Purpose of expenditure

*Sponsorship / Grand Opening*

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:  
6/7

2 FILER NAME  
Samuel T. Boscoe

3 ACCOUNT # (Ethics Commission filers)

4 Date 6/2/99	5 Payee name Bethel Temple 6 Payee address; City; State; Zip Code Tyler, TEXAS	7 Amount (\$) \$100.00
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8 Purpose of expenditure Donation	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date 6/10/99	Payee name TRAVIS County Juneteenth Celebration Payee address; City; State; Zip Code P. O. Box 1748 Austin, TX 78767	Amount (\$) \$25.00
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Purpose of expenditure Sponsorship.	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
--	--

Date 6/11/99	Payee name Jo Ann Staker Payee address; City; State; Zip Code 6411A Auburn Dr. Austin, TX 78723	Amount (\$) \$50.00
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Purpose of expenditure Donation / Vision Tour	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
--	--

Date 6/29/99	Payee name Ebenezer Baptist Church Payee address; City; State; Zip Code 1010 E. 10th St. Austin, TX. 78702	Amount (\$) \$50.00
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Purpose of expenditure Advertisement / Pastor Anniversary	-- 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:

7/7

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6/29/99

Greater Swenson Grove Baptist Church  
 c/o Dr. Patsey Jones  
 2200 E. MLK Jr. Blvd.  
 Austin, TX 78702

50.00

8 Purpose of expenditure

Advertisement / Church Program

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

Office sought / held

Date

Payee name

Amount (\$)

6/29/99

Mount Sinai Missionary Baptist Church  
 c/o Carol Marshall  
 5900 Cameron Rd  
 Austin, TEXAS 78723

50.00

Purpose of expenditure

Advertisement / Church Program

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

Office sought / held

Date

Payee name

Amount (\$)

6/30/99

Brenda Bradshaw  
 1914 Sunnybrook  
 Austin, TX. 78723

18.62

Purpose of expenditure

Re-imbursement other supplies

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

Office sought / held

Date

Payee name

Amount (\$)

7/1/99

Connie Kirk  
 1608 Chestnut Ave.  
 Austin, TX. 78722

50.00

Purpose of expenditure

Sponsorship

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

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CREDITS (optional)**

**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K: 1/1/1

2 FILER NAME SAMUEL T. Biscoe

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>2/1/99</u>	5 Payor name <u>Timothy + Azam Waugh</u>	8 Amount (\$) <u>\$690.00</u>
	6 Payor address; City; State; Zip Code <u>P.O. Box 90154 Austin, TX 78709</u>	
7 Reason for credit <u>Refund of rent deposit</u>		

Date <u>3/24/99</u>	Payor name <u>Southwestern Bell Telephone</u>	Amount (\$) <u>\$104.20</u>
	Payor address; City; State; Zip Code <u>P.O. Box 78339 St. Louis, Mo. 63178</u>	
Reason for credit <u>Refund of telephone service deposit + overpayment</u>		

Date <u>3/24/99</u>	Payor name <u>ORANCA</u>	Amount (\$) <u>\$11.73</u>
	Payor address; City; State; Zip Code <u>LAS COLINAS Div. Office 2000 Westridge Dr. Irving, TX. 75238</u>	
Reason for credit <u>Refund of water service deposit</u>		

Date <u>3/24/99</u>	Payor name <u>Southwestern Bell Telephone</u>	Amount (\$) <u>\$541.01</u>
	Payor address; City; State; Zip Code <u>P.O. Box 78339 St. Louis, Mo. 63178</u>	
Reason for credit <u>Refund of telephone service deposit</u>		

Date <u>4/4/99</u>	Payor name <u>KVET/KASE Capital Communications</u>	Amount (\$) <u>\$136.00</u>
	Payor address; City; State; Zip Code <u>P.O. Box 380 Austin, TX. 78767</u>	
Reason for credit <u>Refund / Credit Radio Advertisements</u>		

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