

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4527

# 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:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Judge  
FIRST: Samuel  
MI: T  
NICKNAME: BISCOE  
LAST: BISCOE  
SUFFIX:

OFFICE USE ONLY

Date Received: JAN 19 3 28 PM '00  
FILED  
COMMISSIONER OF PUBLIC INFORMATION  
TRAVIS COUNTY, TEXAS

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: 6411  
APT / SUITE #: Bridgewater Dr.  
CITY: Austin, TEXAS  
STATE: TEXAS  
ZIP CODE: 78723

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: Eugene  
FIRST: Eugene  
MI:  
NICKNAME: Bailey  
LAST: Bailey  
SUFFIX:

Receipt #  
HD / PM  
Amount  
Date Processed  
Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 3212  
CITY: Northeast Dr. Austin, TEXAS  
STATE: TEXAS  
ZIP CODE: 78723

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512)  
PHONE NUMBER: 926-0427  
EXTENSION:

8 REPORT TYPE

January 15  
 30th day before election  
 Runoff  
 15th day after campaign treasurer appointment (officeholder only)  
 July 15  
 8th day before election  
 Exceeded \$500 limit  
 Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 7 / 14 / 99 THROUGH Month Day Year: 1 / 15 / 00

10 ELECTION

ELECTION DATE: / /  
ELECTION TYPE: NONE  
 Primary  
 Runoff  
 General  
 Special

11 OFFICE

OFFICE HELD (if any): TRAVIS County Judge

12 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

additional pages

GO TO PAGE 2

# 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:	
2 FILER NAME <i>Samuel T. Biscoe</i>				3 ACCOUNT # (Ethics Commission files)	
4 Date <i>7/22/99</i>	5 Full name of contributor <i>Paul Lewis</i> <input type="checkbox"/> out of state PAC	6 Contributor address; City; State; Zip Code <i>5450 Bee Cave Rd. Austin, TX. 78746</i>	7 Amount of contribution (\$) <i>\$500.00</i>	8 In-kind contribution description (if applicable)	
9 Principal occupation (Optional)			10 Employer (Optional)		
Date <i>7/22/99</i>	Full name of contributor <i>Scott Polikov</i> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <i>3903 Duval St. Austin, TX. 78705</i>	Amount of contribution (\$) <i>\$150.00</i>	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		
Date <i>7/22/99</i>	Full name of contributor <i>Turner Collic &amp; Broders</i> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <i>400 W. 15th St. Austin, TX 78701</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)	
Principal occupation (Optional) <i>Engineering Firm</i>			Employer (Optional)		
Date <i>7/22/99</i>	Full name of contributor <i>Chris Shields</i> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <i>1005 Congress Ave Austin TX 78701</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		
Date <i>7/22/99</i>	Full name of contributor <i>Tris Castaneda</i> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <i>1005 Congress Ave. Austin TX 78701</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)	
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:	
2 FILER NAME <i>Samuel T. Biscoe</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>7/22/98</i>	5 Full name of contributor <i>GARY MARRO</i> <input type="checkbox"/> out of state PAC	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>2409 McCall Rd Austin, TX 78703</i>			
9 Principal occupation (Optional)		10 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)	
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:

2 FILER NAME

*SAMUEL T. BISCOE*

3 ACCOUNT # (Ethics Commission #ers)

4 Date

5 Payee name

7 Amount (\$)

*7/22/99*

*Workley Printing*  
 6 Payee address: City: State: Zip Code  
*3217 N. I. A. 35*  
*Austin, TX. 78722*

*\$269.54*

8 Purpose of expenditure

*Printing*

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

Date

Payee name

Amount (\$)

*7/23/99*

*Chris Saunders*  
 Payee address: City: State: Zip Code  
*3713 Windsor Rd.*  
*Austin, TX. 78703*

*\$390.00*

Purpose of expenditure

*Fundraising Services*

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

Date

Payee name

Amount (\$)

*7/28/99*

*Brenda Bradshaw*  
 Payee address: City: State: Zip Code  
*1914 Sunnybrook Dr.*  
*Austin, TX. 78723*

*\$17.26*

Purpose of expenditure

*Office Supplies*

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

Date

Payee name

Amount (\$)

*8/4/99*

*Mark Moran*  
 Payee address: City: State: Zip Code  
*16309 Lakeshore Dr.*  
*Austin, TX 78734*

*\$127.50*

Purpose of expenditure

*Fundraising Services*

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 filers)

4 Date

*8/18/99*

5 Payee name

*Victory New York / Hillary Clinton*

6 Payee address; City; State; Zip Code

*P. O. Box 89413  
Washington, D. C. 20001*

7 Amount (\$)

*\$250.00*

8 Purpose of expenditure

*Contributions*

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought / held

Date

*8/18/99*

Payee name

*Travis County Democratic*

Payee address; City; State; Zip Code

*P. O. Box 6842631  
Austin, TX 78768*

Amount (\$)

*\$500.00*

Purpose of expenditure

*Contributions*

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought / held

Date

*8/18/99*

Payee name

*Nokoa - The Observer*

Payee address; City; State; Zip Code

*1154B Angelisa  
Austin, TX 78702*

Amount (\$)

*\$50.00*

Purpose of expenditure

*Donation / Anniversary Celebration*

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought / held

Date

*8/18/99*

Payee name

*BCFC*

Payee address; City; State; Zip Code

*c/o Paul Moore  
5502 Burgundy Dr.  
Austin, TX 78744*

Amount (\$)

*\$50.00*

Purpose of expenditure

*Donation*

\*\* 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 filers)

4 Date <i>9/2/99</i>	5 Payee name <i>Austin - AFL-CIO Council</i>	7 Amount (\$) <i>\$80.00</i>
6 Payee address: City: State: Zip Code <i>1106 Lavaca Austin, TX. 78701</i>		

8 Purpose of expenditure <i>Advertisement / Labor Day Program</i>	9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought / held
--	--

Date <i>9/28/99</i>	Payee name <i>Hershell Shelly</i>	Amount (\$) <i>\$1400.00</i>
Payee address: City: State: Zip Code <i>2401 Greentree Dr. Austin, TX 78703</i>		

Purpose of expenditure <i>Re-payment of Loans</i>	9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought / held
--	--

Date <i>9/23/99</i>	Payee name <i>Brenda Bradshaw</i>	Amount (\$) <i>\$23.29</i>
Payee address: City: State: Zip Code <i>1914 Sunnybrook Dr. Austin, TX. 78703</i>		

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

Date <i>10/25/99</i>	Payee name <i>Eastside Store</i>	Amount (\$) <i>\$25.00</i>
Payee address: City: State: Zip Code <i>c/o City of Austin 802 + Colorado (City Hall) Austin, TX 78701</i>		

Purpose of expenditure <i>Donation</i>	9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> 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 (\$)

*10/25/99*

*City of Austin Senior Program*  
Payee address; City: State: Zip Code  
*c/o Karra Colson*  
*901 W. Riverside Dr.*  
*Austin TX 78704*

*1*  
*5/00.00*

8 Purpose of expenditure

*Donation / Senior Bus Trip*

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

Office sought / held

Date

Payee name

Amount (\$)

*11/4/99*

*Diana's Flower Shop*  
Payee address; City: State: Zip Code  
*2614 E. 7th St*  
*Austin, TEXAS*

*5*  
*119.08*

Purpose of expenditure

*Flowers*

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

Office sought / held

Date

Payee name

Amount (\$)

*12/3/99*

*Brenda Bradshaw*  
Payee address; City: State: Zip Code  
*1914 Sunny brook*  
*Austin, TX 78723*

*5*  
*27.63*

Purpose of expenditure

*Other Supplies*

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

Office sought / held

Date

Payee name

Amount (\$)

*12/3/99*

*VFW*  
Payee address; City: State: Zip Code  
*1419-B Brown Ridge Dr.*  
*Austin, TEXAS 78723*

*5*  
*45.00*

Purpose of expenditure

*Donation*

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

Office sought / held

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# POLITICAL EXPENDITURES

# SCHEDULE F

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1 Total pages Schedule F: \_\_\_\_\_

2 FILER NAME

*Samuel T. Biscoe*

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

*8/18/99*

*Limon Family Reunion*

6 Payee address; City; State; Zip Code

*c/o Johnny Limon  
908 S. Collier Limon  
Austin, TX 78702*

*\$75.00*

8 Purpose of expenditure

*Advertisement - Family Reunion Program*

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

Office sought / held

Date

Payee name

Amount (\$)

*12/20/99*

*The Group*

Payee address; City; State; Zip Code

*c/o 7103 Crosswood  
Austin, TX. 78745*

*\$500.00*

Purpose of expenditure

*Xmas Party Services*

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

Office sought / held

Date

Payee name

Amount (\$)

*12/23/99*

*Diana's Flower Shop*

Payee address; City; State; Zip Code

*2614 E. 7th St.  
Austin, TX 78702*

*\$59.54*

Purpose of expenditure

*Flowers*

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

Office sought / held

Date

Payee name

Amount (\$)

*12/23/99*

*Don Smith*

Payee address; City; State; Zip Code

*P.O. Box 8499  
Austin, TX. 78713 - 8499*

*\$134.90*

Purpose of expenditure

*Reimbursement  
Flowers - Diana's Flower Shop*

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

Office sought / held

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# SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME

*Samuel T. Biscoe*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

*1/6/00*

6 Payee address; City; State; Zip Code

*STB Special Projects  
P.O. Box 1748  
Austin, TX 78747*

*1,579.69*

8 Purpose of expenditure

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

*Donation to Juanita Speers*

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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