

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

4795

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:
12

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Judge Samuel T.
NICKNAME LAST SUFFIX
Biscoe

OFFICE USE ONLY

Date Received

FILED
JUN 16 4 52 PM '00

4 CANDIDATE / OFFICEHOLDER ADDRESS

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

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Eugene
NICKNAME LAST SUFFIX
Bailey

Receipt #

ND / PM

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 926-0427

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
2 / 01 / 00 THROUGH *12 / 31 / 00*

10 ELECTION

ELECTION DATE Month Day Year
1 / 1
ELECTION TYPE
 Primary Runoff General Special
NONE

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

NONE

Address / PO Box APT / Suite # City State Zip Code

additional pages

GO TO PAGE 2

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

3/12

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

(3 pages)

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission files)

4 Date

8/7/00

5 Full name of contributor

Greg Beatty

out of state PAC

7 Amount of contribution (\$)

150.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

P.O. Box 11593
Austin, TX 78711

9 Principal occupation

Consultant

10 Employer (optional)

Date

8/7/00

Full name of contributor

Turner Collins + Braden PAC

out of state PAC

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

400 W. 15th
Austin, TX 78701

Principal occupation

Engineers

Employer (optional)

Date

8/7/00

Full name of contributor

Bob Gregory

out of state PAC

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2939 Westlake Cv
Austin, TX 78744

Principal occupation

Businessman

Employer (optional)

Date

8/7/00

Full name of contributor

Paul Celaurio

out of state PAC

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

DAUNE BARR ENGINEERING
3400 Recreation Center
Suite 129 Austin, TX 78731

Principal occupation

Engineer

Employer (optional)

Date

8/7/00

Full name of contributor

Barbara Burton

out of state PAC

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1833 Coronado Hills Dr.
Austin, TX 78752

Principal occupation

Business Dev. Consultant

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

4/12

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME
Samuel T. Biscoe

3 ACCOUNT # (Ethical Commission files)

4 Date
8/7/00

5 Full name of contributor out of state PAC
Eugene Watkins

7 Amount of contribution (\$)
125.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
*1613 Capital of TEXAS
AUSTIN, TEXAS 78746*

9 Principal occupation
Lawing Consultant - Developer

10 Employer (optional)

Date
8/7/00

Full name of contributor out of state PAC
Stephen Johnson

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*1122 Colorado
Austin, TX 78701*

Principal occupation
Attorney

Employer (optional)

Date
8/7/00

Full name of contributor out of state PAC
Robert Reetz

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*Algers + Watkins
98 San Jacinto Blvd.
Suite 1800 Austin, TX 78704*

Principal occupation
Attorney

Employer (optional)

Date
8/7/00

Full name of contributor out of state PAC
Dick Brown

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*1108 Lavaca
Austin, TX 78701*

Principal occupation
Consultant

Employer (optional)

Date
7/8/00

Full name of contributor out of state PAC
Roy Ewins

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*10900 Parkfield Dr.
Austin, TX 78758*

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

5/12

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Samuel T. Bischoe

3 ACCOUNT # (Ethics Commission files)

4 Date

7/25/00

5 Full name of contributor

Mike Levi

out of state PAC

7 Amount of contribution (\$)

1000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*Paleface Ranch
Rt 2, Box 19
Spicewood Texas*

9 Principal occupation

Rancher

10 Employer (optional)

Date

6/30/00

Full name of contributor

Robert R. Kamin

out of state PAC

Amount of contribution (\$)

1250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*405 W. 14th St.
Austin, TX 78701*

Principal occupation

ATTORNEY

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.

POLITICAL EXPENDITURES

SCHEDULE F

6/12

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

7/19/00

5 Payee name

Pete McCrae

6 Payee address; City; State; Zip Code

7 Amount (\$)

\$1500.00

8 Purpose of expenditure

Political consulting / Fund-raising

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

Office sought / held

Date

7/19/00

Payee name

Jaycee Brown

Payee address; City; State; Zip Code

*909 Rainli #134
Austin, TX 78751*

Amount (\$)

\$50.00

Purpose of expenditure

*Cobra insurance assistance
(illness) - donation*

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

Office sought / held

Date

8/4/00

Payee name

*Bethel Temple Church of God in
Christ*

Payee address; City; State; Zip Code

Tyler, TEXAS

Amount (\$)

\$500.00

Purpose of expenditure

Church Building Fund

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

Office sought / held

Date

8/17/00

Payee name

Austin AFL-CIO

Payee address; City; State; Zip Code

*1010 Lavaca
Austin, TX 78701*

Amount (\$)

\$100.00

Purpose of expenditure

Labor Day Advertisement

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

Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

2/12

The instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME 3 ACCOUNT # (Ethics Commission files)

Samuel T. Biscoe

4 Date	5 Payee name	7 Amount (\$)
8-22-00	South Austin Democrats 6 Payee address: City: State: Zip Code c/o Walter Timberlake 2007 S. 5th St. Austin, TX 78704	150.00

8 Purpose of expenditure: Sponsorship - Yellow Dog Democrats 9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought / held

Date	Payee name	Amount (\$)
8-25-00	Austin Partners in Education Payee address: City: State: Zip Code Oak Springs Elementary School Austin, Tx.	100

Purpose of expenditure: School supplies / educational programs ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought / held

Date	Payee name	Amount (\$)
8-25-00	Forum for Community Reconciliation Payee address: City: State: Zip Code 6510 Berkman Austin, Tx. 78723	100

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

Date	Payee name	Amount (\$)
8/19/00	Omega Psi Phi Fraternity (Austin) Payee address: City: State: Zip Code c/o Ronald McNamee 5201 Concho Creek Rd Austin, TX 78733	170.00

Purpose of expenditure: Scholarship Fund ** 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

8/12

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

9-14-00

5 Payee name

Michael Lofton

6 Payee address; City; State; Zip Code

4708 Oakcliff Drive
Austin, Tx. 78723

7

Amount

(\$)
100
1

8 Purpose of expenditure

help off set expenses to produce
community programs on cable tv

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

Candidate / Officeholder name

Office sought / held

Date

10-3-00

Payee name

Simpson United Methodist Church

Payee address; City; State; Zip Code

1701 E. 12th St.
Austin, Tx. 78702

Amount

(\$)
50
1

Purpose of expenditure

mentoring program

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

Candidate / Officeholder name

Office sought / held

Date

10-31-00

Payee name

Huston Tillotson College

Payee address; City; State; Zip Code

900 Chicone St.
Austin, TX. 78702

Amount

(\$)
100
1

Purpose of expenditure

Scholarship fund/UNCF

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

Candidate / Officeholder name

Office sought / held

Date

10-27-00

Payee name

Texas County Combined Charities

Payee address; City; State; Zip Code

P.O. Box 1948
Austin, TX 78767

Amount

(\$)
500
1

Purpose of expenditure

non profit agencies in health &
human services areas

** 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

9/12

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

J. B. Connally High School

7 Amount (\$)

10-27-00

6 Payee address; City; State; Zip Code

*Howard Blaine
13004 Scofield Farms Dr.
Austin, TX 78727*

\$70.00

8 Purpose of expenditure

*Fundraiser - adult sponsored
graduation celebration*

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

Office sought / held

Date

Payee name

Coalition of Black Trade Union

Amount (\$)

10-31-00

Payee address; City; State; Zip Code

*10430 Morado Circle #1911
Austin, TX 78759*

\$125.00

Purpose of expenditure

*Metro Area Precinct walk
/ general Election*

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

Office sought / held

Date

Payee name

Worley Printing

Amount (\$)

11/1/00

Payee address; City; State; Zip Code

*3217 N. IH-35
Austin, TX 78722*

\$189.44

Purpose of expenditure

Printing Expense

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

Office sought / held

Date

Payee name

Texas County Democrat

Amount (\$)

10/31/00

Payee address; City; State; Zip Code

*1949 S. I. H. 35
Austin, TX 78741*

\$500.00

Purpose of expenditure

Contribution / Get out

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

Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

10/12

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 files)
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4 Date <i>11-14-00</i>	5 Payee name <i>Diana's Flowers Shop</i>	7 Amount (\$) <i>166.03</i>
6 Payee address; City; State; Zip Code <i>2614 E. 7th St. Austin, TX 78702</i>		

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

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

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

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

SCHEDULE F

11/12

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)
4 Date	5 Payee name	7 Amount (\$)
12-20-00	The Group 6 Payee address: City: State: Zip Code c/o Barbara Forman 7103 Crosswood Austin, TX 78745	600
8 Purpose of expenditure Community Christmas Celebration Sponsorship		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
12-20-00	Eugene Bailey Payee address: City: State: Zip Code 3212 Northwest Dr. Austin, TX 78723	250
Purpose of expenditure Political Consultation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
12-22-00	Brenda Penny Payee address: City: State: Zip Code 6503 Sandshof Austin, TX 78724	100
Purpose of expenditure Staff appreciation gift		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
12-22-00	Josie Zavala Payee address: City: State: Zip Code 1503 Pine Knoll Dr. Austin, TX 78758	100
Purpose of expenditure Staff appreciation gift		** 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-

12/12

The instruction book explains how to complete this form. 1 Total pages Schedule F: 2 ACCOUNT # (State Commission Form)

2 PAYER NAME Samuel T. Biscoe

4 Date: 12-22-00 5 Payee name: Cheryl Brown 7 Amount (\$): 100
 6 Payee address: 9000 Bancroft Austin, TX 78729
 City: State: Zip Code

8 Purpose of expenditure: Staff appreciation gift
 9 - Complete if direct expenditure to benefit C/CM - Candidate / Officeholder name Office sought / held

Date: 12-22-00 Payee name: Dan Smith Amount (\$): 100
 Payee address: P.O. Box 8499 Austin, TX 78763
 City: State: Zip Code

Purpose of expenditure: Staff appreciation gift
 - Complete if direct expenditure to benefit C/CM - Candidate / Officeholder name Office sought / held

Date: 9-21-00 Payee name: HEB Amount (\$): 50.98
 Payee address: 7112 Ed Bluestein Austin, TX 78723
 City: State: Zip Code

Purpose of expenditure: refreshments - elected officials Salary grievance committee
 - Complete if direct expenditure to benefit C/CM - 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/CM - Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2/12

14 C/OH NAME

Samuel T. Biscoe

15 ACCOUNT # (Ethics Commission form)

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

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

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5075.⁰⁰

EXPENDITURE TOTALS

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

\$ 320.40

4. TOTAL POLITICAL EXPENDITURES

\$ 4490.⁸⁷

OUTSTANDING LOAN TOTALS

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

\$ 0

19 AFFIDAVIT

I swear, or affirm, 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 16th day of January, 2001, to certify which, witness my hand and seal of office.



Josie Z. Zavala
Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath