

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5060

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:

8

3 CANDIDATE /
OFFICEHOLDER
NAME

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

OFFICE USE ONLY

Date Received
FILED
FEB 11 PM 4:37
COUNTY CLERK
TRAVIS COUNTY, TEXAS

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
BAILY

Receipt #

HD / PM	Amount
---------	--------

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 THROUGH Month Day Year
1 / 01 / 02 THROUGH 2 / 11 / 02

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
3 / 12 / 02 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

Travis County Judge

12 OFFICE SOUGHT (if known)

Travis County Judge

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2/8

14 C/OH NAME

Samuel T. Biscoe

15 ACCOUNT # (Ethics Commission file)

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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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

\$ 142.⁰⁰

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

\$ 3,127.⁰⁰

EXPENDITURE TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 5,585.⁵⁷

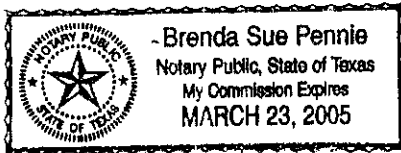
OUTSTANDING LOAN TOTALS

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

\$

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 11 day of February ~~19~~ 2002, to certify which, witness my hand and seal of office.

Brenda Sue Pennie Brenda Sue Pennie Notary Public
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

3/8

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 2

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

4 Date	5 Payee name	7 Amount (\$)
<u>1/10/02</u>	<u>Brenda Pennie</u>	<u>122.96</u>
	6 Payee address; City; State; Zip Code	
	<u>6503 Sandlot</u>	
	<u>Austin, TX 78724</u>	

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 (\$)
<u>1/10/02</u>	<u>Cheryl Brown</u>	<u>25.00</u>
	Payee address; City; State; Zip Code	
	<u>9000 Branscott Trail</u>	
	<u>Austin, TX 78729</u>	

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

Date	Payee name	Amount (\$)
<u>1/10/02</u>	<u>Combined Charities / Randall's Reception</u>	<u>25.00</u>
	Payee address; City; State; Zip Code	
	<u>c/o Randall's</u>	
	<u>2725 Exposition</u>	
	<u>Austin, TX 78703</u>	

Purpose of expenditure Donation for Reception for Combined Charities -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

Date	Payee name	Amount (\$)
<u>1/18/02</u>	<u>Rolling Thunder - Tides Austin</u>	<u>1100.00</u>
	Payee address; City; State; Zip Code	
	<u>1506 South 1st St.</u>	
	<u>Austin, TX 78704</u>	

Purpose of expenditure Sponsorship "Democracy Fest" -- 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: 4/8
2 FILER NAME Samuel T. Buscoe		3 ACCOUNT # (Ethics Commission files)
4 Date 2/1/02	5 Payee name Travis County Democratic Party 6 Payee address: City: State: Zip Code 4201 S. Congress Suite 302 Austin, TX 78741	7 Amount (\$) \$1,000.00
8 Purpose of expenditure Contribution		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 1/23/02	Payee name Clear Choice Network Payee address: City: State: Zip Code P.O. Box 13502 Austin, TX 78711	Amount (\$) 4407.60
Purpose of expenditure Sign of Supplies		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

5/8

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A1:
4

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

4 Date <i>1/5/02</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>Graves, Dougherty, Heaton</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 98 Austin, TX 78767</i>			

9 Principal occupation (Optional) *Attorney* 10 Employer (Optional)

Date <i>1/14/02</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Larita Pryor</i>	Amount of contribution (\$) <i>10.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7313 Lunan Dr. Austin, TX 78745</i>			

Principal occupation (Optional) Employer (Optional)

Date <i>1/14/02</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Austin Board of Realtors</i>	Amount of contribution (\$) <i>1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Political Action Com. #1 4106 Medical Parkway Austin, TX 78756</i>			

Principal occupation (Optional) *Realtors* Employer (Optional)

Date <i>1/24/02</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Herbert Evans</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1302 West Ave. Austin, TX 78701</i>			

Principal occupation (Optional) *Attorney* Employer (Optional)

Date <i>1/26/02</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Linda Ellison</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6604 Luckenbach Ln. Austin, TX 78729</i>			

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)

6/8

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A1:

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

4 Date <i>1/27/02</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>Rev. MARVIN C. BRITTON</i>	7 Amount of contribution (\$) <i>1</i> <i>5/100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2632 Barton Hills Dr. Austin, TX 78704</i>			

9 Principal occupation (Optional) 10 Employer (Optional)

Date <i>1/26/02</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Carolyn M. Williams</i>	Amount of contribution (\$) <i>1</i> <i>5/100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10900 Sierra Oaks Austin, TX 78759</i>			

Principal occupation (Optional) Employer (Optional)

Date <i>1/26/02</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Robert M. Organ</i>	Amount of contribution (\$) <i>1</i> <i>5/100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>12229 Branston Dr. Austin, TX 78753-6864</i>			

Principal occupation (Optional) Employer (Optional)

Date <i>1/25/02</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Vandyke Johnson</i>	Amount of contribution (\$) <i>1</i> <i>5/100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>17014 Simonsbrook Dr. Pflugerville, TX 78660</i>			

Principal occupation (Optional) Employer (Optional)

Date <i>1/25/02</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Louis Hudspeth, Sr.</i>	Amount of contribution (\$) <i>1</i> <i>00.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3607 Vanna Dr. Austin, TX 78754-4929</i>			

Principal occupation (Optional) Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS COH & SPAC)

7/8

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A1:

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

4 Date <i>1/26/02</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>Calvin Hayes</i>	7 Amount of contribution (\$) <i>5/100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1900 Matagorda Austin, TX 78741</i>			

9 Principal occupation (Optional) 10 Employer (Optional)

Date <i>2/3/02</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Charles F. Reeves</i>	Amount of contribution (\$) <i>5/100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4206 Cordova Dr Austin, TX 78759</i>			

Principal occupation (Optional) Employer (Optional)

Date <i>4/26/02</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>T. W. Kinchon</i>	Amount of contribution (\$) <i>5/100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2989 E. 51st. Austin, TX 78723</i>			

Principal occupation (Optional) Employer (Optional)

Date <i>1/26/02</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>John O Belle</i>	Amount of contribution (\$) <i>5/50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3108 E. 14th Austin, TX 78702</i>			

Principal occupation (Optional) Employer (Optional)

Date <i>1/26/02</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Alfred Dotson</i>	Amount of contribution (\$) <i>5/25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5413 Pendleton Ln. Austin, TX 78723</i>			

Principal occupation (Optional) Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

8/8

The **INSTRUCTION GUIDE** explains how to complete this form. 1 Total pages this Schedule A1:

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

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>Rick Wallen</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>905 E. 7th St. Austin, TX 78702</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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