

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**5109**

**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:

6

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received

02 MAR - 4 PM 3:12  
DANA DEBEVERA  
COUNTY CLERK  
TRAVIS COUNTY TEXAS  
**FILED**

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 COH - FR)

9 PERIOD COVERED

Month Day Year MONTH DAY YEAR  
*2 / 12 / 02 THROUGH 3 / 4 / 02*

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

*Travis County Judge 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

2/6

14 C/OH NAME

*Samuel T. Biscoe*

15 ACCOUNT # (Ethics Commissioners)

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. --

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		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.)

18 CONTRIBUTION TOTALS

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

\$ —

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

\$ 1,725.<sup>00</sup>

EXPENDITURE TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 4612.<sup>10</sup>

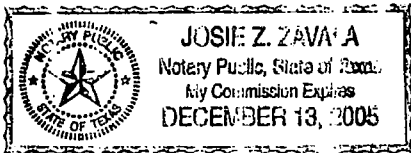
OUTSTANDING LOAN TOTALS

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 4<sup>th</sup> day of March, 2002, 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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A.1**  
(FOR FORMS C/OH & SP.C)

3/6

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A.1:

2

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)

2/22/02

*Austin Contractors & Engineers Association  
9800 N. Lamar St. 255  
Austin, TEXAS 78753*

*500.00*

9 Principal occupation (Optional)

*Contractors & engineers*

10 Employer (Optional)

Date

Full name of contributor  out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/22/02

*John Adair Woolley  
Contributor address: City: State: Zip Code  
3609 Arrowhead  
Austin, TEXAS 78731*

*100.00*

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor  out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/21/02

*John S. Landwerneyer  
Contributor address: City: State: Zip Code  
1806 Autumn Fire Dr.  
Cedar Park, TX 78613*

*100.00*

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor  out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/24/02

*Doug Simpson  
Contributor address: City: State: Zip Code  
18854 Calle Sierra  
SAN ANTONIO, TEXAS 78258*

*500.00*

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor  out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

3/4/02

*Travis County Sheriff's  
Contributor address: City: State: Zip Code  
Officers Association  
400 W. 14th St.  
Austin, TEXAS 78741*

*500.00*

Principal occupation (Optional)

*Sheriff's Officers*

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)

4/6

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

5 Full name of contributor

out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

2/6/02

Arthur L. Sampson

6 Contributor address: City: State: Zip Code

5710 Sandhurst Ct.

25.00

Austin, TX 78723

9 Principal occupation (Optional)

10 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 (Optional)

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 (Optional)

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 (Optional)

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 (Optional)

Employer (Optional)

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POLITICAL EXPENDITURES

SCHEDULE F

5/4

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 (\$)

2/21/02

Austin Women's Political Caucus

6 Payee address: City: State: Zip Code

P. O. Box 12383  
Austin, TEXAS 78711

1,512.82<sup>00</sup>

8 Purpose of expenditure

(mailing)  
+ postage

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

Office sought / held

Date

Payee name

Amount (\$)

2/22/02

South Austin Democrats

Payee address: City: State: Zip Code

P. O. Box 152592  
Austin, TEXAS 78715

1,540.00

Purpose of expenditure

(mailing  
+ postage)

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

Office sought / held

Date

Payee name

Amount (\$)

2/26/02

Clean Choice Network

Payee address: City: State: Zip Code

P. O. Box 13522  
Austin, TX 78711

1,5675.00

Purpose of expenditure

(graphic design)  
+ layout

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

Office sought / held

Date

Payee name

Amount (\$)

2/26/02

Austin Progressive Coalition

Payee address: City: State: Zip Code

1510 Edgewood  
Austin, TX 78722

1,580.00

Purpose of expenditure

(mailing + postage)

- 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

6/6

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 (\$)

3/16/02

6 Payee address:

Cheryl Brown

City: State: Zip Code

9000 Bankcroft

Austin, TX 78725

1,25.00

8 Purpose of expenditure

Staff - Birthday Refreshments

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

Office sought / held

Date

Payee name

Amount (\$)

3/1/02

Payee address:

Opinion Analysts, INC

City: State: Zip Code

906 Rio Grande

Austin, TX 78701

1,391.64

Purpose of expenditure

(mailing lists)

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

Office sought / held

Date

Payee name

Amount (\$)

3/3/02

Payee address:

Clear Choice Network

City: State: Zip Code

P.O. Box 13522

Austin, Texas 78711

1,337.66

Purpose of expenditure

Yard Signs

-- 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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