

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**5328**

**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:**

22

**3 CANDIDATE / OFFICEHOLDER NAME**

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

**OFFICE USE ONLY**

Date Received  
Date Hand-delivered or Date Postmarked

**4 CANDIDATE / OFFICEHOLDER ADDRESS**

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

Date Hand-delivered or Date Postmarked

**5 CAMPAIGN TREASURER NAME**

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

Receipt # 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  
*10 / 29 / 02 THROUGH 1 / 15 / 03*

**10 ELECTION**

ELECTION DATE Month Day Year ELECTION TYPE  
*1 / N/A*  
 Primary  Runoff  General  Special

**11 OFFICE**

OFFICE HELD (if any)  
*TRAVIS County Judge*

**12 OFFICE SOUGHT (if known)**

**13 NOTICE OF 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

2/22

14 C/OH NAME

*Samuel T. Biscoe*

15 ACCOUNT # (Ethics Commission files)

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of 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

COMMITTEE CAMPAIGN TREASURER ADDRESS

*N/A*

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

\$ *1025.00*

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

\$ *25,575.00*

EXPENDITURE TOTALS

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

\$ *—*

4. TOTAL POLITICAL EXPENDITURES

\$ *34,954.00*

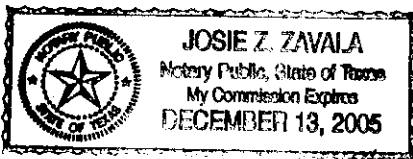
OUTSTANDING LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Samuel T. Biscoe*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Samuel T. Biscoe*, this the *15<sup>th</sup>* day of *January*, 20*03*, to certify which, witness my hand and seal of office.

*Josie Z. Zavala*  
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

3/22

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A1:  
14

2 FILER NAME *SAMUEL T. BISCOE* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>10/29/02</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>DAVID HAMILTON</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>19227 Kelly Pinewoods Humble, TX 77346</i>		

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

Date <i>10/29/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>DAVID SAILING</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>3400 Shoreline Dr. Austin, TX 78728</i>		

Principal occupation (Optional) *Realtor* Employer (Optional)

Date <i>10/29/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>SANDY L. GOTTESMAN</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>1900 Scenic Austin, TX 78703</i>		

Principal occupation (Optional) *Realtor* Employer (Optional)

Date <i>10/29/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>LEE FLORES</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>307 W Cuernavaca Austin, TX 78733</i>		

Principal occupation (Optional) Employer (Optional)

Date <i>10/29/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>THOMAS M. ARNETT</i>	Amount of contribution (\$) <i>1000.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>602 Virginia Round Rock, TX 78664</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, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

4/22

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

4 Date <i>10/29/02</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Austin Bible Band</i>	7 Amount of contribution (\$) <i>1,000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>909 Mueces Austin, TEXAS 78701</i>			

9 Principal occupation (Optional) 10 Employer (Optional)

Date <i>10/29/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>C Kent Olson</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4318 Ridge Park Ln. Spicewood, TX 78669</i>			

Principal occupation (Optional) Employer (Optional)

Date <i>10/29/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Jon N Strange</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>24823 Lakebriar Katy, TX 77454-1808</i>			

Principal occupation (Optional) Employer (Optional)

Date <i>10/29/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Christopher Elliot</i>	Amount of contribution (\$) <i>300.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2405 Westover Rd. Austin, TX 78703</i>			

Principal occupation (Optional) Employer (Optional)

Date <i>10/29/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Russell B. Bondger</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6405 Cascade Dr. Austin, TX 78750</i>			

Principal occupation (Optional) Employer (Optional)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

5/22

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 filers)

4 Date <i>10/29/02</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Lynn Sherman</i>	7 Amount of contribution (\$) <i>1500.00</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>3412 Mt Bonnell Dr. Austin, TX 78731</i>		

9 Principal occupation (Optional) 10 Employer (Optional)

Date <i>10/29/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Elizabeth M Beard</i>	Amount of contribution (\$) <i>1250.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>3401 Aldwyche Dr. Austin, TX 78704</i>		

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

Date <i>10/29/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Cathy Bonner</i>	Amount of contribution (\$) <i>1250.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>22 Margranite Crescent Austin, TX 78703</i>		

Principal occupation (Optional) Employer (Optional)

Date <i>10/29/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>MARY Pearl Williams</i>	Amount of contribution (\$) <i>1100.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>3502 Mt. Bonner Dr. Austin, TX 78751</i>		

Principal occupation (Optional) *Retired Judge* Employer (Optional)

Date <i>10/29/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Betty Blackwell</i>	Amount of contribution (\$) <i>1100.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>1306 Tuccer St. Austin, TX 78701</i>		

Principal occupation (Optional) *Attorney* 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, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

6/22

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1.

2 FILER NAME

*Samuel T. Bischoe*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*10/29/02*

5 Full name of contributor  out-of-state PAC (ID#)

*Allyson W. Peerman*

6 Contributor address, City, State, Zip Code

*211 Heritage Dr.  
Austin, TX 78737*

7 Amount of contribution (\$)

*1,500.<sup>00</sup>*

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

*10/29/02*

Full name of contributor  out-of-state PAC (ID#)

*Laverne C. Rodriguez*

Contributor address, City, State, Zip Code

*711 Inspiration Dr.  
Austin, TX 78724*

Amount of contribution (\$)

*1,500.<sup>00</sup>*

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

*10/29/02*

Full name of contributor  out-of-state PAC (ID#)

*Cliff Davis*

Contributor address, City, State, Zip Code

*11626 Thruway Blanco  
Austin, TX 78748*

Amount of contribution (\$)

*1,500.<sup>00</sup>*

In-kind contribution description (if applicable)

Principal occupation (Optional)

*Engineer*

Employer (Optional)

Date

*10/30/02*

Full name of contributor  out-of-state PAC (ID#)

*Paul Burg*

Contributor address, City, State, Zip Code

*3345 Bee Cave Rd  
Austin, TX 78746 #200*

Amount of contribution (\$)

*1,500.<sup>00</sup>*

In-kind contribution description (if applicable)

Principal occupation (Optional)

*Engineer*

Employer (Optional)

Date

*10/30/02*

Full name of contributor  out-of-state PAC (ID#)

*Azie Taylor Norton*

Contributor address, City, State, Zip Code

*900 Chicon St.  
Austin, TX 78702*

Amount of contribution (\$)

*100.<sup>00</sup>*

In-kind contribution description (if applicable)

Principal occupation (Optional)

*Retired / Treasurer USA*

Employer (Optional)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

7/22

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

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

4 Date <i>10/30/02</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Stacy Dey Jefferson</i>	7 Amount of contribution (\$) <i>\$500.<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>900 Chicon St. Austin, TX 78702</i>			

9 Principal occupation (Optional) 10 Employer (Optional)

Date <i>10/21/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Bob Gregory</i>	Amount of contribution (\$) <i>\$1000.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2939 Westlake Cove Austin, TX 78746</i>			

Principal occupation (Optional) Employer (Optional)

Date <i>10/30/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Robert Oliver</i>	Amount of contribution (\$) <i>\$1000.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Margaret Moore 676 Rocky Ledge Austin, TX 78746</i>			

Principal occupation (Optional) Employer (Optional)

Date <i>10/31/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Kestie Pittman</i>	Amount of contribution (\$) <i>\$200.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1405 Wildcat Hollow Austin, TX 78746</i>			

Principal occupation (Optional) Employer (Optional)

Date <i>10/21/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Lloyd Dossett</i>	Amount of contribution (\$) <i>\$200.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. 5843 Austin, TX 78763</i>			

Principal occupation (Optional) Employer (Optional)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OII, C/OII-SS, SC-C/OII,  
SC-SPAC, SPAC, & SPAC-S)

8/22

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

4 Date <i>10/31/02</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>John Blazier</i>	7 Amount of contribution (\$) <i>5200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2401 Tower Dr. Austin, TX 78703</i>			

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

Date <i>10/21/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Celia Israel</i>	Amount of contribution (\$) <i>1100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>714 Congress Ave. Austin, TX 78701</i>			

Principal occupation (Optional) Employer (Optional)

Date <i>10/31/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>William J. McLellan</i>	Amount of contribution (\$) <i>5100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2525 Wallingwood Dr. Austin, TX 78784 Suite 600</i>			

Principal occupation (Optional) Employer (Optional)

Date <i>10/31/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Benny L. Hawkins</i>	Amount of contribution (\$) <i>5100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2101 Equestrian Trail Austin, TX 78727</i>			

Principal occupation (Optional) *Architect* Employer (Optional)

Date <i>10/31/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Mark Hazelwood</i>	Amount of contribution (\$) <i>5100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9 Water Front Ave. Austin, TX 78734</i>			

Principal occupation (Optional) Employer (Optional)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

9/22

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

4 Date <i>10/21/02</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Malcomb Groman</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6800 W. Courtyard Dr. Austin, TX 79730</i>			

9 Principal occupation (Optional) 10 Employer (Optional)

Date <i>10/31/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Sarah Tiede</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7107 Towering Oaks Austin, TX 78745</i>			

Principal occupation (Optional) Employer (Optional)

Date <i>10/31/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>John Fitzpatrick</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>512 Terrace Austin, TX 78704</i>			

Principal occupation (Optional) Employer (Optional)

Date <i>10/31/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Joseph Pannen Jr.</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 69 Austin, TX 78762-0069</i>			

Principal occupation (Optional) Employer (Optional)

Date <i>10/21/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Robert G. Rutishauser</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6101 Mount Villa Circle Austin, TX 78731</i>			

Principal occupation (Optional) Employer (Optional)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

10/22

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2 FILER NAME <i>Samuel T. Biscoe</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/31/02</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Duffy Keever</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>7206 Lamplight Ln. Austin, TX 78731</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>10/31/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Robert Elder</i>	Amount of contribution (\$) <i>5/100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Susan McDowell 2506 Cascade Dr. Austin, TX 78757</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>10/31/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Elaine White</i>	Amount of contribution (\$) <i>5/100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6636 West William Cannon #1418 Austin, TX 78735</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>10/31/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Gary Erwin</i>	Amount of contribution (\$) <i>5/100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3 Jeffrey Cove Austin, TX 78746</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>10/31/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Samuel Bryant</i>	Amount of contribution (\$) <i>5/100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11023 Parkwood Ct. Austin, TX 78750</i>			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

11/22

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 filers)

4 Date <i>10/31/02</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Albert Black</i> Contributor address; City; State; Zip Code. <i>1013 Weeping Willow Dr. Austin, TX 78753</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
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9 Principal occupation (Optional) 10 Employer (Optional)

Date <i>10/31/02</i>	Full name of contributor <input type="checkbox"/> out of state PAC (ID#) <i>Jeffrey R. Richard</i> Contributor address; City; State; Zip Code <i>8929 Whiteworn Hill Loop Austin, TX 78749</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
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Principal occupation (Optional) Employer (Optional)

Date <i>10/31/02</i>	Full name of contributor <input type="checkbox"/> out of state PAC (ID#) <i>Shuronda Robinson Parks</i> Contributor address; City; State; Zip Code <i>8809 Black Oaks St Austin, TX 78729</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
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Principal occupation (Optional) Employer (Optional)

Date <i>10/31/02</i>	Full name of contributor <input type="checkbox"/> out of state PAC (ID#) <i>Sandy Dochen</i> Contributor address; City; State; Zip Code <i>5810 N. Rim Dr. Austin, TX 78731</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
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Principal occupation (Optional) Employer (Optional)

Date <i>10/31/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Korri Michel</i> Contributor address; City; State; Zip Code <i>5336 Painted Shields Austin, TX 78735</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
-------------------------	---	--	--

Principal occupation (Optional) *Attorney* 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, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

12/22

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <i>1</i>	
2 FILER NAME <i>Samuel T Buscoe</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/21/02</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Ann Dencker</i>	7 Amount of contribution (\$) <i>5/100</i> <sup>00</sup>	8 In-kind contribution description (if applicable)
6 Contributor address; City, State, Zip Code <i>7006 Edgefield Dr Austin, TX 78731</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>10/21/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Frank Peters</i>	Amount of contribution (\$) <i>5/100</i> <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <i>6502 Delmonico Dr. Austin, TX 78759</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>10/31/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Patti Everitt</i>	Amount of contribution (\$) <i>5/100</i> <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <i>4007 Crescent Dr. Austin, TX 78722</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>10/21/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Gwendolyn Crider</i>	Amount of contribution (\$) <i>5/100</i> <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <i>1809 Cedar Ridge Dr. Austin, TX 78741</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>10/21/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Rigiva Rogoff</i>	Amount of contribution (\$) <i>5/100</i> <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <i>1705 Schietten Austin, TX 78722</i>			
Principal occupation (Optional) <i>Attorney</i>		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, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

13/22

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 filers)

4 Date <i>10/31/02</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>James Rowan</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
	6 Contributor address: City; State; Zip Code <i>Elizabeth Rowan 4212 Fox West Blvd. Austin, TX 78731</i>		

9 Principal occupation (Optional) 10 Employer (Optional)

Date <i>10/31/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Donna Carter</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
	Contributor address: City; State; Zip Code <i>1506 W. 9th St. Austin, TX 78703</i>		

Principal occupation (Optional) *Architect* Employer (Optional)

Date <i>11/6/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Joe Harlow Jr.</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
	Contributor address: City; State; Zip Code <i>12345 Lamplight Village Austin, TX 78758 (915)</i>		

Principal occupation (Optional) *County Employee* Employer (Optional)

Date <i>11/1/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Bill Bingham</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
	Contributor address: City; State; Zip Code <i>612 E. 43rd St. Austin, TX 78751</i>		

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

Date <i>11/1/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Jack Gullahorn</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
	Contributor address: City; State; Zip Code <i>P.O. Box 140045 Austin, TX 78714</i>		

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

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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, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

14/22

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 filers)

4 Date <i>11/1/02</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Col VANNER</i>	7 Amount of contribution (\$) <i>5/500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1211 E. 11th St. Austin, TX 78702</i>			

9 Principal occupation (Optional) 10 Employer (Optional)

Date <i>11/7/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Chi Kao Hsu</i>	Amount of contribution (\$) <i>5/2000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7219 Northeast Dr. Austin, TX 78723</i>			

Principal occupation (Optional) *Engineer* Employer (Optional)

Date <i>11/7/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Chuck Croslin</i>	Amount of contribution (\$) <i>5/250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6369 Northgrove Rd. Austin, TX 78731</i>			

Principal occupation (Optional) *Architect* Employer (Optional)

Date <i>11/7/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Paul Linehan</i>	Amount of contribution (\$) <i>5/250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3502 Lost Creek Blvd. Austin, TX 78735-8208</i>			

Principal occupation (Optional) *LAND Planner* Employer (Optional)

Date <i>11/7/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Bob Armstrong</i>	Amount of contribution (\$) <i>5/200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6204 Shadow Mountain Cove Austin, TX 78731-4110</i>			

Principal occupation (Optional) Employer (Optional)

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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, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-S6)

15/22

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

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

4 Date <i>11/7/02</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Bob Og bodie juu</i>	7 Amount of contribution (\$) <i>1,500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>205 Chalmers Ave. Austin, TX 78702</i>			

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

Date <i>11/14/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Earl Maxwell</i>	Amount of contribution (\$) <i>1,100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>581 Congren Ave. Suite 300 Austin, TX 78701</i>			

Principal occupation (Optional) *Accountant* Employer (Optional)

Date <i>11/04/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>John C. Lewis</i>	Amount of contribution (\$) <i>1,100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1714 W. 6th St Austin, TX 78703</i>			

Principal occupation (Optional) *Commercial Realtor* Employer (Optional)

Date <i>11/25/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Clifton Ladd</i>	Amount of contribution (\$) <i>1,100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2415 Deerfoot Trail Austin, TX 78704</i>			

Principal occupation (Optional) Employer (Optional)

Date <i>11/25/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Eileen Olday</i>	Amount of contribution (\$) <i>1,100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1400 Hillmont St. Austin, TX 78704</i>			

Principal occupation (Optional) Employer (Optional)

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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, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

14/22

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 filers) \_\_\_\_\_

4 Date <i>11/25/02</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Beverly S. Silas</i>	7 Amount of contribution (\$) <i>1,500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4613 Destrygate Dr. Austin, TX 78727</i>			

9 Principal occupation (Optional) \_\_\_\_\_ 10 Employer (Optional) \_\_\_\_\_

Date <i>11/25/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Winstead, Sechrist &amp; Winstead PAC</i>	Amount of contribution (\$) <i>1,500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5400 Renaissance Tower Dallas TX 75270</i>			

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	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 (ID# _____)	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 (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

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.



**LOANS**

**SCHEDULE E**

17/02

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>SAMUEL T. BISCOE</u>	3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:    ◊    ◊    ◊    ◊    ◊    ◊    \$ 1500<sup>00</sup>

5 Date of loan <u>10/31/02</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <u>SAMUEL T. BISCOE</u>	9 Loan Amount (\$) <u>1500<sup>00</sup></u>
6 Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <u>6411 Bridgewater Dr. Austin, Tx 78723</u>	10 Interest rate <u>-</u>
		11 Maturity date <u>-</u>

12 Description of Collateral  
 none    N/A

13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor <u>N/A</u>	16 Amount Guaranteed (\$)
	15 Guarantor address; City; State; Zip Code	

17 Principal Occupation    18 Employer

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Description of Collateral  
 none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	

Principal Occupation    Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

18/22

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5

2 FILER NAME

*Samuel T. Biscoe*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

*10/28/02*

*Rindy - Miller*  
 6 Payee address; City: State: Zip Code  
*501 N. I. H. 35*  
*Austin, TX 78702*

*1*  
*520,000.00*

8 Purpose of payment (See instructions regarding type of information required.)

*Media Consulting + Media Purchase*

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

Date

Payee name

Amount (\$)

*10/29/02*

*Frito Lay*  
 Payee address; City: State: Zip Code  
*7406 Old Bastrop Hwy*  
*Austin, TX 78742*

*581.00*

Purpose of payment (See instructions regarding type of information required.)

*Northeast Democrat Rally*

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

Date

Payee name

Amount (\$)

*10/29/02*

*NOKOA - The Observer*  
 Payee address; City: State: Zip Code  
*1154-B Anjelina St.*  
*Austin, TX 78702*

*5500.00*

Purpose of payment (See instructions regarding type of information required.)

*Advertisement*

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

Date

Payee name

Amount (\$)

*10/31/02*

*Rindy - Miller*  
 Payee address; City: State: Zip Code  
*501 N. I. H. 35*  
*Austin, TX 78702*

*10,000.00*

Purpose of payment (See instructions regarding type of information required.)

*Media Consulting + Media Purchase*

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

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

18/22

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

*Samuel T. Buscoe*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

*11/1/02*

*Crockett Center*

6 Payee address; City: State: Zip Code  
*6301 Hwy 290 E.  
Austin, TX 78723*

*18.00*

8 Purpose of payment (See instructions regarding type of information required.)

*Rental - Table & Chairs*

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

*11/1/02*

*Travis County Club*

Payee address; City: State: Zip Code  
*Electron Div.  
P.O. Box 1748  
Austin, TX 78767*

*35.00*

Purpose of payment (See instructions regarding type of information required.)

*Election Returns*

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

*11/1/02*

*Vernell Carter*

Payee address; City: State: Zip Code  
*c/o Travis County Democratic Party  
4201 S. Congress Ave  
Austin, TX 78745*

*100.00*

Purpose of payment (See instructions regarding type of information required.)

*Contract Labor*

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

*11/7/02*

*Dan Smith*

Payee address; City: State: Zip Code  
*P.O. Box 8499  
Austin, TX 78713-8499*

*359.50*

Purpose of payment (See instructions regarding type of information required.)

*Re-imbursment MISC Exp.  
Home Depot, Postage & Office  
Supplies*

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

Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

20/22

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F.

2 FILER NAME

Samuel T. Buscon

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

11/7/02

Workby Printing

1,210.<sup>35</sup>

6 Payee address: City, State; Zip Code  
3217 N. I.H. 35  
Austin, TX 78722

8 Purpose of payment (See instructions regarding type of information required.)

Printing Services

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

Date

Payee name

Amount (\$)

11/14/02

Clear Choice Network

610.<sup>00</sup>

6 Payee address: City, State; Zip Code  
2000 Vista Lane  
Austin, TX 78703

Purpose of payment (See instructions regarding type of information required.)

Graphic Design Services

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

Date

Payee name

Amount (\$)

11/21/02

Promisland Church

5100.<sup>00</sup>

6 Payee address: City, State; Zip Code  
1504 E. 57 St.  
Austin, TX 78723

Purpose of payment (See instructions regarding type of information required.)

DONATION

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

Date

Payee name

Amount (\$)

12/10/02

Liza Roberts Fund

200.<sup>00</sup>

6 Payee address: City, State; Zip Code  
c/o Lynn Harper  
P.O. Box 1748  
Austin, TX 78767

Purpose of payment (See instructions regarding type of information required.)

DONATION

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

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

21/22

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME <i>Samuel T. Biscoe</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>12/11/02</i>	5 Payee name <i>The Group</i>	7 Amount (\$) <i>1,600.00</i>	
6 Payee address: City: State: Zip Code <i>c/o Ron Stewart 6929 Airport Blvd. Austin, TX 78752</i>			
8 Purpose of payment (See instructions regarding type of information required.) <i>1 MRS Prady Fee The Group</i>		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date <i>12/19/02</i>	Payee name <i>El Dolar Inc</i>	Amount (\$) <i>150.00</i>	
Payee address, City: State: Zip Code <i>P.O. Box 17812 Austin, TX 78760</i>			
Purpose of payment (See instructions regarding type of information required.) <i>Advertisement</i>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date <i>12/20/02</i>	Payee name <i>Samuel T. Biscoe</i>	Amount (\$) <i>1,500.00</i>	
Payee address, City: State: Zip Code <i>6411 Bridgewater Dr. Austin, TX 78723</i>			
Purpose of payment (See instructions regarding type of information required.) <i>Re-payment of loan on 10/31/02</i>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date <i>12/22/02</i>	Payee name <i>Cheryl Brown</i>	Amount (\$) <i>1,100.00</i>	
Payee address, City: State: Zip Code <i>9000 Bancroft Trail Austin, TX 78729</i>			
Purpose of payment (See instructions regarding type of information required.) <i>Christmas gift</i>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

22/22

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Samuel T. Biscoe</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>12/23/02</i>	5 Payee name <i>Dean Smith</i>	7 Amount (\$) <i>1 5/100 00</i>
6 Payee address; City; State; Zip Code <i>P. O. Box 8499 Austin, TX 78745</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Christmas gift.</i>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <i>12/23/02</i>	Payee name <i>Josie Zavala</i>	Amount (\$) <i>1 5/100 00</i>
Payee address; City; State; Zip Code <i>1503 Pine Knoll Dr. Austin, TX 78758</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Christmas gift</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <i>12/23/02</i>	Payee name <i>Brenda Pennie</i>	Amount (\$) <i>1 5/100 00</i>
Payee address; City; State; Zip Code <i>6503 Sardshot Austin, TX 78724</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Christmas gift</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <i>12/23/02</i>	Payee name <i>Eugene Bailey</i>	Amount (\$) <i>1 5/200 00</i>
Payee address; City; State; Zip Code <i>3212 Northeast Dr Austin, TX 78723</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Political Consulting Service</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

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