

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5566

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 | MS / MRS / MR: <i>Judge</i> FIRST: <i>SAMUEL</i> MI: <i>T</i> NICKNAME: LAST: <i>BISCOE</i> SUFFIX: | <div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received: <i>2004 MAR 15 PM 4:11</i> Date Hand-delivered or Date Postmarked: Receipt # Amount Date Processed Date Imaged </div> | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>6411 Bridgewater Dr. Austin, TEXAS 78723</i> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE: PHONE NUMBER: EXTENSION: <i>(512) 854 - 9555</i> | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: FIRST: MI: NICKNAME: LAST: SUFFIX: <i>Eugene BAILEY</i> | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>3212 Northeast Dr. Austin, TX 78723</i> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE: PHONE NUMBER: EXTENSION: <i>(512) 926-0427</i> | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year <i>7 / 16 / 03 1 / 15 / 04</i> | | |
| 11 ELECTION | ELECTION DATE: Month Day Year ELECTION TYPE: <i>1/17/04</i> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any): <i>TRAVIS County Judge</i> | 13 OFFICE SOUGHT (if known): | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | ** 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: <i>NONE</i> Address / PO Box: Apt / Suite #: City: State: Zip Code | | |

GO TO PAGE 2

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

3/11

| | | | |
|---|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this Schedule A: <i>Total = 1</i> | |
| 2 FILER NAME <i>Samuel T. Biscoe</i> | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date <i>1/8/04</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Gerald Kucera</i> | 7 Amount of contribution (\$) <i>1,000</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City: State: Zip Code <i>7200 N. MOPAC Suite 450 Austin, TX 78731</i> | | | |
| 9 Principal occupation \ Job title (See Instructions) <i>Businessman</i> | | 10 Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation \ Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation \ Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation \ Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation \ Job title (See Instructions) | | Employer (See Instructions) | |

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

4/11

| | | | |
|---|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule F: <i>Total = 8</i> | |
| 2 FILER NAME <i>Samuel T. Biscoe</i> | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date <i>7/21/03</i> | 5 Payee name <i>Flight International Track Club</i> | 7 Amount (\$) <i>5100.00</i> | |
| 6 Payee address; City; State; Zip Code <i>P.O. Box 14004 Austin, TX 78761</i> | | 8 Purpose of payment (See instructions regarding type of information required.) <i>Donation / Track meet</i> | |
| 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | | | |
| Date <i>7/21/03</i> | Payee name <i>Diana's Flower Shop</i> | Amount (\$) <i>1145.00</i> | |
| Payee address; City; State; Zip Code <i>2614 E. 7th St. Austin, TX 78702</i> | | 8 Purpose of payment (See instructions regarding type of information required.) <i>Flowers / Funeral + Hospitalization</i> | |
| 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | | | |
| Date <i>8/13/03</i> | Payee name <i>NOKOA / The Observer</i> | Amount (\$) <i>1107.00</i> | |
| Payee address; City; State; Zip Code <i>1154-B Angelina Austin, TX 78702</i> | | 8 Purpose of payment (See instructions regarding type of information required.) <i>17th Anniversary Advertisement</i> | |
| 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | | | |
| Date <i>8/13/03</i> | Payee name <i>NOKOA / The Observer</i> | Amount (\$) <i>150.00</i> | |
| Payee address; City; State; Zip Code <i>1154-B Angelina Austin, TX 78702</i> | | 8 Purpose of payment (See instructions regarding type of information required.) <i>Recognition of Velma Roberts Dorothy Turner Iris Jensen</i> | |
| 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office 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: <i>5/11</i> |
| 2 FILER NAME <i>Samuel T. Biscon</i> | | 3 ACCOUNT # (Ethics Commission filers) - |
| 4 Date <i>8/16/03</i> | 5 Payee name <i>Epsilon Iota Omega Fraternity</i> | 7 Amount (\$) <i>1</i> |
| 6 Payee address; City; State; Zip Code <i>Ronald McNAIR Scholarship Fund P.O. Box 13491 Austin, TX 78721</i> | | <i>1</i> <i>\$95.00</i> |
| 8 Purpose of payment (See instructions regarding type of information required.) <i>Donation / Scholarships Fund</i> | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date <i>8/28/04</i> | Payee name <i>Airport BAR & Grill</i> | Amount (\$) <i>1</i> |
| Payee address; City; State; Zip Code <i>2037 Airport Blvd. Austin, TX 78722</i> | | <i>1</i> <i>\$85.00</i> |
| Purpose of payment (See instructions regarding type of information required.) <i>Reception / Refreshments CCGA</i> | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date <i>8/4/03</i> | Payee name <i>Natasha Bailey</i> | Amount (\$) <i>1</i> |
| Payee address; City; State; Zip Code <i>3212 Northwest Dr. Austin, TX 78723</i> | | <i>1</i> <i>\$250.00</i> |
| Purpose of payment (See instructions regarding type of information required.) <i>Scholarship Fund</i> | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date <i>8/28/03</i> | Payee name <i>AFL-CIO Central Labor Council</i> | Amount (\$) <i>1</i> |
| Payee address; City; State; Zip Code <i>1100 Lavaca Austin, TX 78701</i> | | <i>1</i> <i>\$95.00</i> |
| Purpose of payment (See instructions regarding type of information required.) <i>Labor-Day Advertisement</i> | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

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POLITICAL EXPENDITURES

SCHEDULE F

6/11

| | | | |
|--|---|---|--|
| 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>8/23/03</i> | 5 Payee name <i>Gonzalo Barrionto Campaign</i> | 7 Amount (\$) <i>1,500.00</i> | |
| 6 Payee address; City; State; Zip Code <i>P.O. Box 12431 Austin, TX 78767</i> | | | |
| 8 Purpose of payment (See instructions regarding type of information required.) <i>Contribution</i> | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date <i>9/5/03</i> | Payee name <i>Arriba Newspaper</i> | Amount (\$) <i>1,130.00</i> | |
| Payee address; City; State; Zip Code <i>1009 E Cesar Chavez Austin, TX 78702</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>9/16/04</i> | Payee name <i>Dan Smith</i> | Amount (\$) <i>1,100.00</i> | |
| Payee address; City; State; Zip Code <i>P.O. Box 8497 Austin, TX 78713</i> | | | |
| Purpose of payment (See instructions regarding type of information required.) <i>Re-imbursment misc. office expense</i> | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date <i>9/19/04</i> | Payee name <i>United East Austin Coaches</i> | Amount (\$) <i>1,250.00</i> | |
| Payee address; City; State; Zip Code <i>1511 Haskell St. Austin, TX 78702</i> | | | |
| Purpose of payment (See instructions regarding type of information required.) <i>Sponsorship - TD Annual Dinner</i> | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office 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: 7/11 |
| 2 FILER NAME <i>Samuel T. Biscoe</i> | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date <i>9/19/03</i> | 5 Payee name <i>Diana's Flower Shop</i> | 7 Amount (\$) <i>189.64</i> |
| 6 Payee address; City; State; Zip Code <i>2414 E. 7th St. Austin, TX 78703</i> | | |
| 8 Purpose of payment (See instructions regarding type of information required.) <i>Flowers / Funeral</i> | | 9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held |
| Date <i>9/19/03</i> | Payee name <i>Don Smith</i> | Amount (\$) <i>574.13</i> |
| Payee address; City; State; Zip Code <i>P.O. Box 8499 Austin, TX 78713</i> | | |
| Purpose of payment (See instructions regarding type of information required.) <i>Re-imbursment office supplies & refreshments for Governance Panel</i> | | 9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held |
| Date <i>9/10/03</i> | Payee name <i>Wesley United Methodist Church</i> | Amount (\$) <i>525.00</i> |
| Payee address; City; State; Zip Code <i>1160 Bernard St. Austin, TX 78702</i> | | |
| Purpose of payment (See instructions regarding type of information required.) <i>Donation / Church Anniversary</i> | | 9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held |
| Date <i>10/9/03</i> | Payee name <i>Samuel T. Biscoe</i> | Amount (\$) <i>5100.00</i> |
| Payee address; City; State; Zip Code <i>6411 Bridgewater Austin, TX 78723</i> | | |
| Purpose of payment (See instructions regarding type of information required.) <i>Milage Re-imbursment & Office Lunches: Retirement</i> | | 9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held |
| ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED | | |

POLITICAL EXPENDITURES

SCHEDULE F

8/11

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

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

| | | |
|--|--|----------------------------------|
| 4 Date <i>10/18/04</i> | 5 Payee name <i>New Milerton Foundation</i> | 7 Amount (\$) <i>1,500.00</i> |
| 6 Payee address: City: State: Zip Code <i>MHR 1430 Collier St. Austin, TX 78704</i> | | |

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| 8 Purpose of payment (See instructions regarding type of information required.) <i>Contribution</i> | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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| | | |
|--|--|--------------------------------|
| Date <i>10/18/04</i> | Payee name <i>Sheryl Walton & son, Mark</i> | Amount (\$) <i>1,545.00</i> |
| Payee address: City: State: Zip Code <i>3114 E. 12th Austin, Tx 78702</i> | | |

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| Purpose of payment (See instructions regarding type of information required.) <i>Contribution - FWA Program</i> | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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|--|-------------------------------------|--------------------------------|
| Date <i>11/15/03</i> | Payee name <i>Jimmy Chambers</i> | Amount (\$) <i>1,100.00</i> |
| Payee address: City: State: Zip Code <i>2037 Airport Blvd. Austin, TX 78722</i> | | |

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| Purpose of payment (See instructions regarding type of information required.) <i>D.J. for Birthday Reception</i> | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|---|

| | | |
|---|--|--------------------------------|
| Date <i>11/24/04</i> | Payee name <i>Lee Flores Memorial Golf Tournament</i> | Amount (\$) <i>1,500.00</i> |
| Payee address: City: State: Zip Code <i>1101 S. Capital of TX Hwy Austin, Tx 78746</i> | | |

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) <i>Sponsorship</i> | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|---|

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

9/11

| | | |
|--|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule F: |
| 2 FILER NAME <i>Samuel T. Buscoe</i> | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date <i>11/25/13</i> | 5 Payee name <i>Reshina WARREN</i> | 7 Amount (\$) <i>1,200.⁰⁰</i> |
| 6 Payee address: City: State: Zip Code <i>206 E. 24th St. Tyler, TX 75702</i> | | |
| 8 Purpose of payment (See instructions regarding type of information required.) <i>Scholarship fund</i> | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date <i>12/2/13</i> | Payee name <i>Diana's Flower Shop</i> | Amount (\$) <i>187.⁰⁰</i> |
| Payee address: City: State: Zip Code <i>2614 E. 7th St. Austin, TX 78702</i> | | |
| Purpose of payment (See instructions regarding type of information required.) <i>Flower / Funeral</i> | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date <i>12/9/13</i> | Payee name <i>Combined Christian/United Way</i> | Amount (\$) <i>500.⁰⁰</i> |
| Payee address: City: State: Zip Code <i>P.O. Box 1748 Campaign Austin, TX 78767</i> | | |
| Purpose of payment (See instructions regarding type of information required.) <i>Donation</i> | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date <i>12/10/13</i> | Payee name <i>Dr. Smith</i> | Amount (\$) <i>188.71</i> |
| Payee address: City: State: Zip Code <i>P.O. Box 8489 Austin, TX 78763</i> | | |
| Purpose of payment (See instructions regarding type of information required.) <i>Reimbursement re treatments. Receipt</i> | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

10/11

| | | | |
|--|-----------------------------------|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule F: | |
| 2 FILER NAME <i>Samuel T. Biser</i> | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date <i>12/17/03</i> | 5 Payee name <i>The Group</i> | 7 Amount (\$) <i>1,560.00</i> | |
| 6 Payee address; City; State; Zip Code <i>P.O. Box 63479 Austin, TX 78761</i> | | | |
| 8 Purpose of payment (See instructions regarding type of information required.) <i>Xmas Party + Reception</i> | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date <i>12/19/03</i> | Payee name <i>Poke-Jo's</i> | Amount (\$) <i>1925.00</i> | |
| Payee address; City; State; Zip Code <i>2121 Parmer Ln. Austin, TX 78727</i> | | | |
| Purpose of payment (See instructions regarding type of information required.) <i>Post Annual support for Feli Chavez-Burkhead</i> | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date <i>12/19/03</i> | Payee name <i>Cheryl Aker</i> | Amount (\$) <i>15100.00</i> | |
| Payee address; City; State; Zip Code <i>P.O. Box 753 Pflugerville, TX 78691</i> | | | |
| Purpose of payment (See instructions regarding type of information required.) <i>Christmas Bonus</i> | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date <i>12/19/03</i> | Payee name <i>Cheryl Brown</i> | Amount (\$) <i>15100.00</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 Bonus</i> | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

11/11

| | | |
|---|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule F: 1 |
| 2 FILER NAME <i>Samuel T. Bischof</i> | | 3 ACCOUNT # (Ethics Commission fees) |
| 4 Date <i>1/6/03</i> | 5 Payee name <i>Nokoa / The Observer</i> | 7 Amount (\$) <i>150.00</i> |
| 6 Payee address; City; State; Zip Code <i>1154-B Angelina St. Austin, TX 73702</i> | | |
| 8 Purpose of payment (See instructions regarding type of information required.) <i>Prorated Citizens Competition</i> | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date <i>12/19/03</i> | Payee name <i>Don Smith</i> | Amount (\$) <i>100.00</i> |
| Payee address; City; State; Zip Code <i>P.O. Box 8499 Austin, TX 7873</i> | | |
| Purpose of payment (See instructions regarding type of information required.) <i>Christmas Bonus</i> | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | |
| Purpose of payment (See instructions regarding type of information required.) | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | |
| Purpose of payment (See instructions regarding type of information required.) | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2/11

15 C/OH NAME

Samuel T. Biscoe

16 ACCOUNT # (Ethics Commission Form)

17 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

GENERAL

SPECIFIC

COMMITTEE NAME

N/A

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ 1000.00

EXPENDITURE TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 4052.16

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

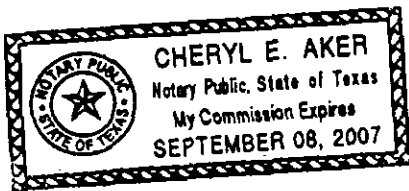
\$ 0

OUTSTANDING LOAN TOTALS

6. 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 15th day of January, 2004, to certify which, witness my hand and seal of office.

Cheryl E. Aker
Signature of officer administering oath

Cheryl E. Aker
Printed name of officer administering oath

Notary Public
Title of officer administering oath