

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5822

FORM C/OH
COVER SHEET PG 1

119

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

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

9

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Judge SAMUEL T
BISCOE

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Date Processed

Date Imaged

TRAVIS COUNTY, TEXAS
JUL 16 AM 11:37
RECORD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

Change of Address

6411 Bridgewater Dr.
Austin, TEXAS 78723

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

854 - 9555

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Eugene
BAILY

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

3212 Northeast Dr. Austin, TEXAS 78723

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

926 - 0427

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officer/holder only)

July *5

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

THROUGH

Month

Day

Year

1 / 16 / 04 THROUGH 7 / 15 / 04

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

N/A

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Travis County Judge

14 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

2/9

15 C/OH NAME

Samuel T. Biscoe

16 ACCOUNT # (Ethics Commission files)

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

\$ 0

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

\$ 0

EXPENDITURE TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 2,971.80

CONTRIBUTION BALANCE

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

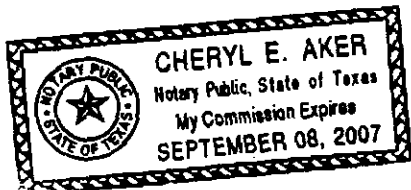
\$ 0

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 July, 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
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

3/9

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: (1 page)

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address: City, State, Zip Code

NONE

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

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

4/9

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: (6 pages)

2 FILER NAME Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission filers)

4 Date 1/16/04

5 Payee name Travis County Democratic Party
 6 Payee address: City: State: Zip Code
 P.O. Box 684263
 Austin, TX 78768-4263

7 Amount (\$) \$250.00

8 Purpose of payment (See instructions regarding type of information required.)
 Contribution / Filing Day Celebration

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

Date

Payee name
 Payee address: City: State: Zip Code

Amount (\$)

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 1/22/04

Payee name Elks Ladies Auxiliary
 Company B - Austin
 Payee address: City: State: Zip Code
 7237 E. Hwy 290
 Austin, Texas 78723

Amount (\$) \$37.00

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

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

Date 1/22/04

Payee name Johnson Lady Rains Basketball
 Payee address: City: State: Zip Code
 c/o 2618 E. 7th St.
 Austin, Texas 78702

Amount (\$) \$25.00

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

** 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

5/9

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

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

4 Date	5 Payee name	7 Amount (\$)
2/6/04	<u>Flynn Lee Campaign</u>	1,250.00
	6 Payee address: City: State: Zip Code	
	<u>1507 E. 73rd St.</u>	
	<u>Austin, TX 78702</u>	

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH **
<u>Contribution</u>	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date	Payee name	Amount (\$)
2/21/04	<u>Worley Printing Co.</u>	1,81.19
	Payee address: City: State: Zip Code	
	<u>3217 N. IH 35</u>	
	<u>Austin, TEXAS 78722</u>	

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH **
<u>Velox Prints of Sam</u>	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date	Payee name	Amount (\$)
2/24/04	<u>Diana's Flower Shop</u>	1,79.02
	Payee address: City: State: Zip Code	
	<u>2614 E. 7th St.</u>	
	<u>Austin, TEXAS 78702</u>	

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH **
<u>Flowers: Annual of Aaron Welk</u>	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date	Payee name	Amount (\$)
2/24/04	<u>Flynn Lee Campaign</u>	1,100.00
	Payee address: City: State: Zip Code	
	<u>1507 E. 13th St.</u>	
	<u>Austin, TX 78702</u>	

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH **
<u>Contribution</u>	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

4/9

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>3/4/04</i>	5 Payee name <i>Huston-Tillotson College</i> Payee address: City: State: Zip Code <i>900 Chicon St. Austin, TEXAS 78702-2795</i>	7 Amount (\$) <i>11000.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Annual Fundraiser Donation - UNCF</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>4/9/04</i>	Payee name <i>Diana's Flower Shop</i> Payee address: City: State: Zip Code <i>2614 E. 7th St. Austin, TEXAS 78702</i>	Amount (\$) <i>26 1200.</i>
Purpose of payment (See instructions regarding type of information required.) <i>Flowers: Funeral of Blanca Valdez Dennis GARZA</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>4/9/04</i>	Payee name <i>PODER</i> Payee address: City: State: Zip Code <i>P.O. Box 6237 Austin, TEXAS 78767</i>	Amount (\$) <i>550.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Advertisement - 13th Anniversary Brunch</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>4/13/04</i>	Payee name <i>Samuel T. Biscoe</i> Payee address: City: State: Zip Code <i>6411 Bridgewater Dr. Austin, TEXAS 78723</i>	Amount (\$) <i>25.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Reimbursement for donation to U.U. Christian Foundation Scholarship Fund</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

7/9

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/12/04

Don Smith
 P.O. Box 8499
 Austin, TEXAS 78713-8499

1,453.38

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

Office supplies 1/14/04 - 4/6/04

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/16/04

Senior Games - Austin
 7212 McNeil Dr. #205
 Austin, TX 78729

115.00

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

Entry Fee

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/20/04

Grant Chapel
 2107 E. 12th St.
 Austin, TEXAS 78702

1,100.00

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

Donation

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5/5/04

Cinco de Mayo - Travis County Celebration
 P.O. Box 1748
 Austin, TEXAS 78767

1,225.00

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

Sponsorship

-- 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

8/9

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>4/28/04</i>	5 Payee name <i>Elks Ladies Auxiliary -</i>	7 Amount (\$) <i>1,545.00</i>	
6 Payee address: City: State: Zip Code <i>Company B 7237 E Hwy 290 Austin, TX 78723</i>			
8 Purpose of payment (See instructions regarding type of information required.) <i>Sponsorship for Fundraiser</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>5/6/04</i>	Payee name <i>Diana's Flower Shop</i>	Amount (\$) <i>1,134.24</i>	
Payee address: City: State: Zip Code <i>2614 E. 7th St. Austin, TEXAS 78702</i>			
Purpose of payment (See instructions regarding type of information required.) <i>Flowers: Funeral Gladys Robinson & Lonetta Williams</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>5/26/04</i>	Payee name <i>Diana's Flower Shop</i>	Amount (\$) <i>1,548.71</i>	
Payee address: City: State: Zip Code <i>2614 E. 7th St. Austin, TEXAS 78702</i>			
Purpose of payment (See instructions regarding type of information required.) <i>Flowers: Cheryl Alker: Illness</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>6/17/04</i>	Payee name <i>Flight International / Flight Club</i>	Amount (\$) <i>1,570.00</i>	
Payee address: City: State: Zip Code <i>P.O. 14721 Austin, Texas 78713</i>			
Purpose of payment (See instructions regarding type of information required.) <i>Sponsorship / Youth Expenses athletic program</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

9/9

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	5 Payee name	7 Amount (\$)
<i>6/18/04</i>	<i>Sam Biscoe Special Projects</i>	
6 Payee address: City: State: Zip Code		
<i>P.O. Box 1748</i>		
<i>Austin, TEXAS 78767</i>		<i>125.00</i>
8 Purpose of payment (See instructions regarding type of information required.)		9 Candidate / Officeholder name Office sought Office held
<i>Sponsorship / Juneteenth Celebration</i>		<i> Travis County</i>
Date	Payee name	Amount (\$)
<i>7/14/04</i>	<i>Jacqui Cross</i>	
Payee address: City: State: Zip Code		
<i>6305 Avery Island</i>		<i>126.00</i>
<i>Austin, TX 78727</i>		
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
<i>Re-imbursement office supplies</i>		
Date	Payee name	Amount (\$)
<i>6/20/04</i>	<i>Samuel T. Biscoe</i>	
Payee address: City: State: Zip Code		
<i>6411 Bridgewater Dr.</i>		<i>155.00</i>
<i>Austin, TEXAS 78723</i>		
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
<i>Re-imbursement for Entry Fee Villager Golf Tournament Benefiting Houston - Tillotson College Scholarship Fund</i>		
Date	Payee name	Amount (\$)
<i>6/20/04</i>	<i>Samuel T. Biscoe</i>	
Payee address: City: State: Zip Code		
<i>6411 Bridgewater Dr.</i>		<i>155.00</i>
<i>Austin, TEXAS 78723</i>		
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
<i>Re-imbursement for Juvenile Employees Social Event</i>		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

FILED FOR RECORD

2011 JUL 16 AM 11:37

CLERK OF COURTS
COUNTY CLERK
TRAVIS COUNTY TEXAS



02 1A
0004357440
\$ 00.830
JUL 15 2004
MAILED FROM ZIP CODE 78701



SAMUEL T. BISCOE
COUNTY JUDGE

TRAVIS COUNTY ADMINISTRATION BUILDING
314 W. 11TH STREET ROOM 520
P.O. BOX 1748 AUSTIN, TEXAS 78767

Travis County Clerk's Office
Elections Division
5501 Airport Blvd.
Austin, Texas 78751

Attention: Campaign Filing Section