

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5937

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 <i>Samuel</i>	MI <i>T</i>
	NICKNAME	LAST <i>Biscoe</i>	SUFFIX
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 <i>(512)</i>	PHONE NUMBER <i>854 - 9555</i>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Eugene</i>	MI
	NICKNAME	LAST <i>Bail</i>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #	CITY STATE ZIP CODE
<i>3212 Northmead Dr. Austin, TX. 78723</i>			
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(514)</i>	PHONE NUMBER <i>924 - 0427</i>	EXTENSION
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 <i>7 / 16 / 04</i>	THROUGH	Month Day Year <i>1 / 15 / 05</i>
11 ELECTION	ELECTION DATE Month Day Year <i>N/A</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <i>N/A</i>	
12 OFFICE	OFFICE HELD (if any) <i>County Judge</i>	13 OFFICE SOUGHT (if known) <i>N/A</i>	
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>N/A</i>	Address / PO Box, Apt. / Suite #, City, State, Zip Code	

OFFICE USE ONLY

Date Received

FILED IN RECORD

2005 JAN 10 PM 2:58

CLERK

RECEIVED

TRANSPORT TEXAS

Date Hand-Delivered or Date Postmarked

Receipt #

Date Processed

Date Imaged

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 Use)

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional pages	COMMITTEE NAME
	<i>N/A</i>
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS	

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)

\$ *1350.00*

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ *2400.00*

CONTRIBUTION BALANCE

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

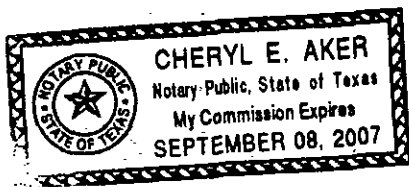
\$ *1556.00*

OUTSTANDING LOAN TOTALS

6. 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 18th day of January, 2005, to certify which, witness my hand and seal of office.

Cheryl E. Aker Cheryl E. Aker Notary of State of Texas
Signature of officer administering oath Printed name of officer administering oath 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

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission file#)

4 Date

8/16/04

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

Home Builders Association

6 Contributor address: City: State: Zip Code
 of Greater Austin HomePAC
 7952 Anderson Sq.
 Austin, TX 78757

7 Amount of contribution (\$)

1,250.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/17/04

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

RECA - Good Government PAC

Contributor address: City: State: Zip Code
 98 San Jacinto, Suite 180
 Austin, TX 78701

Amount of contribution (\$)

5,100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/04

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

Robert A. Milne

Contributor address: City: State: Zip Code
 3316 Knollwood Dr.
 Austin, TX 78731

Amount of contribution (\$)

5,100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor 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 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

4/9

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **6**

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

4 Date <i>7/28/04</i>	5 Payee name <i>Maurie Lyons</i>	7 Amount (\$) <i>\$200.00</i>
6 Payee address: City: State: Zip Code <i>2209 E. 21st. Austin, TX 78722</i>		

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

Date <i>7/28/04</i>	Payee name <i>Samuel T. Biscoe</i>	Amount (\$) <i>\$100.00</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-imbursment for donation to Sharon McKinney's son (Joshua) Youth Trip</i>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <i>8/2/04</i>	Payee name <i>Capital City Golf Association</i>	Amount (\$) <i>\$200.00</i>
Payee address: City: State: Zip Code <i>P.O. Box 13912 Austin, TX 78761</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Scholarship Fund/Donation</i>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <i>8/9/04</i>	Payee name <i>Xtra Newspaper</i>	Amount (\$) <i>\$50.00</i>
Payee address: City: State: Zip Code <i>2412-D Caesum Chavez Austin, TX 78702</i>		

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

3 ACCOUNT # (Ethics Commission files):

4 Date

5 Payee name

7 Amount (\$)

8/10/04

Austin Alpha Foundation

6 Payee address; City: State: Zip Code
*c/o TEX notes
 7311 Hillcroft Pl.
 Austin, TX 78724-4419*

1,100.00

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

Scholarship Fund/donation

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

Date

Payee name

Amount (\$)

8/10/04

Heirs of Christ, Inc.

Payee address; City: State: Zip Code
*1325 Duxford Dr.
 Austin, TX 78753*

50.00

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

Donation for School Supplies

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

Date

Payee name

Amount (\$)

8/10/04

Classy Ladies Club

Payee address; City: State: Zip Code
*c/o Dorothy Francis
 2919 Evans Ave.
 Fort Worth, TX*

50.00

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

Donation / Fundraiser

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

Date

Payee name

Amount (\$)

9/11/04

Casa Marienella

Payee address; City: State: Zip Code
*821 Gunter St.
 Austin, TX 78702*

50.00

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

Donation / Ed Wendler Benefit

** 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

6/9

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 (\$)
<i>8/23/04</i>	<i>Jaquie Cross</i>	<i>\$795</i>
	6 Payee address: City: State: Zip Code	
	<i>6306 Avery Island Austin, TX 78727</i>	

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

Date	Payee name	Amount (\$)
<i>9/3/04</i>	<i>AFL-CIO</i>	<i>\$1,150.00</i>
	Payee address: City: State: Zip Code	
	<i>1106 LAVACA ST. Austin, TX 78701</i>	

Purpose of payment (See instructions regarding type of information required.)	.. Complete if direct expenditure to benefit C/OH ..
<i>Sponsorship Labor Day Celebration</i>	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date	Payee name	Amount (\$)
<i>9/17/04</i>	<i>TARRANT County Democratic Party</i>	<i>\$500.00</i>
	Payee address: City: State: Zip Code	
	<i>P.O. Box 684263 Austin, TX 78768-4263</i>	

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

Date	Payee name	Amount (\$)
<i>10/1/04</i>	<i>Bids Walk of Austin</i>	<i>\$50.00</i>
	Payee address: City: State: Zip Code	
	<i>c/o Mr. Charlotte Robinson 6811 HANCOCK LANE Austin, TX 78723</i>	

Purpose of payment (See instructions regarding type of information required.)	.. Complete if direct expenditure to benefit C/OH ..
<i>Sponsorship</i>	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
10/2/04

5 Payee name
Elk Lodge - Company B
6 Payee address: City: State: Zip Code
*c/o Wilma Oliver
15013 Brusiler Drive
Pflugerville, TX 78660*

7 Amount (\$)
1,50.00

8 Purpose of payment (See instructions regarding type of information required.)
State Cont. Hospitality Sponsorship

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

Date
10/17/04

Payee name
Birdie + Darin Jefferson
Payee address: City: State: Zip Code
*8574 Cameron Rd.
Austin, TX*

Amount (\$)
1,100.00

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

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

Date
11/5/04

Payee name
Greater Mt. Zion Church
Payee address: City: State: Zip Code
*1800 Pennsylvania Ave.
Austin, TX 78702*

Amount (\$)
1,750.00

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
11/17/04

Payee name
Daryl Pierce
Payee address: City: State: Zip Code
*529 Scholarship Fund
7631 Hwy 290 W #1124
Austin, TX 78736*

Amount (\$)
150.00

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

-- 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

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission filer)

4 Date

5 Payee name

7 Amount (\$)

11/23/05

Jimmy Chambers

6 Payee address: City: State: Zip Code

*5805 Clerdale
Austin, TX 78745*

\$50.00

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

hardship donation

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/30/04

J. Davis Flower Shop

Payee address: City: State: Zip Code

*2614 E. 7th St.
Austin, TX 78712*

\$104.00

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

*Flowers - Funeral of Mrs. Zasha
Kerel Dickerson*

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

12/4/04

M. Ms Chapel Church of God in Christ

Payee address: City: State: Zip Code

*1801 E. 38th St.
Austin, TX 78722*

\$25.00

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

Donation / Rededication Service

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

12/22/04

Jacqui Crow

Payee address: City: State: Zip Code

*6305 Avery Island
Austin, TX 78727*

\$50.00

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

Xmas Bonus

** 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

2/2

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 <u>12/22/04</u>	5 Payee name <u>Cheryl Aker</u>	7 Amount (\$) <u>\$100.⁰⁰</u>
6 Payee address: <u>P.O. Box 753</u> <u>Pflugerville, TX 78691</u>		

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

Date <u>12/22/04</u>	Payee name <u>Don Smith</u>	Amount (\$) <u>\$100.⁰⁰</u>
Payee address: <u>P.O. Box 8499</u> <u>Austin, TX 78713</u>		

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

Date <u>12/22/04</u>	Payee name <u>Cheryl Brown</u>	Amount (\$) <u>\$100.⁰⁰</u>
Payee address: <u>9000 Bancroft Trail</u> <u>Austin, TX 78729</u>		

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

Date <u>1/14/05</u>	Payee name <u>NACCP / Austin Chapter</u>	Amount (\$) <u>\$200.⁰⁰</u>
Payee address: <u>1704 E. 12th.</u> <u>Austin, TX 78702</u>		

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED .

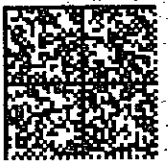
SAMUEL T. BISCOE
COUNTY JUDGE



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

Dana DeBeauvoir
Travis County Clerk
Attn.: Elections Division
5501 Airport Blvd.
Austin, Texas 78751

(C/E Filing)



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