

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 6045

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission #)	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST <i>Samuel</i> NICKNAME LAST <i>Biscoe</i>	MI <i>T.</i> SUFFIX	OFFICE USE ONLY Date Received <i>2005 JUN 19 AM 10:31</i> Date Hand-delivered or Date Postmarked <i>2005 JUN 19 AM 10:31</i> Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS - PO BOX <i>6411 Bridgewater Dr.</i> CITY <i>Austin, TEXAS</i> STATE <i>TEXAS</i> ZIP CODE <i>78723</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(512)</i> PHONE NUMBER <i>854 - 9555</i> EXTENSION <i>9555</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST <i>Eugene</i> NICKNAME LAST <i>Bailey</i>	MI SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE), <i>3212 Northeast Dr.</i> CITY <i>Austin, TX</i> STATE <i>TX</i> ZIP CODE <i>78723</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(512)</i> PHONE NUMBER <i>926 - 0427</i> EXTENSION		
9 REPORT TYPE	<input 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 checked="" 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>1 / 16 / 05</i> THROUGH <i>7 / 15 / 05</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>N/A</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <i>N/A</i> <input type="checkbox"/> General <input type="checkbox"/> Special	
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	<p>** 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. **</p> <p>Name <i>N/A</i></p> <p>Address - PO Box Apt / Suite #: City: State: Zip Code</p> <p><input type="checkbox"/> additional pages</p>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2/10

15 C/OH NAME

16 ACCOUNT # (Ethics Commission only)

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

additional pages

COMMITTEE NAME

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

\$ —

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

\$ 2,000.00

EXPENDITURE TOTALS

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

\$ 315.00

4. TOTAL POLITICAL EXPENDITURES

\$ 2836.47

CONTRIBUTION BALANCE

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

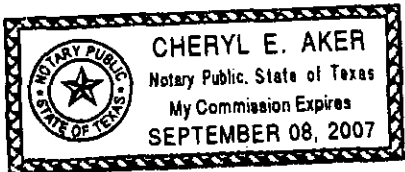
\$ 1,441.83

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ —

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Samuel T. Biscoe, this the 15 day of July, 2005, 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, State of Texas
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

3/10

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A. <i>1</i>	
2 FILER NAME <i>Samuel T. Biscoe</i>		3 ACCOUNT # (Ethics Commission file's)	
4 Date <i>3/10/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Travis County Sheriff's Officers Association Political Action Com.</i>	7 Amount of contribution (\$) <i>1,200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>400 W. 14th Suite 220 Austin, Texas 78701</i>			
9 Principal occupation / Job title (See Instructions)		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

4/10

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 7

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

4 Date	5 Payee name	7 Amount (\$)
<i>1/22/05</i>	<i>MARK CARTER</i>	<i>150.00</i>
	6 Payee address: City: State: Zip Code	
	<i>P.O. Box 91372 Austin, TX 78711</i>	

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

Date	Payee name	Amount (\$)
<i>1/24/05</i>	<i>Jacqui Cross</i>	<i>126.96</i>
	Payee address: City: State: Zip Code	
	<i>6305 Avery Island Austin, Texas 78727</i>	

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

Date	Payee name	Amount (\$)
<i>1/28/05</i>	<i>Madison Square Chapter / EIKS</i>	<i>135.00</i>
	Payee address: City: State: Zip Code	
	<i>618 Blue Valley Dr. Austin, TX 78748-5439</i>	

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

Date	Payee name	Amount (\$)
<i>2/11/05</i>	<i>MEELED Foundation</i>	<i>190.00</i>
	Payee address: City: State: Zip Code	
	<i>P.O. Box 957 Bastrop, TX 75602</i>	

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

5/10

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 <i>2/23/05</i>	5 Payee name <i>Lynn Harper</i>	7 Amount (\$) <i>\$15.00</i>
6 Payee address; City; State; Zip Code <i>c/o Administration Operations P.O. Box 1748 Austin, TX 78767</i>		

8 Purpose of payment (See instructions regarding type of information required.) *Refreshments for Com. Court Retreat*

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

Date <i>2/26/05</i>	Payee name <i>Diana's Flower Shop</i>	Amount (\$) <i>\$98.50</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.) *Flowers / Funeral*

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

Date <i>2/26/05</i>	Payee name <i>Wesley United Methodist Church</i>	Amount (\$) <i>\$65.00</i>
Payee address; City; State; Zip Code <i>1160 San Bernard Austin, TX 78702</i>		

Purpose of payment (See instructions regarding type of information required.) *Memorial Golf Tournament Fundraiser*

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

Date <i>3/2/05</i>	Payee name <i>Cheryl Aker</i>	Amount (\$) <i>\$100.00</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.) *Travel Expense for Funeral*

**** 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

6/10

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 Pers)
4 Date <i>3/2/05</i>	5 Payee name <i>St. James Baptist Church</i>	7 Amount (\$) <i>\$25.00</i>
6 Payee address: City: State: Zip Code <i>1812 E. M. Franklin Ave. Austin, TX. 78721</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Music Ministry / Souvenir Booklet</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>3/6/05</i>	Payee name <i>Cheryl Brown</i>	Amount (\$) <i>\$20.49</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>Re-imbursment for office Birthday</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>3/11/05</i>	Payee name <i>Leonard Thompson</i>	Amount (\$) <i>\$65.00</i>
Payee address: City: State: Zip Code <i>1209 E. 11th St. Austin, TX 78702</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Hardship Grant</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>3/19/05</i>	Payee name <i>Austin Black Lawyers Assoc.</i>	Amount (\$) <i>\$105.00</i>
Payee address: City: State: Zip Code <i>P.O. Box 13321 Austin, TX. 78711</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation / ABLA 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

7/10

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

3/24/05

Austin Area Humant Services Assoc.
 Payee address: *P.O. Box 300152*
Austin, TX. 78703

\$25.00

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

Contribution / Annual Luncheon

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

Date

Payee name

Amount (\$)

3/24/05

Diana's Flower Shop
 Payee address: *2614 E. 7th St.*
Austin, TX. 78702

\$62.79

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

Flowers / get well

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

Date

Payee name

Amount (\$)

4/7/05

Rising Star Baptist Church
Sally Wattersen Chapter #42
 Payee address: *1710 E. 12th St.*
Austin, TX 78702

\$25.00

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

Fundraiser / Fish Fry

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

Date

Payee name

Amount (\$)

4/8/05

Nyos Charter School
 Payee address: *8007 Bersner Dr.*
Austin, TX 78753

\$90.00

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

Fundraiser / Golf Tournament

.. 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

8/10

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission Files)

4 Date

5 Payee name

7 Amount (\$)

4/12/05

Austin Digital Printing

1,100.00

6 Payee address: City: State: Zip Code

*207 E. 53rd St.
Austin, TX 78751*

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

Donation / Dorothy Turner's Funeral Program

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/12/05

Jacqui Cross

1,451.08

Payee address: City: State: Zip Code

*6305 Avery Island
Austin, TX 78727*

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

Re-imbursment office supplies

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/15/05

Ulrica Violette Christian Legacy Foundation

1,170.20

Payee address: City: State: Zip Code

*P.O. Box 14185
Austin, TX 78714-1815*

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

Donation / Scholarship Fund

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/27/05

Cheryl Brown

1,521.20

Payee address: City: State: Zip Code

*900 Bancroft Trail
Austin, TX 78729*

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

Re-imbursment / Grocery Cards

** 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

9/10

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 filed)
4 Date <i>4/29/05</i>	5 Payee name <i>American Cancer Society</i> Payee address: <i>2433-A Ridgepoint Dr.</i> <i>Austin, TX 78754</i>	7 Amount (\$) <i>50.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Donation</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date <i>5/4/05</i>	Payee name <i>Travis County Cinco de Mayo Committee</i> Payee address: <i>P.O. Box 1748</i> <i>Austin, TX 78767</i>	Amount (\$) <i>25.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Sponsorship / Annual Celebration</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date <i>5/5/05</i>	Payee name <i>Cavanaugh Family c/o Jacqui Cross</i> Payee address: <i>6305 Mary Island</i> <i>Austin, TX 78727</i>	Amount (\$) <i>100.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Funeral Expense / Hardship Grant</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date <i>5/24/05</i>	Payee name <i>For Byron Smith / c/o Elm Ridge Apartments</i> Payee address: <i>1145 Harvey Ln.</i> <i>Austin, TX 78702</i>	Amount (\$) <i>75.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Hardship Grant / Rental Assistance</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

10/10

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

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

4 Date	5 Payee name	7 Amount (\$)
<i>5/24/05</i>	<i>Diana's Flower Shop</i>	<i>171.45</i>
	6 Payee address; City; State; Zip Code	
	<i>2614 E. 7th St. Austin, TX 78712</i>	

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

Date	Payee name	Amount (\$)
<i>6/15/05</i>	<i>Sam Biscoe Special Projects</i>	<i>525.00</i>
	Payee address; City; State; Zip Code	
	<i>(June twelfth Committee) c/o P.O. Box 1748 Austin, TX 78767</i>	

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

Date	Payee name	Amount (\$)
<i>6/20/05</i>	<i>Samuel T. Biscoe</i>	<i>50.00</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.)	** Complete if direct expenditure to benefit C/OH **
<i>Reimbursement / Candy for June twelfth Parade</i>	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date	Payee name	Amount (\$)
<i>6/24/05</i>	<i>South TEXAS Judges + County Com. Association</i>	<i>1,000.00</i>
	Payee address; City; State; Zip Code	
	<i>c/o Texas County Com. MARGARET GOMEZ P.O. Box 1748 Austin, TX 78767</i>	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH **
<i>Conference / Sponsorship</i>	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 1248 AUSTIN, TEXAS 78767



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

(C/E Filing)

