

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6163

FORM C/OH
COVER SHEET PG 1

1/5

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

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Samuel

NICKNAME

LAST

SUFFIX

Biscie

OFFICE USE ONLY

Date Received

2006 FEB -8

TRANS. SEC. BY TEXAS

Date Hand Delivered or Date Postmarked

AM 10:21

Receipt #

Amount

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

6411 Bridgewater Dr.
Austin, TEXAS 78723

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 854-9555

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Eugene

NICKNAME

LAST

SUFFIX

Brailly

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

3212 Northeast Dr. Austin, TX

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 926-0427

78723

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (office no copy)

July 15

8th day before election

Exceeded \$500 limit

Final report (attach C/OH - FRI)

10 PERIOD COVERED

Month Day Year

1 / 16 / 06

THROUGH

Month Day Year

2 / 6 / 06

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 7 / 06

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any):

County Judge

13 OFFICE SOUGHT (if known)

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

N/A

Address / PO Box Apt. / Suite # City State Zip Code

Additional pages

GO TO PAGE 2

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

3/5

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A

1

2 FILER NAME

Samuel T. Bischoe

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

4/5

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Samuel T. Bruce

3 ACCOUNT # (Ethics Commission file#)

4 Date

5 Payee name

7 Amount (\$)

11/19/06

Jose Zavala

6 Payee address: City: State: Zip Code

*1503 Pine Knoll Dr.
Austin, TX 78758*

*1
\$18.27*

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

*Reimbursement office
Supplier*

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/19/06

Iota Phi Lambda Sorority, Inc.

Payee address: City: State: Zip Code

*c/o Mae Marion
3013 E. 13th St.
Austin, TX 78702*

\$50.00

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

*Advertisement / Souvenir
Program*

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/26/06

Sonya Pinchback

Payee address: City: State: Zip Code

*3812 Mocha Trail
Austin, TX 78728*

\$50.00

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

*Donated for Son's
School Project*

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/26/06

Ronald McDonald Campaign

Payee address: City: State: Zip Code

*c/o 804 Pecan St.
BASTROP, TX 78602*

\$250.00

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

*Contribution / Re-election
Campaign*

.. 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

5/5

| | | |
|--|---------------------------------------|---|
| The INSTRUCTIONS GUIDE explains how to complete this form. | | 1 Total pages Schedule F: 2 |
| 2 FILER NAME <i>Samuel T. Bisce</i> | | 3 ACCOUNT # (Ethics Commission file#) |
| 4 Date <i>2/2/06</i> | 5 Payee name <i>Deidra Overton</i> | 7 Amount (\$) <i>925.00</i> |
| 6 Payee address City State Zip Code <i>1403 Springdale Rd. Austin TX 78721</i> | | |
| 8 Purpose of payment (See instructions regarding type of information required.) <i>Volma Overton Book / Speeches</i> | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officer/holder name Office sought Office held |
| Date <i>2/6/06</i> | Payee name <i>Don Smith</i> | Amount (\$) <i>119.57</i> |
| Payee address: City State Zip Code <i>P.O. Box 8499 Austin, Tx 78713-8499</i> | | |
| Purpose of payment (See instructions regarding type of information required.) <i>(Re-imbursement) Office Supplies</i> | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officer/holder 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 / Officer/holder 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 / Officer/holder 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
2/5

15 C/OH NAME

Samuel T. Biscoe

16 ACCOUNT # (Election Commission File #)

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 | COMMITTEE NAME |
| <input type="checkbox"/> GENERAL | <i>NONE</i> |
| <input type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS |
| <input type="checkbox"/> additional pages | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

18 CONTRIBUTION TOTALS

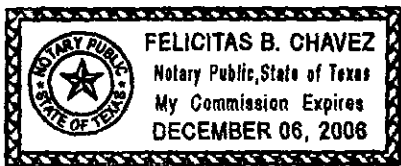
| | | |
|---|----|------------------|
| 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | _____ |
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | _____ |
| 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED | \$ | _____ |
| 4. TOTAL POLITICAL EXPENDITURES | \$ | <i>412.84</i> |
| 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ | <i>28,345.02</i> |
| 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | _____ |

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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 *6th* day of *February*, 20 *06* to certify which, witness my hand and seal of office

Felicitas B. Chavez
Signature of officer administering oath

Felicitas B. Chavez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

0004393315 FEB 06 2006
MAILED FROM ZIP CODE 78701

2006 FEB -03 AM 10:24

DEBEAUVOIR
COUNTY CLERK
TRAVIS COUNTY TEXAS



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/OH FILING)