

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6216

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filer)	2 Total pages filed 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST <i>Samuel</i> LAST <i>Biscoe</i> NICKNAME SUFFIX <i>T</i>	OFFICE USE ONLY Date Received 7 MAR - 1 AM 11:03 COUNTY OFFICE TRAVIS COUNTY TEXAS Date Hand Delivered or Date Postmarked 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> APT / SUITE # <i>Austin, TEXAS 78723</i> CITY STATE ZIP CODE		
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> LAST <i>Boaly</i> NICKNAME SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS NO PO BOX PLEASE! APT / SUITE # <i>3212 Northeast Dr. Austin, TEXAS</i> CITY STATE ZIP CODE <i>78723</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(512)</i> PHONE NUMBER <i>926 - 0429</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 (officer/holder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 5th 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>2 / 7 / 06</i>	THROUGH	Month Day Year <i>2 / 27 / 06</i>
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 7 / 06</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE TITLE (if any) <i>County Judge</i>	13 OFFICE SOUGHT (if known) <i>County Judge</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 expenditures.</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

2/4

15 C/OH NAME

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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	NONE
<input type="checkbox"/> SPECIFIC	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)

\$ 0

EXPENDITURE TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION BALANCE

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

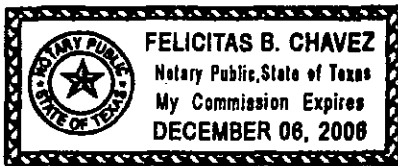
\$ 28,345.02

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 27th day of February, 20 06, to certify which, witness my hand and seal of office.

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

3/4
1

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission files)

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

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

NONE

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

4/4

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: *1*

2 FILER NAME

Samuel T. Biscie

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	7 Amount (\$)
	6 Payee address: City: State: Zip Code	

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	

NONE

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
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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	

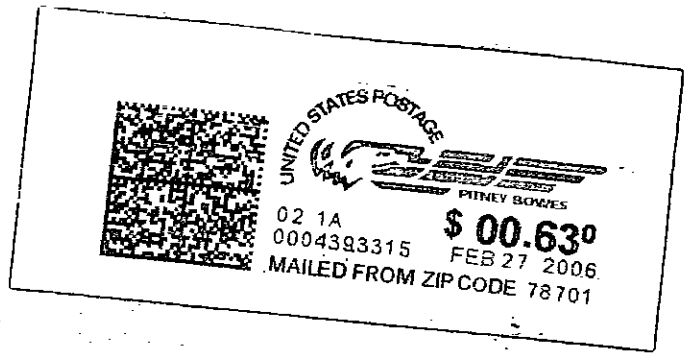
Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

FOR RECORD

MAR -1 AM 10:17

DANA DEBEAUVOIR
COUNTY CLERK
TRAVIS COUNTY TEXAS



COURT BUILDING
520
78767

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

(C/OH Filing)

