Texas Ethics Commission P O Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 6353

FORM C/OH
COVER SHEET PG 1

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

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 1 Oxpager

OFFICE USE ONLY

Date Received

Date Hand delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR | FIRST: Samuel | MI: T
NICKNAME | LAST: Biscoe | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX | APT / SUITE # | CITY | STATE | ZIP CODE
6411 Bridgewater Dr. Austin, TEXAS 78723

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE: (512) | PHONE NUMBER: 854 | EXTENSION: 9555

6 CAMPAIGN TREASURER NAME
MS / MRS / MR | FIRST: Eugene | MI
NICKNAME | LAST: Bailey | SUFFIX

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: (512) | PHONE NUMBER: 926 - 0427 | EXTENSION

9 REPORT TYPE
☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☑ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED
Month / Day / Year: 2 / 28 / 06 THROUGH Month / Day / Year: 7 / 15 / 06

11 ELECTION
ELECTION DATE: Month / Day / Year: 11 / 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 expenditure 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

Revised 11/05/2003

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME: NONE

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**	$ 2391.35
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 25,953.67
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ —

19 AFFIDAVIT

MELISSA VELASQUEZ
MY COMMISSION EXPIRES
March 9, 2010

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 17th day of July, 20 04, to certify which, witness my hand and seal of office.

Melissa Velasquez — Signature of officer administering oath
Melissa Velasquez — Printed name of officer administering oath
Notary Public — Title of officer administering oath

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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 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.

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F. (7 pages)

2 FILER NAME Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
2/10/06	Michael Lofton c/o 1143 Northwestern Ave. Austin, TX 78702	$250.00

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

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 ($)
2/17/06	Family Eldercare 2210 Hancock Austin, Texas 78756	$250.00

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

** 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 ($)
3/4/06	Wesley United Methodist Church 1160 San Bernard St. Austin, TX 78702	$75.00

Purpose of payment (See instructions regarding type of information required.)
donation / Scholarship Fundraiser

** 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 ($)
2/17/06	Town Lake Chapter of the Links, Inc P.O. Box 117261 Austin, TX 78711	$100.00

Purpose of payment (See instructions regarding type of information required.)
Advertisement / Program Booklet

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

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 / 6 Payee address, City, State, Zip Code	7 Amount ($)
3/21/06	Travis County Records Management Div. P. O. Box 1748 Austin, TEXAS 78767	$14.40

8 Purpose of payment (See instructions regarding type of information required.) Express Mail / Postage

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 ($)
2/24/06	Theresa Ortegon 3304 Clint Court Round Rock, TEXAS 78664	$50.00

Purpose of payment (See instructions regarding type of information required.) Donation - for tickets for children to Livestock Show + Carnival

** 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 ($)
4/3/06	Austin Black Lawyers Assoc. P. O. Box 13321 Austin, TEXAS 78711	$100.00

Purpose of payment (See instructions regarding type of information required.) Donation / Scholarship Fundraiser

** 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 ($)
4/3/06	DeWayne Lofton Campaign 4709 Carsonhill Austin, TX 78723	$100.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Recycled paper

Revised 1/05 2003

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

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 / 6 Payee address, City, State, Zip Code	7 Amount ($)
4/6/06	Black Registry Publishing Co (The Villager) 1223 A Rosewood Austin, TX. 78701	$100.00

8 Purpose of payment (See instructions regarding type of information required.): Ad + Listing in Black Registry

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 ($)
4/6/06	Josie Zavala 1503 Pine Knoll Dr. Austin, TX. 78758	$24.68

Purpose of payment (See instructions regarding type of information required.): Re-imbursement office supplies

** 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 ($)
4/6/06	Dan Smith P.O. Box 8499 Austin, Texas 78713	$29.83

Purpose of payment (See instructions regarding type of information required.): Re-imbursement office supplies

** 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 ($)
4/8/06	Christianson Overton 1403 Springdale Austin, TX 78721	$70.00

Purpose of payment (See instructions regarding type of information required.): Contribution / Scholarship Fundraiser

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission file)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
4/13/06	Kappa Alpha Psi c/o Krystek Marshall 1120 Oakland Round Rock, TEXAS 78681	$35.00

8 Purpose of payment (See instructions regarding type of information required.): Advertisement / Program Booklet

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 ($)
4/13/06	Diana's Flower Shop 2614 E. 7th St. Austin, TEXAS 78702	$62.62

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	Payee name / Payee address, City, State, Zip Code	Amount ($)
4/13/06	Sheryl Cole Campaign P.O. Box 4648 Austin, TX 78765	$100.00

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

** 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 ($)
4/13/06	Darrell Pierce Campaign 1224 E. 12th St. Austin, TEXAS 78702	$100.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

8/10

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

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 / 6 Payee address, City, State, Zip Code	7 Amount ($)
4/13/06	Nokoa - The Observer 1154 Angelina St. Austin, Texas 78702	$100.00

8 Purpose of payment (See instructions regarding type of information required.) Bike - Thon - East Austin Sponsorship

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 ($)
4/14/06	NAACP 4805 Mount Hope Baltimore, M.D. 21215	$200.00

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

** 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 ($)
5/4/06	American Cancer Society 2433-A Ridgepoint Dr. Austin, Texas 78754	$50.00

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 / Payee address, City, State, Zip Code	Amount ($)
5/9/06	Jack & Jill of America c/o 1801 S. MoPac Expwy Suite 300 Austin, TX 78746-7337	$50.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

10/10

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POLITICAL EXPENDITURES

SCHEDULE F

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 / 6 Payee address, City, State, Zip Code	7 Amount ($)
6/16/06	Samuel T. Biscoe 6411 Bridgewater Austin, TEXAS 78723	$63.60

8 Purpose of payment (See instructions regarding type of information required.)
Reimbursement / Milage Meeting in La Grange, Tx.

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 ($)
7/15/06	Diorio's Flower Shop 2614 E. 7th St. Austin, TEXAS 78702	$97.40

Purpose of payment (See instructions regarding type of information required.)
Flowers / Funeral 5/3/06 & 5/1/06

** 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 ($)
7/15/06	Don Smith P.O. Box 8499 Austin, TEXAS 78713	$543.82

Purpose of payment (See instructions regarding type of information required.)
Reimbursement / Office Supplies

** 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

7/17/06

RECORD
2006 JUL 19 PM 2:42
CLERK
TRAVIS COUNTY TEXAS

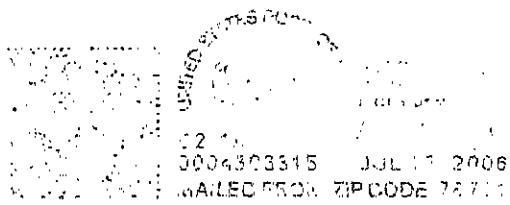
Dear Elections,

Please file
in your records

Thank you
Samuel T. Biscoe

$ Elections

0004303315 JUL 1 2006
MAILED FROM ZIP CODE 78711



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

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

(C/OH Filing)