

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6380

FORM C/OH
COVER SHEET PG 1

6/9

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed. <i>9 pages</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Samuel T.</i> NICKNAME LAST SUFFIX <i>Briscoe</i>	OFFICE USE ONLY FILED FOR RECORD 2006 OCT 13 AM 8:34 CLERK TRAVIS COUNTY TEXAS	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <i>6411 Bridgewater Austin, TEXAS 78723</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 854 - 9555</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Eugene</i> NICKNAME LAST SUFFIX <i>Bailey</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE <i>3212 Northcrest Dr. Austin, TEXAS 78723</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 926 - 0427</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officer 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 THROUGH Month Day Year <i>7/16/06 10/10/06</i>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <i>11/7/06</i>		
12 OFFICE	OFFICE HELD (if any) <i>County Judge</i>	13 OFFICE SOUGHT (if known) <i>County Judge</i>	
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 <i>N/A</i> Address / PO Box APT / SUITE # CITY STATE ZIP CODE		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2/7

15 C/OH NAME

Samuel T. Biscoe

16 ACCOUNT # (Ethics 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

GENERAL

NONE

SPECIFIC

COMMITTEE ADDRESS

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

\$

EXPENDITURE TOTALS

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

\$ *13,300.⁰⁰*

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

\$

CONTRIBUTION BALANCE

4 TOTAL POLITICAL EXPENDITURES

\$ *4,015.⁰⁰*

OUTSTANDING LOAN TOTALS

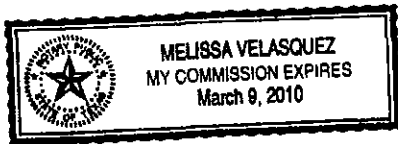
5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *35,730.⁰⁰*

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

AFFIDANT NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Samuel T. Biscoe this the 10th day of October 2006, 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

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: 4 pages	
2 FILER NAME Samuel T. Bivuse		3 ACCOUNT # (Ethics Commission form)	
4 Date 9/27/04	5 Full name of contributor Theodoras Polakis <input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$) \$2000.00	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code 103 Coldwater Ln Lakeway TX 78734			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/27/04	Full name of contributor Sam Miller <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 50 Public Square Suite 1600 Cleveland, Ohio (4413-			
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)	
Date 9/27/04	Full name of contributor Albert B. Ratner <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 50 Public Square Suite 1600 Cleveland, Ohio 44113-2295			
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)	
Date 9/27/04	Full name of contributor Ronald Ratner <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 50 Public Square Suite 1600 Cleveland Ohio 44113-2295			
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)	
Date 9/27/04	Full name of contributor Charles Ratner <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 50 Public Square Suite 1600 Cleveland, Ohio 44113-2295			
Principal occupation / Job title (See Instructions) Management Consultant		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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

4/9

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A.

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission Form)

4 Date

8/27/06

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

LAW PAC

6 Contributor address. City. State. Zip Code

*2925 Memorial Park Dr.
Houston, TEXAS 77042*

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

8/27/06

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

Richard Wheeler

Contributor address. City. State. Zip Code

*16002 Conard Circle
Austin, TX 78734*

Amount of contribution (\$)

1 \$1000.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

8/29/06

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

Richard Wheeler

Contributor address. City. State. Zip Code

16002 Conard Circle

Amount of contribution (\$)

1 \$1000.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

8/27/06

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

Mike W. Hatt

Contributor address. City. State. Zip Code

*2001 N. Lamar Blvd
Austin, TX 78705*

Amount of contribution (\$)

1 \$1000.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

8/29/06

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

Mike Willott

Contributor address. City. State. Zip Code

*2001 N. Lamar Blvd
Austin, TX 78705*

Amount of contribution (\$)

1 \$1000.⁰⁰

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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

5/9

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission pers):

4 Date

9/27/06

5 Full name of contributor out-of-state PAC ID#

Therese M. Baer

7 Amount of contribution (\$)

1,000.⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address, City, State, Zip Code

*5904 Mountain Climber
Austin, TX 78731 #1*

9 Principal occupation / Job title (See instructions)

Engineer

10 Employer (See instructions)

Date

9/27/06

Full name of contributor out-of-state PAC ID#

Chien-Ying Lee

Amount of contribution (\$)

1,000.⁰⁰

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*8303 Pommel Cove
Austin, TX 78759*

Principal occupation / Job title (See instructions)

Engineer

Employer (See instructions)

Date

9/27/06

Full name of contributor out-of-state PAC ID#

Channy Soeur

Amount of contribution (\$)

1,000.⁰⁰

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*2004 E GANN Hill Dr.
Cedar Park, TX 78613*

Principal occupation / Job title (See instructions)

Engineer

Employer (See instructions)

Date

9/27/06

Full name of contributor out-of-state PAC ID#

Ali Raza Khatow

Amount of contribution (\$)

1,000.⁰⁰

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*7914 Bee Cave Rd
Austin, TX 78746*

Principal occupation / Job title (See instructions)

Engineer

Employer (See instructions)

Date

9/27/06

Full name of contributor out-of-state PAC ID#

Brian K. Reis

Amount of contribution (\$)

1,400.⁰⁰

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*6516 Rotas Dr
Austin, TX 78749*

Principal occupation / Job title (See instructions)

Engineer

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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

6/9

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A	
2 FILER NAME <i>Samuel T. Biscoe</i>		3 ACCOUNT # (Ethics Commission first)	
4 Date <i>9/27/06</i>	5 Full name of contributor <i>Don W. Gray</i>	7 Amount of contribution (\$) <i>\$200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code <i>5604 Southwest Parkway, Austin, TX 78735</i>			
9 Principal occupation / Job title (See instructions) <i>Engineer</i>		10 Employer (See Instructions)	
Date <i>9/27/06</i>	Full name of contributor <i>Ravis M. Michel</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>5903 Marchmont Austin, TX 78741</i>			
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions)	
Date <i>9/27/06</i>	Full name of contributor <i>Troy Utman</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>5 Rocky River Cove Austin, TX 78744</i>			
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions)	
Date <i>9/27/06</i>	Full name of contributor <i>William C. Ross</i>	Amount of contribution (\$) <i>\$150.00</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>4504 Bridger Pass Austin, TX 78749</i>			
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions)	
Date <i>9/27/06</i>	Full name of contributor <i>Raymond Chan</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>1605 Churchwood Cove Austin, TX 78746</i>			
Principal occupation / Job title (See Instructions) <i>Engineer</i>		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

7/9

The INSTRUCTIONS GUIDE explains how to complete this form.

1 Total pages Schedule F: **3 pages**

2 FILER NAME **Samuel T. Biscoe**

3 ACCOUNT # (Ethics Commission #)

4 Date 7/24/06	5 Payee name Tameka D. Mays	7 Amount (\$) \$100.⁰⁰
6 Payee address, City, State, Zip Code 205 McArthur Dr. Leander, TX. 78641		

8 Purpose of payment (See instructions regarding type of information required.) **Donation / ATX Boys Basketball Team - Travel Expense (Dallas)**

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

Date 7/26/06	Payee name Bayou Oaks + Greek Park	Amount (\$) \$150.⁰⁰
Payee address, City, State, Zip Code 5019 Calhoun Houston, TX. 77004		

Purpose of payment (See instructions regarding type of information required.) **Scholarship - donation Grant / Student housing for Dexter Bray**

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

Date 8/24/06	Payee name Austin AFL-CIO Council	Amount (\$) \$115.⁰⁰
Payee address, City, State, Zip Code Central Labor Council of TEXAS P.O. Box 87 Austin, TX 78762		

Purpose of payment (See instructions regarding type of information required.) **Labor Day Celebration Advertisement / Booklet**

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

Date 8/25/06	Payee name Chuck Beatty Campaign	Amount (\$) \$200.⁰⁰
Payee address, City, State, Zip Code 300 Oldham Ave. Waxahachie, TX 75165		

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

POLITICAL EXPENDITURES

SCHEDULE F

8/9

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Samuel T. Bivore</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>9/12/06</i>	5 Payee name <i>New Mileston Foundation / ATC mtg MR</i>	7 Amount (\$) <i>\$250.00</i>
6 Payee address. City, State, Zip Code <i>1430 Collier St. Austin, TX 78704</i>		
8 Purpose of payment (See instructions regarding type of information required) <i>Sponsorship - 5th Annual Champions Banquet</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>9/18/06</i>	Payee name <i>Dr. Roberto Bayardo Retirement Celebration</i>	Amount (\$) <i>\$100.00</i>
Payee address City, State, Zip Code <i>c/o Travis County Admin. Operations P.O. Box 1748 Austin, TX 78767</i>		
Purpose of payment (See instructions regarding type of information required) <i>Dr. Roberto Bayardo Retirement Celebration 9/23/06 - Sponsorship</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>9/26/06</i>	Payee name <i>Daguita Hall</i>	Amount (\$) <i>\$100.00</i>
Payee address City, State, Zip Code <i>c/o Pamela Baker (Parent) 4708 Old Fort Hill Dr. Austin, TX 78723</i>		
Purpose of payment (See instructions regarding type of information required) <i>Education Scholarship</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10/2/06</i>	Payee name <i>Travis County Democratic Party</i>	Amount (\$) <i>\$2500.00</i>
Payee address City, State, Zip Code <i>1311 E. 6th St. Austin, TX 78702</i>		
Purpose of payment (See instructions regarding type of information required) <i>Contribution / 2006 Campaign</i>		9 ** 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

9/9

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Payee name

7 Amount (\$)

10/10/06

*TEXAS Coalition of Black Democrats
P. O. Box 112341
Austin, TEXAS 78711*

\$500.00

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

Contribution

9 ** 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

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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