

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2/4

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
<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

\$ —

EXPENDITURE TOTALS

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

\$ 2000.00

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 5,200.00

CONTRIBUTION BALANCE

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

\$ 32,520.00

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 30 day of October, 2006 to certify which, witness my hand and seal of office

Melissa Velasquez Melissa Velasquez
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

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)

10/30/06

Theodoros Polakis

*Contributor address, City, State, Zip Code
103 Coldwater Ln.
Austin, TX 78734*

*1
\$2000.00*

"Replacement check"

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

4/4

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F. 1

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

10/20/06

Margaret Gomez Campaign

6 Payee address, City, State, Zip Code

*P.O. 3232
Austin, TEXAS 78704*

\$100.00

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 (\$)

10/25/06

Judge Ronald McDonald

Payee address, City, State, Zip Code

*Re-election Campaign
804 Pecan St.
Borstrop 78602
TEXAS*

*\$5000.00
(loan)*

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

loan to Re-election Campaign

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10/28/06

Jacqui Cross

Payee address, City, State, Zip Code

*6305 Avery Island
Austin, TEXAS 78727*

\$100.00

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

donation

-- 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

02 1A \$01.110
0004393315 OCT 30 2006
MAILED FROM ZIP CODE 78701

No check



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)

CLERK
TRAVIS COUNTY TEXAS

2005 NOV - 1 AM 9:57

RECORD