

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

6463

**FORM C/OH
COVER SHEET PG 1**

1/7

The C/OH instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission letters) **2 Total pages filed:** *2 pages*

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX	Date Received	2007 JAN 22 PM 2:00 TEXAS COUNTY CLERK TEXAS	

Samuel T. Biscoe

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS (PO BOX)	APT / SUITE #	CITY	STATE	ZIP CODE	Date hand-delivered or Date Postmarked
	<i>6411 Bridgewater Dr. Austin, TEXAS 78723</i>					Receipt #

6411 Bridgewater Dr. Austin, TEXAS 78723

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Processed
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(512) 854-9555

6 CAMPAIGN TREASURER NAME	MC / MRS / MR	FIRST	MI	Date Imaged
	NICKNAME	LAST	SUFFIX	

Eugene Bailey

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE
	<i>3212 Northeast Dr. Austin, TEXAS 78723</i>				

3212 Northeast Dr. Austin, TEXAS 78723

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
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(512) 926-0427

9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Final report (All but C/OH - FR)	<input type="checkbox"/> Exceeded \$500 limit
	<input type="checkbox"/> July 15	<input type="checkbox"/> 6th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment / officeholder only

10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
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10/30/04 THROUGH 1/15/07

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

N/A General

12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
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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	<i>N/A</i>
	Address / PO Box APT / Suite # City State Zip Code	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Samuel T. Biscoe 16 ACCOUNT # (Ethics Commission Filers) 2/7

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	<u>NONE</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	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	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2358.64</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>26,909.87</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>—</u>

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

ALL EX NECESSARY STAMPS / SEALS ABOVE

Sworn to and subscribed before me, by the said Samuel T. Biscoe, this the 18th day of January, 20 07, to certify which, witness my hand and seal of office.

Melissa Velasquez melissa Velasquez notary
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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A

1 page 3/7

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Texas 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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F.

4 pages 4/7

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Payee name

7 Amount (\$)

12/1/06

Michael Lofton

6 Payee address; City: State Zip Code

10119 Willfield Dr.
Austin, TX 78753

1100.00

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

Donation / African Amer. Men's Boys Summit
Middle School

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

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

12/1/06

Sonia 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.)

Youth Sports contribution - Yellow Sockets

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

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

12/4/06

The Ambassadors

Payee address; City: State Zip Code

6829 Airport Blvd. #44
Austin, TX 78752

700.00

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

Annual Christmas Celebration

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

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

12/8/06

Diana L Flower Shop

Payee address; City: State Zip Code

2614 E. 7th St.
Austin, TX 78702

89.84

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

Flowers / Funeral Cheryl Brown's Aust

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

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F.

5/2

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

12/20/06

Don Smith

1
\$100.00

6 Payee address: City: State: Zip Code

*P.O. Box 9499
Austin, TX 78713*

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

Christmas Bonus

(If travel outside of Texas, complete Schedule T)

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

Date

Payee name

Amount (\$)

12/21/06

Samuel T. Biscoe

\$129.00

Payee address: City: State: Zip Code

*6411 Bridgewater Dr.
Austin, TX 78723*

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

Rent, insurance, PARKING Expenses and Jack + Jill donation

(If travel outside of Texas, complete Schedule T)

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

Date

Payee name

Amount (\$)

12/21/06

Naomi Bailey

\$200.00

Payee address: City: State: Zip Code

*3212 Northcrest Dr.
Austin, TX 78723*

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

Scholarship Donation

(If travel outside of Texas, complete Schedule T)

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

Date

Payee name

Amount (\$)

1/12/07

Diana's Flower Shop

\$86.86

Payee address: City: State: Zip Code

*2614 E. 7th St.
Austin, TX 78702*

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

*Flowers / Funeral
Preston Johnson*

(If travel outside of Texas, complete Schedule T)

** 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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F.

6/2

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Payee name

7 Amount (\$)

12/19/00

Nokoa - The Observer

6 Payee address: City: State: Zip Code

1900 E. 12th St. Austin, TX 78702
P.O. Box 1131 Austin, TX 78767

\$500.00

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

Holiday Advertisement

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

12/20/04

Cheryl Brown

Payee address: City: State: Zip Code

9000 Bancroft Trail
Austin, TX 78729

\$100.00

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

Christmas Bonus

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

12/20/04

Josie Zavala

Payee address: City: State: Zip Code

1503 Pine Knoll Dr.
Austin, TX 78758

\$100.00

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

Christmas Bonus

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

12/20/06

Melissa Velazquez

Payee address: City: State: Zip Code

8502 Romney Rd
Austin, TX 78748

\$100.00

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

Christmas Bonus

(If travel outside of Texas, complete Schedule T)

** 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

7/7

The instruction Guide explains how to complete this form.		1 Total pages Schedule F.
2 FILER NAME <i>Samuel T. Biscoe</i>		3 ACCOUNT # (Ethics Commission files)
4 Date <i>1/14/07</i>	5 Payee name <i>Don Smith</i>	7 Amount (\$) <i>\$102.94</i>
6 Payee address: City: State: Zip Code <i>P.O. Box 8489 Austin, TX 78723</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Reimbursent / Office</i> (If travel outside of Texas, complete Schedule T) <i>Supplies</i>		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
(If travel outside of Texas, complete Schedule T)		
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
(If travel outside of Texas, complete Schedule T)		
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
(If travel outside of Texas, complete Schedule T)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

1/18/0

Dear Elections:

Please Be in
your records.

RECORDED
0977 JAN 22 PM 2:08
COUNTY CLERK
TRAVIS COUNTY TEXAS

Thank you

Samuel T. Biscoe

