

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

6576

FORM C/OH
COVER SHEET PG 1/8

1/8

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <div style="text-align: center; font-size: 2em;">8</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Samuel T.</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Biscoe</div>	<div style="border: 2px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 0.8em; margin: 0;">Date Received: 2007 JUL 18 PM 3:24 Date Hand-delivered: _____ Page Postmarked: _____ Receipt # _____ Amount _____ Date Processed: _____ Date Imaged: _____</p> <p style="font-size: 0.6em; text-align: center; margin: 0;">FILED FOR RECORD CLERK TARRANT COUNTY TEXAS</p> </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY STATE ZIP CODE <div style="text-align: center; font-size: 1.2em;">6411 Bridgewater Dr. Austin, Texas 78723</div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(512) 854-9555</div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Eugene</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Bailey</div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY STATE ZIP CODE <div style="text-align: center; font-size: 1.2em;">3212 Northeast Dr. Austin, Texas 78723</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(512) 926-0427</div>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Final report (Attach C/OH - FR)	<input type="checkbox"/> Exceeded \$500 limit	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Final report (Attach C/OH - FR)	<input type="checkbox"/> Exceeded \$500 limit								
<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th 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 <div style="text-align: center; font-size: 1.5em;">/ / THROUGH / /</div>										
11 ELECTION	ELECTION DATE: Month Day Year <div style="text-align: center; font-size: 1.5em;">N/A</div> ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> N/A <input type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any) <div style="text-align: center; font-size: 1.5em;">County Judge</div>	13 OFFICE SOUGHT (if known)									
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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: <div style="text-align: center; font-size: 1.5em;">N/A</div> 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)

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. ..

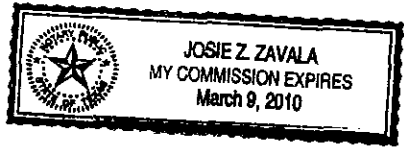
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	NONE
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 600.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,053.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 23,856.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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

AFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Samuel T. Biscoe this the 16th day of July, 2007, to certify which, witness my hand and seal of office.

Josie Z. Zavala
Signature of officer administering oath

Josie Z. Zavala
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

3/8

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A <i>(1)</i>	
2 FILER NAME <i>Samuel T. Biscoe</i>		3 ACCOUNT # (Ethics Commission #)	
4 Date <i>7/2/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>PBS+J AAC - TEXAS</i>	7 Amount of contribution (\$) <i>\$500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code <i>2001 Northwest 107th Ave. Miami, Florida 33172-2507</i>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) <i>Engineer</i>	10 Employer (See Instructions)
--	--------------------------------

Date <i>7/2/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Michael Jones</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <i>1909 Leona #201 Austin, TX. 78722</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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)
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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

4/8

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 filers)
4 Date <i>1/25/07</i>	5 Payee name <i>Personal Connection Healthcare</i>	7 Amount (\$) <i>\$250.00</i>
6 Payee address: City: State: Zip Code <i>1204 E. 12th St. #10 Austin, TX. 78702</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Program Sponsorship Souvenir Booklet - Aids (If travel outside of Texas, complete Schedule T) HIV</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>2/5/07</i>	Payee name <i>Carlyne Ferrier</i>	Amount (\$) <i>\$60.00</i>
Payee address: City: State: Zip Code <i>2300 W. Loop #305 Austin, TX 78758</i>		
9 Purpose of payment (See instructions regarding type of information required.) <i>Donation To Senior Center for PARTIAL Re-imbursement of money paid for Emissions (If travel outside of Texas, complete Schedule T) TX</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>3/1/07</i>	Payee name <i>Clean Air Force</i>	Amount (\$) <i>\$100.00</i>
Payee address: City: State: Zip Code <i>P.O. Box 17848 Austin, TX 78760-7848</i>		
10 Purpose of payment (See instructions regarding type of information required.) <i>Donation</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>3/1/07</i>	Payee name <i>Huston - Tillotson University</i>	Amount (\$) <i>\$1000.00</i>
Payee address: City: State: Zip Code <i>900 Chicon Austin, TX 78702</i>		
11 Purpose of payment (See instructions regarding type of information required.) <i>Donation to Scholarship Program</i> (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

5/8

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F.

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

4/25/07

World Preparatory

6 Payee address: City: State: Zip Code

*P.O. Box 6850 63
Austin, TX. 78767*

200.00

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

Sponsorship / Fundraiser
(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 (\$)

5/16/07

The Overton Foundation

Payee address: City: State: Zip Code

*c/o Hershell Shelly
2401 Gruentee Dr.
Austin, TX 78703*

70.00

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

*Donation / Sponsorship
Golf tournament*
(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 (\$)

5/10/07

Cinco de Mayo Committee

Payee address: City: State: Zip Code

*c/o Com. Margaret Gomez
P.O. Box 1748
Austin, TX 78767*

25.00

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

Sponsorship
(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 (\$)

5/14/07

*Central Star Lodge #1631
(EIKS)*

Payee address: City: State: Zip Code

*7237 Hwy 290 East
Austin, TX 78723*

50.00

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

*Advertisement / Annual
Summer Convention*
(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

6/8

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>5/17/07</i>	5 Payee name <i>The Victory Grill</i>	7 Amount (\$) <i>\$100.00</i>
6 Payee address; City, State; Zip Code <i>1104 E. 11th St. Austin, TX 78702</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Donation</i>		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 <i>5/18/07</i>	Payee name <i>Metropolitan AME Church</i>	Amount (\$) <i>\$100.00</i>
Payee address; City, State; Zip Code <i>1101 E. 10th St. Austin, TX 78702</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Scholarship Program / Fundraiser</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)		
Date <i>5/25/07</i>	Payee name <i>First Bethel Temple</i>	Amount (\$) <i>\$250.00</i>
Payee address; City, State; Zip Code <i>Church of God in Christ c/o Neomia Freeman 2010 Belvedere Blvd. Tyler, TX 75702</i>		
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 <i>6/7/07</i>	Payee name <i>Nokoa The Observer</i>	Amount (\$) <i>\$250.00</i>
Payee address; City, State; Zip Code <i>1900 E. 12th St. Austin, TX 78702</i>		
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

POLITICAL EXPENDITURES

SCHEDULE F

2/8

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>4/26/07</i>	5 Payee name <i>Diana's Flower Shop</i>	7 Amount (\$) <i>148.71</i>
6 Payee address: City: State; Zip Code <i>2614 E. 7th St. Austin, TX 78702</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Flowers / SARAH Robbins</i> (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 <i>4/26/07</i>	Payee name <i>Black Registry Publishing Co. / The Villager</i>	Amount (\$) <i>150.00</i>
Payee address: City: State; Zip Code <i>1223 Rosewood Austin, TX 78702</i>		
Purpose of payment (See instructions regarding type of information required.) <i>1/2 Page Advertisement</i> (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date <i>4/26/07</i>	Payee name <i>L. C. Anderson Class of '57</i>	Amount (\$) <i>150.00</i>
Payee address: City: State; Zip Code <i>c/o Marnette Walker 1106 Lily Terrace Austin TX 78741</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Advertisement / Souvenir Basket 50th Anniversary</i> (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date <i>4/16/07</i>	Payee name <i>SPARRAN A</i>	Amount (\$) <i>100.00</i>
Payee address: City: State; Zip Code <i>c/o Disability Assistance of Central Texas 9027 Northgate #101 Austin TX 78758-6453</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Sponsorship</i> (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

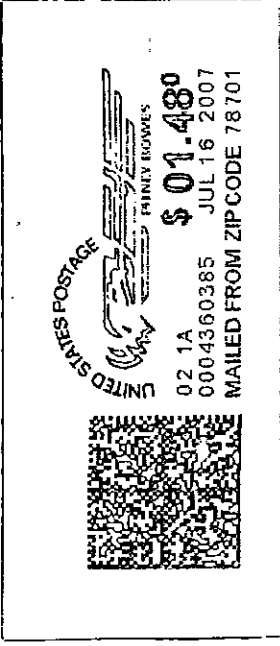
POLITICAL EXPENDITURES

SCHEDULE F

8/8

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>6/12/07</i>	5 Payee name <i>Sam Biscoe Special Projects</i>	7 Amount (\$) <i>150.00</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 1748 Austin, TX 78767-1748</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Sponsorship / Travis County Sweetwater Celebration</i> (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 <i>6/28/07</i>	Payee name <i>Samuel T. Biscoe</i>	Amount (\$) <i>168.00</i>
Payee address; City; State; Zip Code <i>6411 Bridgewater Dr. Austin, TX 78723</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Scholarship Fundraiser Golf Tournament</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>7/9/07</i>	Payee name <i>Diana's Flower Shop.</i>	Amount (\$) <i>130.99</i>
Payee address; City; State; Zip Code <i>2614 E. 7th St. Austin, TX 78702</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Flowers for - Willie E. McDonald and Wanda Mackey</i> (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 (\$)
	Payee address; City; State; Zip Code	
Purpose of payment (See instructions regarding type of information required.) (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



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)