

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6707

FORM C/OH
COVER SHEET PG 1

1/9

The C/OH Instruction Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission filers) 2 Total pages filed: (9)

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Samuel T</i> NICKNAME LAST SUFFIX <i>Biscoe</i>	OFFICE USE ONLY
---------------------------------	------------------------------------------------------------------------------------	------------------------

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>6411 Bridgewater Dr. Austin, TEXAS 78723</i>	Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------

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>	TRAVIS COUNTY ETHICS COMMISSION 7000 JAN 7 11 16 AM '09 FOR RECORD
---------------------------	----------------------------------------------------------------------------------	--------------------------------------------------------------------------

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>
------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------

8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 926-0427</i>
----------------------------	-----------------------------------------------------------

9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder 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>/ / / / /</i>
-------------------	--------------------------------------------------------------------

11 ELECTION	ELECTION DATE Month Day Year <i>N/A</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <i>N/A</i>
-------------	-----------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------

12 OFFICE OFFICE HELD (if any) <i>County Judge</i>	13 OFFICE SOUGHT (if known)
----------------------------------------------------------	-----------------------------

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
---------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

additional pages

GO TO PAGE 2

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

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

2/9

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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>NONE</u>
		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>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,750.⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,621.²⁴</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>22,984.⁹¹</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Samuel T. Biscoe, this the 15th day of January, 2008, to certify which, witness my hand and seal of office.

Josie Z. Zavala Josie Z. Zavala Notary Public
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

3/9

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 file)

4 Date <i>9/14/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John H. Langmore</i>	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1508 S. Lamar Blvd. Austin, TEXAS 78704</i>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) *Consultant* 10 Employer (See Instructions)

Date <i>10/21/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Travis County Sheriff's Office</i>	Amount of contribution (\$) <i>\$2,500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Law Enforcement Association 8600 Ranch Road 620 Apt 210 Austin, TEXAS 78726</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) *Employee Association* 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)

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

4/9

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: (6)
2 FILER NAME <i>Samuel T. Biscoe</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>8/14/07</i>	5 Payee name <i>American Contract Compliance Association</i>	7 Amount (\$) <i>200.00</i>
6 Payee address; City, State, Zip Code <i>c/o Carol Hadnot 6448 E Hwy 290 Austin, TEXAS 78723</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>National Convention Program Booklet Advertisement</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>8/16/07</i>	Payee name <i>MARK CARTER</i>	Amount (\$) <i>200.00</i>
Payee address; City, State, Zip Code <i>c/o Student Housing Prairie View A.M. University Prairie View, TEXAS</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Education Grant</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>8/19/07</i>	Payee name <i>Omega Epsilon Iota</i>	Amount (\$) <i>85.00</i>
Payee address; City, State, Zip Code <i>P.O. Box 14921 Austin, TEXAS 78764</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation/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
Date <i>9/19/07</i>	Payee name <i>Samaritan Center</i>	Amount (\$) <i>200.00</i>
Payee address; City, State, Zip Code <i>5425-A Burnet Rd. Austin, TEXAS 78752</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Contribution</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

5/9

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Samuel T. Bivcoe</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>10/9/07</i>	5 Payee name <i>Samuel T. Bivcoe</i>	7 Amount (\$) <i>1</i>
6 Payee address; City; State; Zip Code <i>6411 Bridgewater Dr. Austin, TEXAS 78723</i>		<i>8/35.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Reimbursement for Donation to: Austin Wranglers Foundation</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>10/11/07</i>	Payee name <i>New Milestones Foundation</i>	Amount (\$) <i>250.00</i>
Payee address; City; State; Zip Code <i>1430 Collier St. Austin, TEXAS 78704</i>		
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>10/12/07</i>	Payee name <i>Metropolitan Church</i>	Amount (\$) <i>575.00</i>
Payee address; City; State; Zip Code <i>1101 E. 10th St. Austin, TEXAS 78702</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Golf Fundraiser</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>10/18/07</i>	Payee name <i>Diana's Flower Shop</i>	Amount (\$) <i>114.75</i>
Payee address; City; State; Zip Code <i>2614 E. 7th St. Austin, TEXAS 78702</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Flowers / Funeral Bernice Williams</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

4/9

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Samuel T. Biscue</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>10/18/07</i>	5 Payee name <i>Ben Hur Shrine Circus</i>	7 Amount (\$) <i>5/100.00</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 10125 Austin, TEXAS 78766</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Sponsorship / Ben Hur Shrine Circus</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>10/26/07</i>	Payee name <i>Margaret Gomez Campaign</i>	Amount (\$) <i>1/100.00</i>
Payee address; City; State; Zip Code <i>P.O. Box 3232 Austin, TEXAS 78704</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Contribution</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>10/31/07</i>	Payee name <i>HEB</i>	Amount (\$) <i>36.00</i>
Payee address; City; State; Zip Code <i>7112 Ed Bluestein Austin, TEXAS 78723</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Halloween Candy For Kids</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>11/15/07</i>	Payee name <i>Austin Area Urban League</i>	Amount (\$) <i>5/100.00</i>
Payee address; City; State; Zip Code <i>1033 La Posada Drive Austin, TEXAS 78752</i>		
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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

7/9

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Samuel T. Briscoe

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

11/26/07

Austin Mason Sister Cities

6 Payee address; City: State: Zip Code

*c/o Bertha Means
7400 Valburn Dr.
Austin, TEXAS 78731*

\$50.00

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

Donation

(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 (\$)

12/1/07

Huston-Tillotson College

Payee address; City: State: Zip Code

*900 Chicon
Austin, TEXAS 78702*

\$75.00

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

Golf Team Fundraiser

(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 (\$)

12/5/07

The Group

Payee address; City: State: Zip Code

*6929 Airport Blvd #146
Austin, TEXAS 78752*

\$700.00

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

*Community
Annual Christmas Celebration*

(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 (\$)

12/20/07

Diana's Flower Shop

Payee address; City: State: Zip Code

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

\$81.19

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

Flowers / Cheryl Brown

(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

8/9

The instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Samuel T. Briscoe</i>		3 ACCOUNT # (Ethics Commission files)
4 Date <i>12/20/07</i>	5 Payee name <i>Don Smith</i> 6 Payee address: City: State: Zip Code <i>P. O. Box 8499 Austin, TEXAS 78713</i>	7 Amount (\$) <i>1 \$169.22</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Reimbursement / Office</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 <i>Supplian</i>
Date <i>12/21/07</i>	Payee name <i>Don Smith</i> Payee address: City: State: Zip Code <i>P. O. Box 8499 Austin, TEXAS 78713</i>	Amount (\$) <i>1 \$100.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Christmas Bonus</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>12/21/07</i>	Payee name <i>Josie Zavala</i> Payee address: City: State: Zip Code <i>1503 Pine Knoll Dr. Austin, TEXAS 78758</i>	Amount (\$) <i>1 \$100.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Christmas Bonus</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>12/21/07</i>	Payee name <i>Melissa Valenzuela</i> Payee address: City: State: Zip Code <i>8502 Romney Rd. Austin, TEXAS 78748</i>	Amount (\$) <i>1 \$100.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Christmas Bonus</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

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 filers)

4 Date <i>12/20/07</i>	5 Payee name <i>Cheryl Brown</i>	7 Amount (\$) <i>100.00</i>
6 Payee address; City; State; Zip Code <i>9000 Bancroft Trail Austin, TEXAS 78729</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Christmas Bonus</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------

Date <i>12/21/07</i>	Payee name <i>Natasha Bailey</i>	Amount (\$) <i>300.00</i>
Payee address; City; State; Zip Code <i>3212 Northwest Dr. Austin TEXAS 78723</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Education Grant</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------

Date <i>1/15/08</i>	Payee name <i>Latreese Cooke Campaign</i>	Amount (\$) <i>250.00</i>
Payee address; City; State; Zip Code <i>P.O. Box 1301 Bastrop, TEXAS 78602</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Contribution</i> <small>(If travel outside of Texas, complete Schedule T)</small>	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.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

1/15/08

Dear Elections Division

Please file

this C/OH Report

to 1/15/08 in

your records.

FILED FOR RECORD
2008 JAN 17 AM 10:34
JAN 17 2008
COUNTY CLERK
TRAVIS COUNTY TEXAS

Thank you
Judy Samuel to Bruce

1

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

TRAVIS COUNTY TEXAS

2008 JAN 17 AM 11:34

FILED FOR RECORD