7/15/08

Dear Elections Division

Please file this C/OH Report for 7/15/08 and Appointment of Camp. Treasurer in your records.

Thank you

Samuel T. Boscoe

2008 JUL 17 PM 4:22
SECRETARY OF STATE
TRAVIS COUNTY TEXAS

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6942

FORM C/OH
COVER SHEET PG 1

1/6

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 6 pages

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST: Samuel; MI: T.
	NICKNAME	LAST: Biscoe; SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	6411 Bridgewater Dr. Austin, Tx 78723
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	(512) 854 - 9555
	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST: DANIEL; MI: R.
	NICKNAME	LAST: Smith; SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	2604 Salado #201 Austin, Tx 78705
8 CAMPAIGN TREASURER PHONE	AREA CODE	(512) 584 - 0889
	PHONE NUMBER	EXTENSION

9 REPORT TYPE

- ☐ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (officeholder only)
- ☑ July 15
- ☐ 8th day before election
- ☐ Exceeded $500 limit
- ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 1/16/08 THROUGH Month Day Year: 7/15/08

11 ELECTION

ELECTION DATE Month Day Year: N/A

ELECTION TYPE: ☐ Primary ☐ Runoff N/A ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): County Judge

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: N/A

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
2/4

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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME: NONE

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)	$ 0
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 2,120.32
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 17,295.57
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.

JOSIE Z. ZAVALA
MY COMMISSION EXPIRES
March 9, 2010

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 July, 20 08, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Josie Z. Zavala	Josie Z. Zavala	Notary Public

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

3/4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4 pages

2 FILER NAME: Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/14/08	Cheryl Brown 9000 Bancroft Trail Austin, Texas 78779	$120.27

8 Purpose of payment (See instructions regarding type of information required.) Donation / Staff member Retirement Reception

(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 / Payee address; City; State; Zip Code	Amount ($)
2/15/08	Mac Marion c/o Black Women's Political Caucus 3013 E. 13th St. Austin, TX 78702	$50.00

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

(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 / Payee address; City; State; Zip Code	Amount ($)
3/1/08	Don Grace Memorial Golf Tournament c/o Wesley United Methodist Church 1160 St. Bernard Austin, TX 78702	$100.00

Purpose of payment (See instructions regarding type of information required.) Registration Fee / 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 / Payee address; City; State; Zip Code	Amount ($)
3/11/08	National Women of Achievement c/o Arlene Youngblood 4807 Bandy Hill Dr. Austin, TX 78723	$70.00

Purpose of payment (See instructions regarding type of information required.) Advertisement 20th Anniversary Banquet

(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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4/6

2 FILER NAME: Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/11/08	The Black Registry / Villager 1223-A Rosewood Austin, Tx 78702	$175.00

8 Purpose of payment (See instructions regarding type of information required.): Black Registry 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 / Payee address; City; State; Zip Code	Amount ($)
3/11/08	Corrections / Everson Billing Systems P. O. Box 2052 Mechanicsburg, PA. 17055	19.58

Purpose of payment (See instructions regarding type of information required.): Telephone Calls / Temple

(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 / Payee address; City; State; Zip Code	Amount ($)
4/25/08	Cinco de Mayo Committee c/o Margaret Gomez P. O. Box 1148 Austin, Tx 78767	$25.00

Purpose of payment (See instructions regarding type of information required.): Contribution / 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 / Payee address; City; State; Zip Code	Amount ($)
4/25/08	Dinah's Flower Shop 2614 E. 7th St. Austin, Tx 78702	$70.37

Purpose of payment (See instructions regarding type of information required.): Flowers / Sneed Family

(If travel outside of Texas, complete Schedule T)

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5/6

2 FILER NAME: Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/28/08	Samuel T. Biscoe 6411 Bridgewater Drive Austin, TX 78723	$123.75

8 Purpose of payment (See instructions regarding type of information required.): Re-imbursement – Donation Overton Scholarship Fund and Misc. Expenses

(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 / Payee address; City; State; Zip Code	Amount ($)
6/12/08	Juneteenth Special Projects c/o Cheryl Brown P.O. Box 1748 Austin, TX 78767	$50.00

Purpose of payment (See instructions regarding type of information required.): Sponsorship / County Juneteenth 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 / Payee address; City; State; Zip Code	Amount ($)
6/12/08	Josie Zavala 1503 Pine Knoll Dr. Austin, TX 78758	$57.86

Purpose of payment (See instructions regarding type of information required.): Re-imbursement / Office Supplies

(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 / Payee address; City; State; Zip Code	Amount ($)
6/16/08	Dell Childrens Medical Center Kids With Cancer 4900 Mueller Blvd Austin, TX 78723	$150.00

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

(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: 6/6

2 FILER NAME: Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / Payee address; City; State; Zip Code	7 Amount ($)
6/19/08	Travis County Democratic Party 1311 E. 6th St. Austin, TX 78702	$1,000.00

8 Purpose of payment (See instructions regarding type of information required.): Contribution / Coordinated Campaign

(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 / Payee address; City; State; Zip Code	Amount ($)
5/22/08	Gumbo's 710 Colorado Austin, TX 78701	$108.49

Purpose of payment (See instructions regarding type of information required.): Intern / Staff Luncheon

(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 / Payee address; City; State; Zip Code	Amount ($)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

PITNEY BOWES
02 1A $ 01.34⁰
0004360385
MAILED FROM ZIP CODE 78701

Samuel T. Biscoe
Travis County Judge
314 W. 11th Street
Austin, Texas 78701

To:

Dana DeBeauvoir
Travis County Clerk
Attn: Elections Division
5501 Airport Blvd.
Austin, Texas 78751

2008 JUL 17 PM 4:23
TRAVIS COUNTY TEXAS