

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

7246

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

| The C/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission filers) | 2 Total pages filed: | | | | | | | | | | | | |
|--|---|---|----------------------|-----------------|--|---------------|--|--|-------------------------------------|-----------|--------|----------------|--|-------------|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <u>MR</u> FIRST <u>Samuel</u> MI <u>T.</u> NICKNAME LAST SUFFIX <u>Biscoe</u> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td style="width:50%;">Date Received</td> <td style="width:50%;">Date Hand-Delivered or Date Postmarked</td> </tr> <tr> <td style="text-align: center;"> 2009 JAN 19 TEXAS ETHICS COMMISSION </td> <td style="text-align: center;"> 2009 JAN 19 11:00 AM RECEIVED </td> </tr> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> </table> | | OFFICE USE ONLY | | Date Received | Date Hand-Delivered or Date Postmarked | 2009 JAN 19 TEXAS ETHICS COMMISSION | 2009 JAN 19 11:00 AM RECEIVED | Receipt # | Amount | Date Processed | | Date Imaged | |
| OFFICE USE ONLY | | | | | | | | | | | | | | | |
| Date Received | Date Hand-Delivered or Date Postmarked | | | | | | | | | | | | | | |
| 2009 JAN 19 TEXAS ETHICS COMMISSION | 2009 JAN 19 11:00 AM RECEIVED | | | | | | | | | | | | | | |
| Receipt # | Amount | | | | | | | | | | | | | | |
| Date Processed | | | | | | | | | | | | | | | |
| Date Imaged | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <u>6411 Bridgewater Dr.</u> <u>Austin, Tx. 78723</u> | | | | | | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <u>(512) 854-9555</u> | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR <u>MR</u> FIRST <u>Daniel</u> MI <u>R</u> NICKNAME LAST SUFFIX <u>Smith</u> | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <u>2004 Salado # 201</u> <u>Austin Tx. 78705</u> | | | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <u>(512) 584</u> | | | | | | | | | | | | | | |
| 9 REPORT TYPE | <input 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 checked="" 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 <u>7 / 01 / 09</u> <u>12 / 31 / 09</u> | | | | | | | | | | | | | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) <u>County Judge - Travis</u> | 13 OFFICE SOUGHT (if known) <u>County Judge - Travis</u> | | | | | | | | | | | | | |
| 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 <u>None</u> 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

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political contributions accepted or political expenditures made 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

\$ *200*

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

\$ *23,910*

EXPENDITURE TOTALS

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

\$ *150*

4. TOTAL POLITICAL EXPENDITURES

\$ *10,066.55*

CONTRIBUTION BALANCE

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

\$ *25,000*

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Samuel T. Biscoe*, this the *15th* day of *January*, 20 *10*, 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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME <i>Samuel T. Bisce</i> | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date <i>11/19/09</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>See attachments</i> | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>12 pages</i> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | (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#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | (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#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | (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#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | (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.

All Contributions Resulted from
Nov. 19, 2009 Fund Raiser

1. Bill J. Wigmore 100
1701 Rock Creek Pr.
Austin, Tx. 78681
President Austin Recovery
2. Pat P. Howell 150
P.O. Box 663
Wimberley, Tx. 78676
Planner self
3. Bruce Todd 100
7639 Rockpoint Drive
Austin, Tx. 78731
Consultant self
4. W. Glenn Opel 1000
Vinson & Elkins LLP
2801 Via Fortuna
Suite 100
Austin, Tx. 78746-2568
Attorney Vinson-Elkins
5. Tommy G. Warren 250
P.O. Box 9269
The Woodlands, Tx. 77387-9269
Developer Self
6. Leroy Nellis 100
6418 Zadlock Woods Fr.
Austin, Tx. 78749
Accountant Travis County

7. Karen L. Wuber 500
 23020 Perdarnales Canyon Trail
 Spicewood, Tx. 78669
 Commissioner / Travis County
8. Sarah Eckhardt Campaign 100
 P.O. Box 301586
 Austin, Tx. 78703
 Commissioner / Travis County
9. James B. Skaggs, Trustee 300
 4700 Toreador Drive
 Austin, Tx. 78746
 Trustee / retired
10. Mike Wickem 500
 1504 Alegria Road
 Austin, Tx.
 Auditor Travis County
11. ^{Jim} James Nias 500
 1116 Reagan Terrace
 Austin, Tx. 78704
 Attorney Jackson Walker
12. Matt or Deborah Mathias 100
 1209 Grosuener Court
 Austin, Tx. 78746
 Commercial Real Estate Self
13. Fred R. Steiner 50
 3132 Eanes Cir.
 Austin, Tx. 787⁴₁-6741
 Professor Univ. of Texas

2050

14. Pete Winstead 500
Winstead PAC
5400 Renaissance Tower
1201 Elm Street
Dallas, Tx. 75270

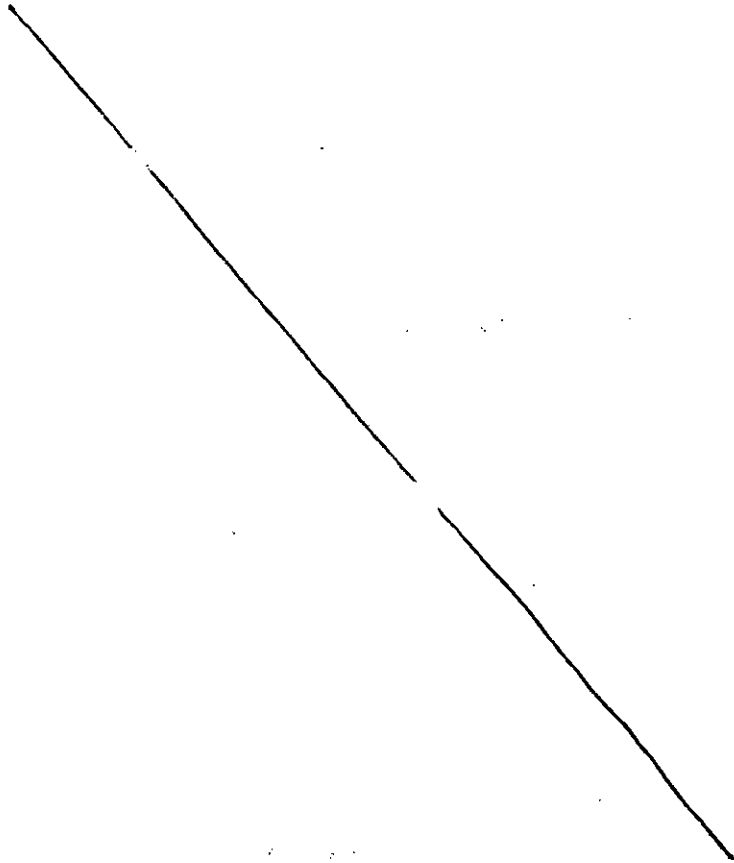
Attorney

Self-employed

15. Jeffrey Nash 100
8200 Bell Mountain Dr.
Austin, Tx. 78730

Banker

Treaty Oaks Bank



#60

17. Ray Bryant
118 Pecanwood N
Kyle, Tx. 78640-5275

18. Cecilia Burke
6500 Sunfoling Cove
Austin, Tx. 78731

100

19. Tommy Neal Cowan
400 Bowie Street
Austin 78703

100

20. M.H. Crockett, Jr.
P.O. Box 2066
Austin 78768-2066

100

21. Rhett M. Dawson
1717 W. 6th Ste 260
Austin, Tx. 78703

100

22. Dubois Bryant + Campbell LLP
700 Lavaca St
Ste. 1300
Austin, Tx. 78701

500

page 960

23. Scott Dukette \$ 500
 Klotz & Assoc.
 4410 Twisted Tree Drive
 Austin, Tx. 78735-6432
24. Bruce Elfont 50
 4522 Avenue F
 Austin, Tx. 78751
25. Gay Erwin 250
 No 3 Jeffrey Cove
 Austin, Tx. 78746
26. Paurd Escamilla 100
 5703 Spurflower Drive
 Austin, Tx. 78759
27. Jay Evans 250
 4002 Gaines Ct.
 Austin, Tx. 78735
28. Roy Ewing, Sr. 125
 10900 Parkfield Dr.
 Austin, Tx. 78758

29. Michael L. Nichols \$ 250
 Senior U.P.
 Freese and Nichols PAC
 10814 Jollyville Rd.
 Building 4, Suite 100
 Austin, Tx. 78759
30. Jim George, Atty. 200
 James & Cheryl George
 2501 Stratford Drive
 Austin, Tx. 78746
31. Sandy Gottesman 1000
 300 W. 6th
 Ste. 1900
 Austin, Tx. 78701
32. Tom Granger 100
 2612 Woolaridge Pr.
 Austin, Tx. 78703
33. Tom Granger 150
 605 W. 10th St.
 Austin 78702-2042
34. Michael J. Whellan 500
 Groves Dougherty
 401 Congress Ave. Ste 2200
 Austin 78701 page 6 page 1950

\$ 100

35. Rev. Marvin C. Griffin
2632 Barton Hills Dr.
Austin, Tx. 78704

36. Jody L. Hogemann
1808 Barton Parkway
Austin, Tx. 78704

500

37. Michael A. Moya
Vice President
HOLFF Assoc. Inc.
4030 West Braker Lane
Ste. 450
Austin, Tx. 78759

750

38. R. Clarke Hendrick
3702 Eastledge Dr.
Austin, Tx. 78731-5851

100

39. Eddie Hurst
1603 Gouda Ct.
Cedar Park, Tx. 78613-1751

250

40. Robena Jackson & John Whitfield
5900 Rain Creek Pkwy.
Austin, Tx. 78759

250

41. James R. Johnson \$100
 711 Churchill Farms Dr.
 Georgetown, Tx. 78626
 retiree
42. Robert R. Kamm 250
 1304 Guadalupe St.
 Austin, Tx. 78701
 Attorney/Lobbyist
43. Dale & Elizabeth Linebarger 500
 3 Miles Road
 Austin, Tx. 78703-3137
 retired
44. John H. Lipscombe 50
 6600 Mesa Dr.
 Austin, Tx. 78731
 attorney Travis
45. Lloyd Gosselink 250
 P.O. Box 1727
 Austin, Tx. 78767
 attorney
46. C. Brian Cassidy 500
 Locke Lord Bissell & Liddell
 Attorneys & Counselors
 100 Congress, Ste. 300
 Austin, Tx. 78701

Attorney

47. Thomas Loomis \$ 500
 4004 Sinclair Ave
 Austin Tx. 78756-3823
48. Ms. Bertha Means 100
 7400 Valburn Dr.
 Austin, Tx. 78731
 business person Austin Cabs
49. Steven Mobley 1000
 2205 Westover Rd.
 Austin, Tx. 78703
 Property Owner/Developer Self + family
50. Joseph Lynn and Mary Scott Nabers 500
 Barton Oaks Plaza One
 Ste #100
 901 S. MOPAC Expressway
 Austin, Tx. 78746
51. Cliff Blount 250
 Namon, Howell, Smith & Lee
 8310 Capital of Texas Hwy. North
 Ste. 490
 Austin, Tx. 78731
 Attorney
52. Sharon P. Ockletree \$ 100
 14700 Lantern Dr.
 Pflugerville, Tx. 78660-4955 2450
 Business Assistant (9) Potillo & Assoc.

53. Richard & Sharon Ridings \$ 500
 2301 Windswept Drive
 Austin, Tx. 78730-5409
- 54 Robert & Dorothy Rutishouser 100
 6101 Mountain Villa Cv.
 Austin, Tx 78731
55. Joseph P. Skidmore 25
 1120 S. Capital of Texas
 Highway 1818 Waterston
 The Settings II, Suite 100 Ave. No. 1
 Austin, Tx. 78740 Austin, Tx. 78703
56. Hank & Gloria Smith 250
 12409 Cascade Covers Tr.
 Austin, Tx. 78739
57. Karen M. Sonleitner 100
 1712 Pasadena Dr.
 Austin, Tx. 78757
 Assistant Travis
58. Timothy C. Taylor Sr. \$ 100
 1902 Stamford Ln.
 Austin, Tx. 78703

10

1075

59. Mr. James Hodge, Pres. \$2000
 Sheriff's Officers Assoc. PAC
 400 W. 14th St.
 Ste. #220
 Austin, Tx. 78701
60. Ben & Lynn Turner 250
 1706 Graywood Cove
 Austin, Tx. 78704
61. Kenneth & Diana Warner 200
 6601 Winterberry
 Austin, Tx. 78750
62. Terry A. Wilson 100
 8128 Hendricks Drive
 Austin, Tx. 78729
63. Law Enforcement Assoc. PAC 2500
 400 W. 14th St.
 Ste. #220
 Austin, Tx. 78701
64. Clare Fleming \$100 (cash)

65. Gerold Daugherty 100
1403 Club Ridge Cv.
Austin, Tx. 78735

businessman / former Comm. Self

66. Harry Savio 500
8140 Exchange Dr.

Austin, Tx. 78754-5236
Director Home Builders Assoc. of Austin

67 Austin Real Estate Council 2500

Business M-PAC
98 San Jacinto Blvd.
Austin, Tx. 78701-4284

Commercial real estate development

3100

23910

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form. 1 Total pages this Schedule B:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄ \$

| | | | |
|---|---|-------------------------|---------------------------------------|
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| | 7 Pledgor address; City; State; Zip Code | | |
| (If travel outside of Texas, complete Schedule T) | | | |

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

| | | | |
|---|---|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor 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 pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor 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 pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor 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 pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor 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.

LOANS

SCHEDULE E

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: |
| 2 FILER NAME <i>Samuel T. Biscoe</i> | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 TOTAL OF UNITEMIZED LOANS: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄ | | \$ |
| 5 Date of loan <i>NONE</i> | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial institution? Y N | 8 Lender address; City; State; Zip Code | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> none | | |
| 15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 16 Name of guarantor 17 Guarantor address; City; State; Zip Code | 18 Amount Guaranteed (\$) |
| 19 Principal Occupation | | 20 Employer |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial institution? Y N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor Guarantor address; City; State; Zip Code | Amount Guaranteed (\$) |
| Principal Occupation | | Employer |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender 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:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

| | | |
|---|--|-------------------------------|
| 4 Date 7/6/09 | 5 Payee name Diana's Flower Shop | 7 Amount (\$) 56.29 |
| 6 Payee address; City; State; Zip Code 2614 E. 7th Street Austin, Tx. 78702 | | |

| | |
|---|--|
| 8 Purpose of payment (See instructions regarding type of information required.) Funeral flowers <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 Bucky Goodbold | Amount (\$) 145.00 |
| Payee address; City; State; Zip Code flint Rock Golf Course | | |

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

| | | |
|--------------------------------------|-------------------------------|-----------------------------|
| Date 7-1-09 | Payee name Gus Pena | Amount (\$) 47.00 |
| 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> | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|--------------------------------------|-------------------------------|---------------------------|
| Date 7-7-09 | Payee name Joe Vela | Amount (\$) 100 |
| Payee address; City; State; Zip Code | | |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) hardship grant/medical <small>(If travel outside of Texas, complete Schedule T)</small> | ** 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:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

| | | |
|--------|--|---------------|
| 4 Date | 5 Payee name | 7 Amount (\$) |
| 7-7-09 | Josie Zavala | 50.00 |
| | 6 Payee address; City; State; Zip Code | |
| | 1503 Pine Knoll Ar. Austin 78758 | |

| | |
|--|--|
| 8 Purpose of payment (See instructions regarding type of information required.) (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 (\$) |
| 7-10-09 | Rodney Chambers | 250.00 |
| | Payee address; City; State; Zip Code | |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) hardship loan/later repaid (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 (\$) |
| 7-13-09 | Gus Pena | 110.00 |
| | Payee address; City; State; Zip Code | |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) (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 (\$) |
| 8-15-09 | Epislon Iota Fraternity/Omega | 100 |
| | Payee address; City; State; Zip Code | |

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

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:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

| | | |
|---------|--|---------------|
| 4 Date | 5 Payee name | 7 Amount (\$) |
| 8-17-09 | Josie Zouola | 27.00 |
| | 6 Payee address; City, State; Zip Code | |

| | |
|---|--|
| 8 Purpose of payment (See instructions regarding type of information required.) <i>reimbursement - office supplies</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 | Payee name | Amount (\$) |
| 8-21-09 | Travis County Democratic Party | 100 |
| | Payee address; City, State; Zip Code | |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) <i>cover expenses for Fundraiser WC Clark</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 | Payee name | Amount (\$) |
| 8-25-09 | The Villager - Tommy Wyatt | 250 |
| | Payee address; City, State; Zip Code 1223 Rosewood Ave. Austin, Tx. 78702 | |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) <i>Political Ad</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 | Payee name | Amount (\$) |
| 9-1-09 | Naomi Bailey | 250 |
| | Payee address; City, State; Zip Code | |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) <i>College Scholarship - Michael Bailey</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) | |

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:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

| | | |
|--|--|---------------|
| 4 Date | 5 Payee name | 7 Amount (\$) |
| 9-9-09 | African America Arts Technical Resource Center 1309 Rosewood Austin 78702 | 100 |
| 6 Payee address: City, State, Zip Code | | |

| | |
|---|--|
| 8 Purpose of payment (See instructions regarding type of information required.) Sponsorship <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 (\$) |
| 9-14-09 | La Prensa News 1704 E. 5th St. Austin, Tx. 78702 | 300 |
| Payee address: City, State, Zip Code | | |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) Political Ad <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 (\$) |
| 10-1-09 | Josie Zavola | 19.58 |
| Payee address: City, State, Zip Code | | |

| | |
|---|--|
| Purpose of payment (See instructions regarding type of information required.) office supplies <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 (\$) |
| 10-1-09 | Piana's Flower Shop | 140.99 |
| Payee address: City, State, Zip Code | | |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) funerals - Ware; Henderson <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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

| | | |
|----------|---|---------------|
| 4 Date | 5 Payee name | 7 Amount (\$) |
| 10-15-09 | Metropolitan Church | 70 |
| | 6 Payee address: City: State: Zip Code 1101 E. 10th Austin, Tx. 78702 | |

| | |
|--|--|
| 8 Purpose of payment (See instructions regarding type of information required.) Scholarship fundraiser <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> | ** 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> | ** 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> | ** 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: |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date | 5 Payee name | 7 Amount (\$) |
| 11-2-09 | Combined Charities / Debevoise | 100 |
| 6 Payee address: City, State; Zip Code P.O. Box 1748 Austin 78767 | | |
| 8 Purpose of payment (See instructions regarding type of information required.) Sponsorship - 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 | Amount (\$) |
| 11-7-09 | Bertha Means | 80 ⁰⁰ |
| Payee address: City, State; Zip Code 1135 Gunter Austin 78702 | | |
| Purpose of payment (See instructions regarding type of information required.) 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 (\$) |
| 11-9-09 | Sheriff's Benevolent fund | 85 |
| Payee address: City, State; Zip Code P.O. Box 1748 Austin 78767 | | |
| Purpose of payment (See instructions regarding type of information required.) 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 (\$) |
| 11-19-09 | Ballet East Dance Company | 150 |
| Payee address: City, State; Zip Code 3111 Garwood St. Austin, Tx. 78702 | | |
| Purpose of payment (See instructions regarding type of information required.) Sponsorship/ Political ad (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: _____

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) _____

| | | |
|--------|---|----------------|
| 4 Date | 5 Payee name Susan Harry | 7 Amount (\$) |
| | 6 Payee address; City: State: Zip Code 2520 Longview Street Austin, Tx. 78705 | 2916.13 |

| | |
|--|---|
| 8 Purpose of payment (See instructions regarding type of information required.) Political consulting/fundraising <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 Biscoe Special Projects | Amount (\$) |
| 12-3-09 | Payee address; City: State: Zip Code 6411 Bridgewater Dr. Austin, Tx. 78723 | 50 |

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) Cecilia Burke Retirement Contribution <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 Margaret Gomez Campaign | Amount (\$) |
| 12-7-09 | Payee address; City: State: Zip Code P.O. Box 3232 Austin, Tx. 78704 | 100 |

| | |
|--|---|
| Purpose of payment (See instructions regarding type of information required.) Political contribution <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 Josie Zavala | Amount (\$) |
| 12-8-09 | Payee address; City: State: Zip Code _____ | 50.56 |

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) Office Supplies <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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

| | | |
|----------|--|---------------|
| 4 Date | 5 Payee name | 7 Amount (\$) |
| 12/30/09 | The Group - Ron Stauf | 700 |
| | 6 Payee address: City: State: Zip Code | |
| | 6929 Airport Blvd. Austin 78752 | |

| | |
|---|--|
| 8 Purpose of payment (See instructions regarding type of information required.) Sponsorship Christmas Event | 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 (\$) |
| 11/25/09 | Mail Services Inc | 219 |
| | Payee address: City: State: Zip Code | |

| | |
|---|--|
| Purpose of payment (See instructions regarding type of information required.) mailing fundraising materials | 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 (\$) |
| | Susan Harry | 250 |
| | Payee address: City: State: Zip Code | |
| | 2520 Longview Street Austin, TX 78705 | |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) Fundraising/consulting | 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 (\$) |
| 12-17 | Travis County Democratic Party | 1250 |
| | Payee address: City: State: Zip Code | |
| | P.O. Box 684263 Austin, Tx. 78768-4263 | |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) Filing fee | 9 ** 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:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

| | | |
|--------|--|---------------|
| 4 Date | 5 Payee name | 7 Amount (\$) |
| 12-17 | Trevi's County Democratic Party | 1500 |
| | 6 Payee address: City: State: Zip Code | |

| | |
|---|--|
| 8 Purpose of payment (See instructions regarding type of information required.) <i>Filing Day Dinner</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 (\$) |
| 12-18-09 | Mark Carter | 100 |
| | Payee address: City: State: Zip Code | |

| | |
|---|--|
| 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 | Payee name | Amount (\$) |
| 12-18 | Josie Zoula | 100 |
| | Payee address: City: State: Zip Code | |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) <i>Staff Christmas gift</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 (\$) |
| 12-18 | Melissa Uelasquez | 100 |
| | Payee address: City: State: Zip Code | |
| | <i>8502 Romney Austin 78748</i> | |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) <i>Staff Christmas gift</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 |
|--|--|

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:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

| | | |
|--|-------------------------------------|-----------------------------|
| 4 Date 12-18 | 5 Payee name Cheryl Brown | 7 Amount (\$) 100 |
| 6 Payee address: City, State, Zip Code 9000 Ban Croft Tr. Austin 78728 | | |

| | |
|--|--|
| 8 Purpose of payment (See instructions regarding type of information required.) Staff Christmas Gift <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 12-18 | Payee name Nicole Decofur | Amount (\$) 100 |
| Payee address: City, State, Zip Code 603 W. 13th Austin 78701 | | |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) Staff Christmas gift <small>(If travel outside of Texas, complete Schedule T)</small> | ** 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> | ** 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> | ** 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 MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Samuel T. Bisbee

3 ACCOUNT # (Ethics Commission filers)

| | | |
|-------------|---|--|
| 4 Date | 5 Payee name | 8 Amount (\$) |
| <i>NONE</i> | 6 Payee address; City; State; Zip Code | <input type="checkbox"/> Reimbursement from political contributions intended |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) <i>(If travel outside of Texas, complete Schedule T)</i> | |

| | | |
|------|---|--|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | <input type="checkbox"/> Reimbursement from political contributions intended |
| | Purpose of expenditure (See instructions regarding type of information required.) <i>(If travel outside of Texas, complete Schedule T)</i> | |

| | | |
|------|---|--|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | <input type="checkbox"/> Reimbursement from political contributions intended |
| | Purpose of expenditure (See instructions regarding type of information required.) <i>(If travel outside of Texas, complete Schedule T)</i> | |

| | | |
|------|---|--|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | <input type="checkbox"/> Reimbursement from political contributions intended |
| | Purpose of expenditure (See instructions regarding type of information required.) <i>(If travel outside of Texas, complete Schedule T)</i> | |

| | | |
|------|---|--|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | <input type="checkbox"/> Reimbursement from political contributions intended |
| | Purpose of expenditure (See instructions regarding type of information required.) <i>(If travel outside of Texas, complete Schedule T)</i> | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The Instruction Guide explains how to complete this form. 1 Total pages Schedule H:

2 FILER NAME Samuel T. Biscoe 3 ACCOUNT # (Ethics Commission filers)

| | | |
|-----------------------|--|---------------|
| 4 Date <u>None</u> | 5 Business name 6 Business address; City; State; Zip Code | 7 Amount (\$) |
|-----------------------|--|---------------|

| | |
|--|--|
| 8 Purpose of payment (See instructions regarding type of information required.) (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 | Business name Business 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 | Business name Business 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 | Business name Business 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form. 1 Total pages Schedule I:

2 FILER NAME *Samuel T. Biscue* 3 ACCOUNT # (Ethics Commission filers)

| | | |
|-----------------------|--|---------------|
| 4 Date <i>NONE</i> | 5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.) | 8 Amount (\$) |
|-----------------------|--|---------------|

| | | |
|------|--|-------------|
| Date | Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) | Amount (\$) |
|------|--|-------------|

| | | |
|------|--|-------------|
| Date | Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) | Amount (\$) |
|------|--|-------------|

| | | |
|------|--|-------------|
| Date | Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) | Amount (\$) |
|------|--|-------------|

| | | |
|------|--|-------------|
| Date | Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) | Amount (\$) |
|------|--|-------------|

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

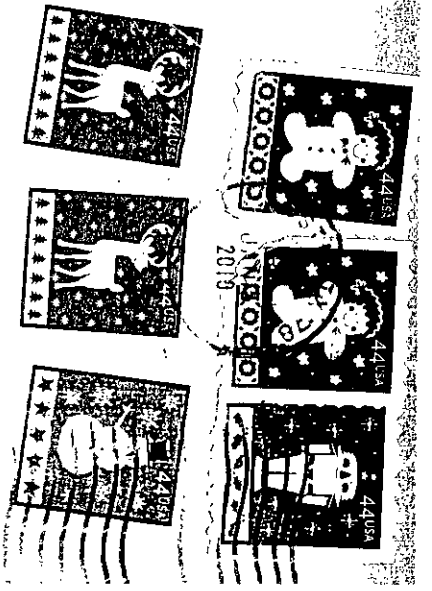
**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
FOR TRAVEL OUTSIDE OF TEXAS**

SCHEDULE T

| | | |
|---|--|---------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule T: |
| 2 FILER NAME <i>Samuel T. Biscuit</i> | | 3 ACCOUNT # (Ethics Commission files) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| 5 Contribution / Expenditure reported on: <i>NOAE</i> | | |
| <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| 6 Dates of travel | 7 Name of person(s) traveling | |
| | 8 Departure city or name of departure location | |
| | 9 Destination city or name of destination location | |
| 10 Means of transportation | 11 Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: | | |
| <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
| | Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: | | |
| <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
| | Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

James L. P. 215600
PO Box 1748
Austin, TX 78767



County Clerk
Elections Div.
PO Box 149325
Austin, TX. 78714-9325

STATE OF TEXAS
COUNTY CLERK
JAMES L. P.

10:11:27 AM

RECORDED