

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers) 7467	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Samuel T. NICKNAME LAST SUFFIX Biscoe	OFFICE USE ONLY Date Received FILED FOR RECORD Date Hand-delivered or Date Postmarked OCT 26 4 37	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6411 Bridgewater Dr. Austin, Tx. 78723		Receipt # DANA DEBEAUVOUR Date Processed TRAVIS COUNTY Date Imaged
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 854-9555	6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Daniel R. NICKNAME LAST SUFFIX Smith	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2004 Salado #201 Austin, TX 78705		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 584-0889		
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 type="checkbox"/> July 15 <input checked="" 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 10 / 1 / 10 10 / 25 / 10		
11 ELECTION	ELECTION DATE Month Day Year 11 / 2 / 10	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Travis County Judge	13 OFFICE SOUGHT (if known) Travis County Judge	
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 none 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

COMMITTEE NAME

GENERAL

None

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

\$ —

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

\$ 29,978

EXPENDITURE TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 6450

CONTRIBUTION BALANCE

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

\$ 58,000

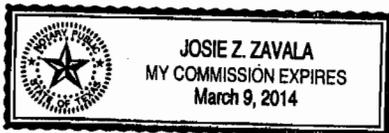
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ —

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 25th day of October, 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

Josie Z. Zavala

Notary Public

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1 of 20	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/18/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rashmika & Signesh Patel	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10313 Bloom Flower Dr. Austin, Tx. 78739-1448		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/15/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Li Li	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2900 S. Lakeline Blvd. Unit 411 Cedar Park, Tx 78613		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Chang	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13401 Wyoming Valley Dr. Austin, Tx. 78727		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yuh Judy Liang	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1941 Gaston Place Drive Austin, Tx. 78729-2649		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/7/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BMC PAC	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 111 Congress Ave #1400 Austin, Tx. 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) law firm		Employer (See Instructions) Brown McCarroll LLP	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
2 of 20

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/18/10

Harish Kotecha

25

6 Contributor address; City; State; Zip Code

**2701 Glenwood Trail
Cedar Park, Tx. 78613**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/21/10

Cheryl Cole Campaign

250

Contributor address; City; State; Zip Code

**P.O. Box 302945
Austin 78703**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Austin City Council member

Austin Texas

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/17/10

Thong Quoc Uo

80

Contributor address; City; State; Zip Code

**18006 Crystal Cove
Jonestown, Tx. 78645**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 of 20	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/18/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millie Chu	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8629 C Toro Creek Cove Austin 78759		(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#: _____) Amrit N. Topiwala	Amount of contribution (\$) 51	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8816 Escobedo Pr. Austin, Tx. 78748		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam + Hema Kumar	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1628 Westlake Pr. Austin, Tx 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samir + Kirti Pesai	Amount of contribution (\$) 101	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11417 Rustic Rock Dr. Austin, 78750		(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#: _____) Maheshchandra M. Naik	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 17013 Poncho Springs Austin 78717		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4 of 20	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/18/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manu + Tarulata Patel	7 Amount of contribution (\$) 150	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8517 Sweetness Ln. Austin Tx 78750-3653		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandra Kant M. Patel	Amount of contribution (\$) 20	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5302 Kite Tail A. Austin 78730-1420		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Umamahesh Ganti	Amount of contribution (\$) 51	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1435 Lamar Ln. Austin 78727		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ankur D. Desai	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 18324 Gantry Dr. Pflugerville Tx. 78660-5200		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uma K. Gupta	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 602 Cloud Court Round Rock, Tx 78681		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5 of 20	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/18/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munsch Harat Kopf & Harri	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 38 Lincoln Plaza 500 N. Akard Street Dallas, Tx. 75201-6659		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/10/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Davis Campaign	Amount of contribution (\$) 125	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 16665 Austin, Tx 78761		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Trouis County	
Date 10/19/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Political Action Committee - Winston	Amount of contribution (\$) 1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5400 Renaissance Tower 1201 Elm Street Dallas, Tx. 75270		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney - real estate development		Employer (See Instructions)	
Date 9/28/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HBA Home PAC	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8140 Exchange Pkwy Austin, Tx. 78754		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) home builders		Employer (See Instructions)	
Date 10/10/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry B. Smith	Amount of contribution (\$) 150	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12409 Cascade Cove Ln Tr. Austin, Texas 78739		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) Texas Engineering Solutions	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
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2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/7/10

Daron K. Butler

6 Contributor address; City; State; Zip Code

**1708 Tracy Miller
~~Austin~~ Cedar Park 78613**

250

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/4/10

LAN-PAC

Contributor address; City; State; Zip Code

**2925 Briarport Dr.
Houston 77042**

250

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/4/10

Chris Solomon

Contributor address; City; State; Zip Code

**4110 Rim Rock Dr.
Lago Vista 78645-6136**

350

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

engineer

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/4/10

John A. Wooley

Contributor address; City; State; Zip Code

**3609 Arrowhead
Austin 78731-4803**

300

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

engineer

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/4/10

CP&Y Inc PAC

Contributor address; City; State; Zip Code

**1830 Regal Row #200
Dallas, Tx. 75235**

250

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

engineer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7 of 20	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/30/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian + Christine Couale 6 Contributor address; City; State; Zip Code 2000 Elton Ln. Austin, TX 78703	7 Amount of contribution (\$) 175 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/6/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freese & Nichols PAC Contributor address; City; State; Zip Code 4055 International Plaza #200 Fort Worth 76109	Amount of contribution (\$) 250 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/5/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Smith Contributor address; City; State; Zip Code P.O. Box 161702 Austin 78716	Amount of contribution (\$) 200 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/5/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James M. Schissler Contributor address; City; State; Zip Code 6556 Needham Ln. Austin 78739	Amount of contribution (\$) 175 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/7/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen A. Friese Contributor address; City; State; Zip Code 6603 Cat Creek Trail Austin 78731-2600	Amount of contribution (\$) 175 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8 of 20	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/29/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Heath 6 Contributor address; City; State; Zip Code 107 Settlers Valley Pflugerville, Tx. 78660	7 Amount of contribution (\$) 175 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Engineer		10 Employer (See Instructions)	
Date 10/4/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorian + Susan French Contributor address; City; State; Zip Code 4104 River Place Blvd. Austin 78730	Amount of contribution (\$) 175 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Brown & Goy	
Date 9/30/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Mynier Contributor address; City; State; Zip Code 15852 Sambuca Cir. Austin 78728-3626	Amount of contribution (\$) 125 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)	
Date 10/1/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael + Donna Midkiff Contributor address; City; State; Zip Code 2105 Green Oaks Circle Round Rock 78665	Amount of contribution (\$) 125 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)	
Date 10/4/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb Fendley PAC Contributor address; City; State; Zip Code 13430 Northwest Freeway #1100 Houston, Tx. 77040	Amount of contribution (\$) 175 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
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2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/7/10

Nieves C. Alfaro III

6 Contributor address; City; State; Zip Code

**10700 Louridge Ct.
Austin 78739**

175

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Engineer

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/7/10

David & Kim Millikan

Contributor address; City; State; Zip Code

**10501 Mosshead Cove
Austin 78730**

175

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Wilbur Smith Associates

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/27/10

William Raba

Contributor address; City; State; Zip Code

**12801 W. Golden Lane
San Antonio 78269-4426**

250

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Raba Kistner Consultants

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/15/10

Arcadis G&M, Inc. Texas PAC

Contributor address; City; State; Zip Code

**2929 Briarpark Drive # 300
Houston 77042**

100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 10 of 20	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/19/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger Anis El-Khoury	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1036 Forrest Bluff Tr. Austin, Tx. 78664		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Facilities Manager		10 Employer (See Instructions) Texas County	
Date 10/21/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leroy W. Nellis	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6418 Zadock Woods A. Austin, Tx. 78749		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Budget director/manager		Employer (See Instructions) Texas County	
Date 10/16/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Penkler	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6112 Highlandale Dr. Austin, Tx. 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Accounting clerk		Employer (See Instructions) Texas County	
Date 10/21/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Harlow	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 209 Colline Mays Run Austin, Tx. 78610		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/29/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Duket	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4410 Twisted Tree Drive Austin, Tx. 78735-6432		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11 of 20	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/11/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hershall Shelley	7 Amount of contribution (\$) 125	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2401 Greenlee Dr. Austin, Tx. 78703-1712		(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)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
12 of 20

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10-2-10
Keith and Jenna Young
6 Contributor address; City; State; Zip Code
*7315 Scenic Ark. Dr.
Austin, Tx. 78736-1736*

\$2,500

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Engineer-Dannenbaum

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10-2-10
D. Ladd Poffilo
Contributor address; City; State; Zip Code
*1700 Jackson Hole Cove
Austin, Tx. 78746*

250

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Financial Advisor - Self

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10-2-10
Half Associates State PAC
Contributor address; City; State; Zip Code
*1201 North Bowser Rd.
Richardson, Tx. 75081*

500

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Engineer/Architects/Planners

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10-2-10
Charlie Betts
Contributor address; City; State; Zip Code
*14741 Arrowhead Pr.
Volente, Tx. 78641*

100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Association

Downtown Austin Alliance

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10-2-10
Parsons Brinckerhoff, Inc. Pac
Contributor address; City; State; Zip Code
*One Penn Plaza
New York, NY. 10119*

250

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Engineers - Transportation

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

13 of 20

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10-21-10

McLeon & Howard, L.L.P

6 Contributor address; City; State; Zip Code

1004 MOPAC Circle
Austin, Tx. 78746

350

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/21/10

Camp Dresser McLee Pac

Contributor address; City; State; Zip Code

3050 Post Oak Blvd.
Ste. 300
Houston, Tx. 77056

100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Consulting-engineering-construction

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/21/10

Dr. Thomas Coopwood

Contributor address; City; State; Zip Code

6717 Valburn Dr.
Austin, Tx. 78731

100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired Physician

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/21/10

Trouis County Sheriffs Assoc.

Contributor address; City; State; Zip Code

Pac
8600 Ranch Rd. 620 #210
Austin, Tx. 78726

2500

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Sheriff - law enforcement officers

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/21/10

Karen Souleiner

Contributor address; City; State; Zip Code

1712 Pasadena Dr.
Austin, Tx. 78757

100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

County employee

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 14 of 20	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/21/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben Turner Jr.	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1706 Graywood Cove Austin, Tx. 78704		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/21/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Roberton Elliott Glen et d Pac	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 221 W. 6th Street #1100 Austin, Tx. 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorneys		Employer (See Instructions)	
Date 10/21/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gay Taylor Erwin	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code No. 3 Jeffrey Cove Austin, Tx. 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Strategic Partnership	
Date 10/21/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armbrust & Brown	Amount of contribution (\$) 1500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 100 Congress Ave. #1300 Austin, Tx. 78701-2744		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) attorneys		Employer (See Instructions)	
Date 10/21/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coats Rose York Rymon & Lee PAC	Amount of contribution (\$) 1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3 E Greenway Plaza #2000 Houston, Tx. 77046		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorneys / Consultants		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
15 of 20

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/21/10

Bruce Todd
Contributor address: City: State: Zip Code
**7629 Rockpoint Drive
Austin, Tx. 78731**

100

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Accountant/consultant

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/21/10

Granger & Mueller PC
Contributor address: City: State: Zip Code
**605 W. 10th St
Austin, Tx. 78701-2042**

100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/21/10

Groves Daugherty Hearon & Moody
Contributor address: City: State: Zip Code
**P.O. Box 98
Austin, Tx. 78767**

500

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/21/10

TXI PAC
Contributor address: City: State: Zip Code
**1341 W. Mockingbird Ln.
Dallas, Tx. 75247-6913**

500

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Construction materials/gravel

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/21/10

Lars and Aisha Hogan
Contributor address: City: State: Zip Code
**5320 Fort Benton Dr.
Austin, Tx. 78735**

200

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>16 of 20</i>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/21/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>C.R. Conway Jr.</i>	7 Amount of contribution (\$) <i>100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>8701 Bluecreek CV Austin, Tx. 78735</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>10/21/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Escomilla</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5703 Spurflower Pt. Austin, Tx. 78759</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Trouis County Attorney</i>		Employer (See Instructions)	
Date <i>10/21/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael & Nora Mueller</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 2412 Wimberly, Tx</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/21/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ken Oden</i>	Amount of contribution (\$) <i>250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1506 Gaston Ave. Austin, Tx. 78703-2419</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>attorney</i>		Employer (See Instructions) <i>Linebarger Scoggins</i>	
Date <i>10/21/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert K. Smith</i>	Amount of contribution (\$) <i>50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1104 Nueces St #202 Austin, Tx 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
17 of 20

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/21/10

Bill Bingham
6 Contributor address; City; State; Zip Code
**612 East 43rd Street
Austin, Tx 78751**

250

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Attorney

McGinnis Lockridge & Kilgore

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/21/10

Daniel H. Byrne
Contributor address; City; State; Zip Code
**36 Sundown Pkwy.
Austin, Tx. 78746**

100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

Fritz Byrne, Reed & Harrison, LLP

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/21/10

Call Phonograph LLC
Contributor address; City; State; Zip Code
**905 E. 7th St.
Austin, Tx. 78702-3216**

1000

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/21/10

Bob & Kay Gregory
Contributor address; City; State; Zip Code
**2939 Westlake Cove
Austin, Tx. 78746**

1000

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Owner Solo Waste Facility

TDS

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/21/10

James R. Johnson
Contributor address; City; State; Zip Code
**711 Churchill Farms Dr.
Austin, Tx. 78626**

100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

retired

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>18 of 20</i>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vera P. Mossaro</i>	7 Amount of contribution (\$) <i>150</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3000 Souoy Place Austin, Tx. 78757</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Consultant</i>		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bertha Means</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7400 Volburn Drive Austin, Tx. 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>retired educator / Owner Cab company</i>		Employer (See Instructions) <i>Austin Cab Comp. Inc.</i>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nothan Howell Smith & Lee</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8310 Capitol of Texas Hwy, N # 490 Austin, Tx. 78731</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#: _____) <i>James Nio's</i>	Amount of contribution (\$) <i>250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1116 Reagan Terrace Austin, Tx. 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Jackson Walker</i>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Billy Peel</i>	Amount of contribution (\$) <i>250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7713 mesa Dr. Austin, Tx.</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Funeral Home Owner/Operator</i>		Employer (See Instructions) <i>Peel Funeral Home</i>	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
19 of 20

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/21/10

Andrew Ramirez
6 Contributor address; City; State; Zip Code
**10301 River Plantation Dr.
Austin, Tx. 78745**

250

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/21/10

Reca- Good Government PAC
Contributor address; City; State; Zip Code
**98 San Jacinto Blvd.
Austin, Tx. 78701**

1000

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

real estate development

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/21/10

Kenneth + Diana Warner
Contributor address; City; State; Zip Code
**6601 Winterberry
Austin, Tx. 78750**

200

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Sales (Ken); Accounting (Diana)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/21/10

Sarah Eckhardt
Contributor address; City; State; Zip Code
**P.O. Box 301586
Austin, Tx. 78703**

100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

attorney / county commissioner

Texas County

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/21/10

Rick Freeman
Contributor address; City; State; Zip Code
**811 Barton Springs Rd #740
Austin 78704-1163**

100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

attorney

self

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
20 of 20

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

Sandy Gottesman
6 Contributor address; City; State; Zip Code

1000

**P.O. Box 709
Coppell, Tx. 75019**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Real estate developer

Live Oak Gottesman

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Mike Heiligenstein
Contributor address; City; State; Zip Code

100

**2424 Falcon Pt.
Round Rock, Tx. 78681**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Director - CTRMA - Transportation

Central Texas Regional Mobility A.

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Neel White
Contributor address; City; State; Zip Code

1000

**4280 River Garden Trl.
Austin, Tx. 78746-2011**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

John & Sally Nyfeler
Contributor address; City; State; Zip Code

100

**3215 Hopton Rd.
Austin, Tx. 78705**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Tommy Warm
Contributor address; City; State; Zip Code

300

**P.O. Box 9269
The Woodlands, Tx. 77387-**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: **1**

2 FILER NAME

Samuel T. Bisio

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

NONE

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 out-of-state PAC (ID#: _____)

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind 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 SCHEDULE 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: 1
2 FILER NAME Samuel T. Biscoe		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan	7 Name of lender NONE <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 (See Instructions)		20 Employer (See Instructions)
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 (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>1 of 2</i>	2 FILER NAME <i>Samuel T. Biscue</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>10-8-10</i>	5 Payee name <i>Sam Biscue</i>	
6 Amount (\$) <i>200</i>	7 Payee address; City; State; Zip Code <i>6411 Bridge wotr Pl Austin 78723</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>reimbursement</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10-13-10</i>	Payee name <i>Arriba Newspaper</i>	
Amount (\$) <i>100</i>	Payee address; City; State; Zip Code <i>6003 Felix Ave. Austin Tx. 78741</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Political Ad</i>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10-14-10</i>	Payee name <i>Bill White Campaign</i>	
Amount (\$) <i>250</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Political contribution</i>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10-15-10</i>	Payee name <i>Texas County Democratic Party</i>	
Amount (\$) <i>2000</i>	Payee address; City; State; Zip Code <i>1311 E. 6th Austin, Tx. 78702</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>GOTV</i>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 2	2 FILER NAME Susan Harry	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-21-10	5 Payee name Susan Harry Consultants
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6 Amount (\$) 2800	7 Payee address; City; State; Zip Code P.O. Box 301074 Austin, Tx. 78703
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) fund raising	(b) Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-21-10	Payee name Double Tree - Guest Quarters
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Amount (\$) 1100	Payee address; City; State; Zip Code 303 W. 15th Austin 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising/food/beverages	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>1</i>	2 FILER NAME <i>Samuel T. Biscoe</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name <i>NONE</i>
---------------	------------------------------------

6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: <i>1</i>	2 FILER NAME <i>Samuel T. Bisiove</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Business name <i>NONE</i>
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6 Amount (\$)	7 Business address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <i>1</i>	2 FILER NAME <i>NONE</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 *Samuel T. Biscue* 3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee
NONE

5 Contribution / Expenditure reported on:

Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C 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:

Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C 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)
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Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C 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)
-------------------------	---

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