

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7645

FORM C/OH  
COVER SHEET PG 1

|  |   |   |   |
|--|---|---|---|
| The C/OH Instruction Guide explains how to complete this form.   |   | 1 ACCOUNT #<br>(Ethics Commission filers) | 2 Total pages filed<br><b>14</b>  |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR <input checked="" type="checkbox"/> MR  | FIRST<br><b>Samuel</b>                    | MI<br><b>T.</b>   |
|  | NICKNAME  | LAST<br><b>Biscoe</b>                     | SUFFIX  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address                       | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><b>6411 Bridgewater Drive<br/>Austin, Tx. 78723</b>   |   |   |
|  | 5 CANDIDATE / OFFICEHOLDER PHONE<br>AREA CODE: <b>(512)</b> PHONE NUMBER: <b>854-9555</b> EXTENSION:  |   |   |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR <input checked="" type="checkbox"/> MR  | FIRST<br><b>Daniel</b>                    | MI<br><b>R.</b>   |
|  | NICKNAME  | LAST<br><b>Smith</b>                      | SUFFIX  |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or business)  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><b>2004 Salado #201 Austin, Tx. 78705</b>  |   |   |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE: <b>(512)</b>   | PHONE NUMBER: <b>584-0889</b>             | EXTENSION:  |
| 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)<br><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<br><b>1 / 1 / 11    6 / 30 / 11</b>   |   |   |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br><b>n/a / /</b>   |   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special |
|  | 12 OFFICE<br>OFFICE HELD (if any)<br><b>Travis County Judge</b>   |   | 13 OFFICE SOUGHT (if known)<br><b>-</b>   |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS<br><br><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<br><b>none</b>   |   |   |
|  | Address / PO Box; Apt. / Suite #; City; State; Zip Code   |   |   |

OFFICE USE ONLY

Date Received: **2011 JUL 18 AM 11:11**

FILED FOR PROCEED

TRAVIS COUNTY CLERK

DANA DEBENAVOLIN

COUNTY CLERK

TRAVIS COUNTY TEXAS

Date Hand-delivered:    Date Postmarked:

Receipt #    Amount

Date Processed

Date Imaged

GO TO PAGE 2

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

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

15 C/OH NAME Samuel T. Biscoe 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

This box is for notice of political 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<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | COMMITTEE NAME                       | <u>NONE</u> |
|  | COMMITTEE ADDRESS                    |             |
|  | COMMITTEE CAMPAIGN TREASURER NAME    |             |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS |             |

|                         |   |              |
|-------------------------|---|--------------|
| 18 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0         |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 0         |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$ —         |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 3,079.21  |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 54,631.11 |
| 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 15<sup>th</sup> day of July, 20 11, to certify which, witness my hand and seal of office.

Melissa R. Velasquez  
Signature of officer administering oath

Melissa R. Velasquez  
Printed name of officer administering oath

Notary Public  
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:<br><b>3 of 14</b>       |  |
| 2 FILER NAME<br><b>Samuel T. Bischoe</b>                  |   | 3 ACCOUNT # (Ethics Commission filers)            |  |
| 4 Date  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>NONE</b>                              | 7 Amount of contribution (\$)                     | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code              |   | (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#: _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                       |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                       |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                       |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                       |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| 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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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

2 FILER NAME  
Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission filers)

|   |                              |                           |
|---|------------------------------|---------------------------|
| 4 Date<br>1-5-11  | 5 Payee name<br>Cheryl Brown | 7 Amount (\$)<br>\$125.00 |
| 6 Payee address; City; State; Zip Code<br>9000 Bancroft Trail<br>Austin, Tx 78729 |                              |                           |

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

|  |                                 |                     |
|--|---------------------------------|---------------------|
| Date<br>1-14-11  | Payee name<br>Alpha Kappa Alpha | Amount (\$)<br>\$50 |
| Payee address; City; State; Zip Code<br>P.O. Box 80055<br>Austin, Tx. 78708-0055 |                                 |                     |

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

|   |  |                       |
|---|--|-----------------------|
| Date<br>1-24-11   | Payee name<br>Travis County Democratic Party | Amount (\$)<br>\$1000 |
| Payee address; City; State; Zip Code<br>P.O. Box 684263<br>Austin, Tx. 78768-4263 |  |                       |

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

|  |                                 |                      |
|--|---------------------------------|----------------------|
| Date<br>2-18-11  | Payee name<br>Melissa Velazquez | Amount (\$)<br>45.52 |
| Payee address; City; State; Zip Code<br>8500 Romney<br>Austin, Tx. 78748 |                                 |                      |

|  |   |
|--|---|
| Purpose of payment (See instructions regarding type of information required.)<br>reimbursement food/beverage for office<br>(If travel outside of Texas, complete Schedule T) | ** Complete if direct expenditure to benefit C/OH **<br>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:  
7 of 14

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

|   |   |                               |
|---|---|-------------------------------|
| 4 Date<br><b>3-6-11</b>   | 5 Payee name<br><b>People Organized in Defense of Earth and Her Resources (PODER)</b> | 7 Amount (\$)<br><b>\$250</b> |
| 6 Payee address; City; State; Zip Code<br><b>P.O. Box 6237<br/>Austin, Tx. 78762-6237</b> |   |                               |

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

|  |                                       |                           |
|--|---------------------------------------|---------------------------|
| Date<br><b>4-22-11</b>   | Payee name<br><b>Arriba Newspaper</b> | Amount (\$)<br><b>100</b> |
| Payee address; City; State; Zip Code<br><b>1009 E. Cesar Chavez<br/>Austin, Tx</b> |                                       |                           |

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

|   |                                     |                           |
|---|-------------------------------------|---------------------------|
| Date<br><b>4-22-11</b>  | Payee name<br><b>La Prensa News</b> | Amount (\$)<br><b>300</b> |
| Payee address; City; State; Zip Code<br><b>1704 E. 5th #103<br/>Austin, Tx. 787</b> |                                     |                           |

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

|  |  |                           |
|--|--|---------------------------|
| Date<br><b>5-12-11</b>   | Payee name<br><b>Combined Charities Campaign</b> | Amount (\$)<br><b>100</b> |
| Payee address; City; State; Zip Code<br><b>P.O. Box 1748<br/>Austin, Tx. 78723</b> |  |                           |

|  |   |
|--|---|
| Purpose of payment (See instructions regarding type of information required.)<br><b>Contribution</b><br><small>(If travel outside of Texas, complete Schedule T)</small> | ** Complete if direct expenditure to benefit C/OH **<br>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:  
8 of 14

2 FILER NAME

Samuel T. Bischoe

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

5-19-11

Sheriff Greg Hamilton

7 Amount (\$)

6 Payee address; City; State; Zip Code

P.O. Box 1748  
Austin, Tx. 78767

100

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

Contribution

(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

6-1-11

Diana's Flower Shop

Payee address; City; State; Zip Code

2614 E. Seventh St.  
Austin, Tx. 78702

Amount (\$)

83.35

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

Memorials expense

(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

4-12-11

Ballet East Dance Company

Payee address; City; State; Zip Code

3111 Garwood St.  
Austin, Tx. 78702

Amount (\$)

250.00

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

Contribution

(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

6-11-11

Alphas Foundation

Payee address; City; State; Zip Code

2111 Chicon St.  
Austin, Tx. 78722

Amount (\$)

100

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

Contribution

(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:  
9 of 14

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6-11-11

Biscoe Special fund

6 Payee address; City; State; Zip Code

P.O. Box 1748  
Austin Tx. 78767

100

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

Contribution Juneteenth Sponsor

(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 (\$)

6-22-11

Austin Steelers Youth Football & cheer

Payee address; City; State; Zip Code

6414 Bridgewater Dr.  
Austin, Tx. 78724

250

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

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

6-24-11

Josie Zavola

Payee address; City; State; Zip Code

1503 Pineknoll  
Austin, Tx. 78758

20.80

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

reimbursement office refreshments

(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 (\$)

6-24-11

Chick-fil-A at Village of Westlake

Payee address; City; State; Zip Code

701 S. Capital of Texas Hwy  
#L400  
Westlake Hills, Tx. 78724

204.54

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

Food/beverage expense

(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 MADE FROM PERSONAL FUNDS

## SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

10 of 14

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

6 Payee address; City; State; Zip Code

NONE

7 Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

(If travel outside of Texas, complete Schedule T)

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:<br><b>11 of 14</b> |
| 2 FILER NAME<br><b>Samuel T. Biscoe</b>  |  | 3 ACCOUNT # (Ethics Commission filers)       |
| 4 Date   | 5 Business name<br><b>None</b>   | 7 Amount (\$)                                |
| 6 Business address; City; State; Zip Code  |  |  |
| 8 Purpose of payment (See instructions regarding type of information required.)<br><br>(If travel outside of Texas, complete Schedule T) | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held |  |
| Date   | Business name  | Amount (\$)                                  |
| Business address; City; State; Zip Code  |  |  |
| Purpose of payment (See instructions regarding type of information required.)<br><br>(If travel outside of Texas, complete Schedule T)   | <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held   |  |
| Date   | Business name  | Amount (\$)                                  |
| Business address; City; State; Zip Code  |  |  |
| Purpose of payment (See instructions regarding type of information required.)<br><br>(If travel outside of Texas, complete Schedule T)   | <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held   |  |
| Date   | Business name  | Amount (\$)                                  |
| Business address; City; State; Zip Code  |  |  |
| Purpose of payment (See instructions regarding type of information required.)<br><br>(If travel outside of Texas, complete Schedule T)   | <b>** Complete if direct expenditure to benefit C/OH **</b><br>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:  
**12 of 14**

2 FILER NAME  
**Samuel T. Biscoe**

3 ACCOUNT # (Ethics Commission filers)

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

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

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

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

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

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**CREDITS (optional)**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
*13 of 14*

2 FILER NAME  
*Samuel T. Biscoe*

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payor name                                       | 8 Amount (\$) |
|--------|--|---------------|
|        | 6 Payor address: <i>N/A</i> City; State; Zip Code  |               |
|        | 7 Reason for credit                                |               |
|        | Payor name<br>Payor address; City; State; Zip Code | Amount (\$)   |
|        | Reason for credit                                  |               |
|        | Payor name<br>Payor address; City; State; Zip Code | Amount (\$)   |
|        | Reason for credit                                  |               |
|        | Payor name<br>Payor address; City; State; Zip Code | Amount (\$)   |
|        | Reason for credit                                  |               |
|        | Payor name<br>Payor address; City; State; Zip Code | Amount (\$)   |
|        | Reason for credit                                  |               |

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**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:<br><b>14 of 14</b> |
| 2 FILER NAME<br><b>Samuel T. Biscoe</b>   |  | 3 ACCOUNT # (Ethics Commission filers)       |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |  |
| 5 Contribution / Expenditure reported on:<br><b>NONE</b>  |  |  |
| <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<br><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<br><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<br><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)    |  |

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