

FORM COR-C/OH

**CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

7666

1 ACCOUNT #	2 Total pages filed:	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Samuel MI: T.	Date Received 2011 NOV 15 PM 5:00 FILED FOR RECORD Travis County, Texas Date Hand-delivered or Postmarked Receipt Amount Date Processed Date Imaged
	NICKNAME: _____ LAST: Biscoe SUFFIX: _____	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____	Date Hand-delivered or Postmarked Receipt Amount Date Processed Date Imaged
	<input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year 7 / 1 / 2008 THROUGH 12 / 31 / 2008	Date Hand-delivered or Postmarked Receipt Amount Date Processed Date Imaged

6 EXPLANATION OF CORRECTION

2. 0

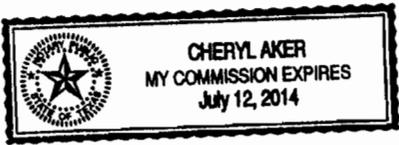
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after **September 1, 2011**. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Samuel T. Biscoe

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Samuel T. Biscoe, this the 15 day of November, 2011, to certify which, witness my hand and seal of office.

Cheryl Aker

Signature of officer administering oath

Cheryl Aker
Printed name of officer administering oath

Notary

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

FORM COR-C/OH

**CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received		
	Mr.	Samuel	T.			
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked		
		Biscoe		Receipt #		
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Processed		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Date imaged		
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)				
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report				
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	7	1	2008	12	31	2008

6 EXPLANATION OF CORRECTION

3. 0

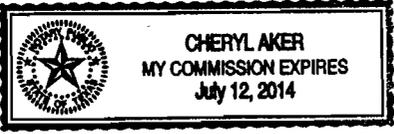
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



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 day of November, 2011, to certify which, witness my hand and seal of office.

Cheryl Aker

Signature of officer administering oath

Cheryl Aker

Printed name of officer administering oath

notary

Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

FORM COR-C/OH

**CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

1 ACCOUNT #	2 Total pages filed:	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	Date Received
	NICKNAME LAST SUFFIX	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	Date Hand-delivered or Postmarked
	5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year 7 / 1 / 2008 THROUGH 12 / 31 / 2008

6 EXPLANATION OF CORRECTION

4. see bank statement attached

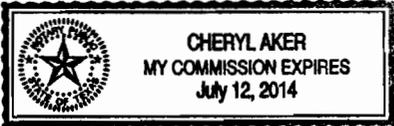
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after **September 1, 2011**. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Samuel T. Biscoe
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Samuel T. Biscoe, this the 15 day of November, 2011, to certify which, witness my hand and seal of office.

Cheryl Aker
Signature of officer administering oath

Cheryl Aker
Printed name of officer administering oath

notary
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

Jan. 15, 2009
#4

DATE: October 17, 2011

TO: SAM BISCOE
ELECTION COMMITTEE
6411 BRIDGEWATER DR
AUSTIN, TX 78723-3907

FROM: PHOTOCOPY RETRIEVAL - MC 7551

SUBJECT: REQUEST NUMBER:
CASE NUMBER: 886-13OCT11
ACCOUNT NUMBER: 1880338544

Your completed photocopy request is attached.

- ITEM(S)
- X STATEMENT(S)
- STATEMENT(S) WITH ITEM(S)

If you have any questions in regard to this request, please contact your original Comerica representative or customer service call center. Please be sure to include the case number or request number in all references to this request.

COMPLETED BY: Operator CSB

QUALITY REVIEWED BY: Operator CSB

80773



SAM BISCOE
ELECTION COMMITTEE
6411 BRIDGEWATER DR
AUSTIN TX 78723-3907



**Basic Business Checking
statement**

January 1, 2009 to January 31, 2009
Account number 1880338544
Previous account number 7731000175
Previous account number 10330

Number of items enclosed: 0

Account summary

Beginning balance on January 1, 2009	\$10,654.57
Less withdrawals	
Checks	-\$226.83
ATM/Debit Card withdrawals	-\$34.38
Fees and service charges	-\$5.49
Ending balance on January 31, 2009	\$10,387.87

To contact us

Call
(512) 427-7100
Hearing impaired (TDD 214 589-4155)

Visit our web site
www.comerica.com

Write to us
COMERICA BANK
P.O. BOX 650282
DALLAS, TX 75265-0282

Important information

Successful organizations continually examine ways to operate efficiently, including accounting and reporting of trust assets. To learn about how our institutional trust and custody services can benefit you, ask your Comerica relationship manager for an introduction to a Comerica Institutional Trust specialist.

Thank you

Thank you for being a Comerica customer. We value the trust and confidence that you continue to place in us.



Basic Business Checking account details: 1880338544

Checks paid this statement period

- * This symbol indicates a break in check number sequence
- # This symbol indicates an original item not enclosed
- This symbol indicates a break in check number sequence and an original item not enclosed

Check number	Amount (\$)	Date paid	Bank reference number	Check number	Amount (\$)	Date paid	Bank reference number
* 2583	-100.00	Jan 05	0976205449	• 2587	-26.83	Jan 12	0970330509
# 2584	-100.00	Jan 12	0970322193				

Total checks paid this statement period: **-\$226.83**
Total number of checks paid this statement period: **3**

ATM/Debit Card transactions this statement period

Date	Amount (\$)	Activity	Bank reference number
Jan 26	-34.38	VISA Texas Land & Cattle#710 Austin TX	9488899213

Total ATM/Debit Card Withdrawals: **-\$34.38**
Total number of ATM/Debit Card Withdrawals: **1**

Fees and service charges this statement period

Date	Amount (\$)	Activity	Bank reference number
Jan 14	-5.49	Service Charge	0000033213

Total Fees and Service Charges: **-\$5.49**
Total number of Fees and Service Charges: **1**

\$ Lowest daily balance

Your lowest daily balance this statement period was **\$10,387.87**
on **January 26, 2009**.

FORM COR-C/OH

**CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received			
	NICKNAME	LAST	SUFFIX				
	Mr.	Samuel	T.	Date Hand-delivered or Postmarked			
		Biscoe					
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)			Receipt #	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit					
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed			
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report				Date Imaged	
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	7	1	2008	12	31	2008	

6 EXPLANATION OF CORRECTION

6. Tameka Mays, 205 McCarther Lane, Leander Texas 78641
(Sponsorship ATX Boys Basketball)

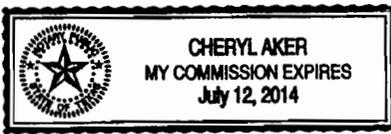
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



CHERYL AKER
MY COMMISSION EXPIRES
July 12, 2014

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 day of November, 2011, to certify which, witness my hand and seal of office.

Cheryl Aker

Signature of officer administering oath

Cheryl Aker

Printed name of officer administering oath

notary

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

FORM COR-C/OH

**CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received		
	NICKNAME	LAST	SUFFIX			
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Postmarked		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit				
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Receipt #	Amount	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Processed		
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	7	1	2008	12	31	2008
6 EXPLANATION OF CORRECTION						

6. Cheryl Brown - \$58.97
HEB, 1000 E. 41st Street, Austin, Tx. 78751
(Office lunch for student intern)

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after **September 1, 2011**. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

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 day of November, 2011, to certify which, witness my hand and seal of office.

Cheryl Aker
Signature of officer administering oath

Cheryl Aker
Printed name of officer administering oath

notary
Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

FORM COR-C/OH

**CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received		
	Mr.	Samuel	T.			
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked		
		Biscoe		Receipt #		
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Processed		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Date Imaged		
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)				
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report				
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	7	1	2008	12	31	2008

6 EXPLANATION OF CORRECTION

6. Mark Carter
(College education grant)
19141 Leigh Lane
Pflugerville, Tx. 78660

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

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 day of November, 2011, to certify which, witness my hand and seal of office.

Melissa R. Velazquez Melissa R. Velazquez Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

FORM COR-C/OH

**CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX		
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Postmarked	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Receipt #	Amount
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Processed	
	5 ORIGINAL PERIOD COVERED			Date Imaged	
Month	Day	Year	Month	Day	Year
7	1	2008	12	31	2008

6 EXPLANATION OF CORRECTION

6. 10-29-08 - Josie Zavala - purchases between July 2008 and October 2008, totaled \$52.11:
 HEB, 9414 North Lamar Blvd, Austin, Texas 78753
 7-22-08
 HEB - \$17.46, 5808 Burnet Rd., Austin, Tx. 78756

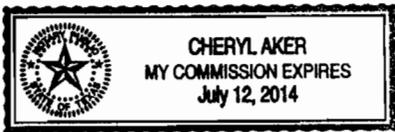
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



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 day of November

20 11, to certify which, witness my hand and seal of office.

Cheryl Aker Cheryl Aker notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

FORM COR-C/OH

**CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received		
	NICKNAME	LAST	SUFFIX			
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Postmarked		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit				
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Receipt #	Amount	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Processed		
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	7	1	2008	12	31	2008
THROUGH						
Date Imaged						

6 EXPLANATION OF CORRECTION

6. 10-09-08 - CVS Pharmacy, 500 Congress Ave., Austin, Tx. 78704

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

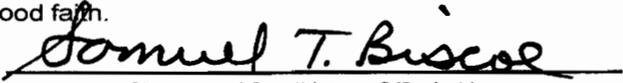
Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report **due on or after September 1, 2011**. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

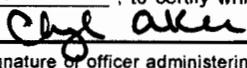
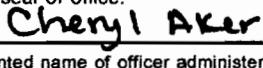
Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE


 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Samuel T. Biscoe, this the 15 day of November, 2011, 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

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #	2 Total pages filed:	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	Date Received
	Mr. Samuel T.	
NICKNAME LAST SUFFIX		
	Biscoe	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify)	Date Hand-delivered or Postmarked
	<input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit	Receipt # Amount
	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after Treasurer appointment (officeholder only)	Date Processed
	<input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	Date Imaged
	5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year
	7 / 1 / 2008 THROUGH 12 / 31 / 2008	

6 EXPLANATION OF CORRECTION

7. Samuel T. Biscoe - Reimbursement of hardship grant to Lee Newsome, a long time constituent, who lost his job and was homeless. Money was used to purchase food and gasoline to relocate to Louisiana. At that time Lee was homeless.

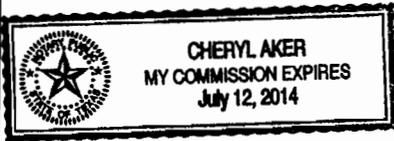
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



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 day of November.

20 11 to certify which, witness my hand and seal of office.
Cheryl Aker Cheryl Aker notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

FORM COR-C/OH

**CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

1 ACCOUNT #	2 Total pages filed:	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	Date Received
	NICKNAME LAST SUFFIX	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify)	Date Hand-delivered or Postmarked
	<input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit	
	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year	Receipt # Amount
	7 / 1 / 2008 THROUGH 12 / 31 / 2008	Date Processed
Date Imaged		

6 EXPLANATION OF CORRECTION

**8. Date Flint Rock Golf Course
June 26, 2009**

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report **due on or after September 1, 2011**. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



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 day of November, 2011, to certify which, witness my hand and seal of office.

Cheryl Aker Cheryl Aker notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

