

FORM COR-C/OH

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

7668

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received 2011 NOV 15 PM 5:02 FILED FOR RECORD Travis County, Texas Del. of Public Affairs County Clerk			
	NICKNAME	LAST	SUFFIX				
		Mr.	Samuel	T.			
			Biscoe				
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				
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year
		7	1	2009	12	31	2009
		THROUGH					

6 EXPLANATION OF CORRECTION

2. \$24,160 Total Political Contributions

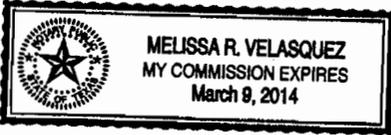
7 AFFIDAVIT

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. Velasquez

Signature of officer administering oath

Melissa R. Velasquez

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 # Amount
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 / 2009 THROUGH 12 / 31 / 2009	

6 EXPLANATION OF CORRECTION

3. \$10,216.55 - Total Political Expenditures

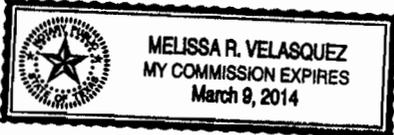
7 AFFIDAVIT

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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.

Melissa R. Velasquez

Signature of officer administering oath

Melissa R. Velasquez

Printed name of officer administering oath

notary

Title of officer administering oath

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FORM COR-C/OH

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

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY	
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	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked	
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		Amount	
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	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Imaged	
5 ORIGINAL PERIOD COVERED		Month Day Year	THROUGH	Month Day Year	
		7 / 1 / 2009		12 / 31 / 2009	

6 EXPLANATION OF CORRECTION
3. 0

7 AFFIDAVIT

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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.

Melissa R. Velasquez
Signature of officer administering oath

Melissa R. Velasquez
Printed name of officer administering oath

Notary
Title of officer administering oath

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FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

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	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit _____						
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5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year	
		7	1	2009	THROUGH	12	31	2009
		Receipt #		Amount				
		Date Processed						
		Date Imaged						

6 EXPLANATION OF CORRECTION

4. see attached bank statement

7 AFFIDAVIT

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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

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
Title of officer administering oath

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



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: 889-13OCT11
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 }

TRAC

80773

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

Account summary

Beginning balance on January 1, 2010	\$26,109.44
Plus deposits	
Paper deposits	\$5,350.00
.....	
Less withdrawals	
Checks	-\$325.00
Fees and service charges	-\$5.00
.....	
Ending balance on January 31, 2010	\$31,129.44

Basic Business Checking statement

January 1, 2010 to January 31, 2010
Account number 1880338544
Previous account number 7731000175
Previous account number 10330

Number of items enclosed: 0

To contact us

Call
(512) 427-7100
Hearing impaired (TDD 800 822-6546)

Visit our web site
www.comerica.com

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

Important information

Effective March 24, 2010, your Immediate Deposit Availability will be decreased to a maximum of \$100 when making deposits through the ATM. If you have any questions, please call us at the phone number listed on your statement or visit your local Comerica banking center.

The FDIC Charge for this statement period for this account is \$0.00/\$1,000.

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 statement
January 1, 2010 to January 31, 2010



Basic Business Checking account details: 1880338544

Paper deposits this statement period

Date	Amount(\$)	Reference numbers		Date	Amount(\$)	Reference numbers	
		Customer	Bank			Customer	Bank
Jan 22	5,350.00		0430001085				

Total Paper Deposits: \$5,350.00
Total number of Paper Deposits: 1

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
# 2644	-325.00	Jan 14	0976756516				

Total checks paid this statement period: -\$325.00
Total number of checks paid this statement period: 1

Fees and service charges this statement period

Date	Amount (\$)	Activity	Bank reference number
Jan 14	-5.00	Service Charge	0006323621

Total Fees and Service Charges: -\$5.00
Total number of Fees and Service Charges: 1

Lowest daily balance

Your lowest daily balance this statement period was \$25,779.44 on January 14, 2010.

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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Samuel	MI T.	Date Received		
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THROUGH						
Receipt # Amount						
Date Processed						
Date Imaged						

6 EXPLANATION OF CORRECTION

5. see attached pages 1 through 14

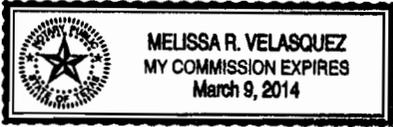
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Signature of officer administering oath

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Printed name of officer administering oath

Notary

Title of officer administering oath

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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: 1 of 14	
2 FILER NAME Samuel T. Biscoe		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-19-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill J. Wigmore 6 Contributor address; City; State; Zip Code 1701 Rock Creek Dr., Austin, Tx. 78681	7 Amount of contribution (\$) 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) Austin Recovery	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pix D. Howell Contributor address; City; State; Zip Code P.O. Box 663, Wimberley, Tx. 78676	Amount of contribution (\$) 150.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Planner		Employer (See Instructions) self	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Todd Contributor address; City; State; Zip Code 7629 Rockpoint Drive, Austin, Tx. 78731	Amount of contribution (\$) 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W. Glenn Opel, Vinson & Elkins LLP Contributor address; City; State; Zip Code 2801 Via Fortuna, Suite 100 Austin, Tx. 78746-7568	Amount of contribution (\$) 1000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Vinson - Elkins	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tommy G. Warren Contributor address; City; State; Zip Code P.O. Box 9269 The Woodlands, Tx. 77387-9269	Amount of contribution (\$) 250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) developer		Employer (See Instructions) self	
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 14	
2 FILER NAME Samuel T. Biscoe		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-19-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leroy Nellis 6 Contributor address; City; State; Zip Code 6418 Zadlock Woods Dr. Austin, Tx. 78749	7 Amount of contribution (\$) 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) accountant		10 Employer (See Instructions) Travis County	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen L. Huber Contributor address; City; State; Zip Code 23020 Pedernales Canyon Trail Spicewood, Tx. 78669	Amount of contribution (\$) 500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) Travis County	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Eckhardt Campaign Contributor address; City; State; Zip Code P.O. Box 301586, Austin, Tx. 78703	Amount of contribution (\$) 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) Travis County	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James B. Skaggs, Trustee Contributor address; City; State; Zip Code 4700 Toreador Drive, Austin, Tx. 78746	Amount of contribution (\$) 300.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Trustee		Employer (See Instructions) retired	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Wichern Contributor address; City; State; Zip Code 1504 Alegria Road, Austin, Tx	Amount of contribution (\$) 500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Auditor		Employer (See Instructions) Travis County	

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: 3 of 14	
2 FILER NAME Samuel T. Biscoe		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-19-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Nias 6 Contributor address; City; State; Zip Code 1116 Reagan Terrace, Austin, Tx 78704	7 Amount of contribution (\$) 500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Jackson Walker	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt or Deborah Mathias Contributor address; City; State; Zip Code 1209 Grosvener Court, Austin, Tx. 78746	Amount of contribution (\$) 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Commerical Real Estate		Employer (See Instructions) self	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred R. Steiner Contributor address; City; State; Zip Code 3132 Eanes Cir. Austin, Tx. 78746-6741	Amount of contribution (\$) 50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Texas	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pete Winstead Winstead PAC Contributor address; City; State; Zip Code 5400 Renaissance Tower 1201 Elm Street, Dallas, Tx. 75270	Amount of contribution (\$) 500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) self-employed	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Nash Contributor address; City; State; Zip Code 8200 Bell Mountain Dr. Austin, Tx. 78730	Amount of contribution (\$) 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) banker		Employer (See Instructions) Treaty Oaks Bank	

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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 14	
2 FILER NAME Samuel T. Biscoe		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-19-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray Bryant	7 Amount of contribution (\$) 60.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 118 Pecanwood N. Kyle, Tx. 78640-5275		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) citizen/council member Kyle		10 Employer (See Instructions)	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cecilia Burke	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6500 Santolina Cove Austin, Tx. 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retiree		Employer (See Instructions)	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tommy Neal Cowan	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 400 Bowie Street, Austin, Tx. 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) architect		Employer (See Instructions)	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M.H. Crockett, Jr.	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 2066 Austin, Tx. 78768-2066		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhett M. Dawson	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1717 W. 6th Ste. 260 Austin, Tx. 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) developer		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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 14	
2 FILER NAME Samuel T. Biscoe		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-19-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dubois Bryant & Campbell LLP 6 Contributor address; City; State; Zip Code 700 Lavaca St., Ste. 1300 Austin, Tx. 78701	7 Amount of contribution (\$) 500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions)	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Dukette Klotz & Assoc. Contributor address; City; State; Zip Code 4410 Twisted Tree Drive Austin, Tx. 78735-6432	Amount of contribution (\$) 500.00 <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 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Elfant Contributor address; City; State; Zip Code 4522 Avenue F, Austin, Tx. 78751	Amount of contribution (\$) 50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Elected Official - Constable		Employer (See Instructions) Trouis County	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gay Erwin Contributor address; City; State; Zip Code No. 3 Jeffrey Cove Austin, Tx. 78746	Amount of contribution (\$) 250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Public Affairs		Employer (See Instructions) Strategic Partnerships	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis Escamilla Contributor address; City; State; Zip Code 5703 Spurflower Drive Austin, Tx. 78759	Amount of contribution (\$) 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Elected Official		Employer (See Instructions) Trouis County	

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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: 6 of 14	
2 FILER NAME Samuel T. Biscoe		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-19-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay Evans	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4002 Gaines Ct. Austin, Tx. 78735		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Construction		10 Employer (See Instructions)	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy Ewing, Sr.	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10900 Parkfield Dr. Austin, Tx. 78758		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retiree		Employer (See Instructions)	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael L. Nichols Freese and Nichols PAC	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10814 Jollyville Rd., Building 4, Suite 100 Austin, Tx. 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Senior V.P. Engineers		Employer (See Instructions) Freese and Nichols	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim George James & Cheryl George	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2501 Stratford Drive Austin, Tx. 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandy Gottesman	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 300 W. 6th, Ste. 1900 Austin, Tx. 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) developer		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: 7 of 14	
2 FILER NAME Samuel T. Biscoe		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-19-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Granger	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2612 Wooldrige Dr. Austin, Tx. 78703		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) attorney/criminal defense		10 Employer (See Instructions) Granger - Mueller	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Granger	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 605 W. 10th St. Austin, Tx. 78701-2042		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Granger - Mueller	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael J. Whellan	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Graves Daugherty 401 Congress Ave., Ste. 2200, Austin, Tx. 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Graves - Daugherty Firm	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rev. Marvin C. Griffin	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2632 Barton Hills Dr., Austin, Tx. 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) pastor		Employer (See Instructions) Ebenezer Church	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jody L. Hagemann	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1808 Barton Parkway, Austin, Tx. 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) attorney		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: 8 of 14	
2 FILER NAME Samuel T. Biscoe		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-19-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael A. Moya	7 Amount of contribution (\$) 750.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4030 West Braker Lane, Ste. 450 Austin, Tx. 78759		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Vice President		10 Employer (See Instructions) Half Assoc. Inc.	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R. Clarke Heidrick	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3702 East Ledge Dr. Austin, Tx. 78731-5851		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie Hurst	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1603 Gouda Cr. Cedar Park, Tx. 78613-1751		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) engineer/designer		Employer (See Instructions) self employed	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robena Jackson & John Whitfield	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5900 Rain Creek Pkwy. Austin, Tx. 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Public Relations Consultant		Employer (See Instructions) self employed	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James R. Johnson	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 711 Churchill Farms Dr. Georgetown, Tx. 78626		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retiree		Employer (See Instructions) retiree	

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: 9 of 14	
2 FILER NAME Samuel T. Biscoe		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-19-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert R. Kamm	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1304 Guadalupe St. Austin, Tx. 78701		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) attorney/Lobbyist		10 Employer (See Instructions)	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dale & Elizabeth Linebarger	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3 Niles Road Austin, Tx. 78703-3137		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>attorney / retired</i>		Employer (See Instructions) retired	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John H. Lipscombe	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6600 Mesa Dr. Austin, Tx. 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Travis	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd Gosselink	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1727 Austin, Tx. 78767		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C. Brian Cassidy	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 100 Congress, Ste. 300 Austin, Tx. 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Locke Lord Bissell & Liddell, Attorneys & Counselors	
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:
10 of 14

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission Filers)

4 Date
11-19-09

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

Thomas Loomis

6 Contributor address; City; State; Zip Code

4004 Sinclair Ave.
Austin, Tx. 78756-3823

7 Amount of
contribution (\$)
500.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Engineer, President

10 Employer (See Instructions)

Loomis Engineering

Date
11-19-09

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

Ms. Bertha Means

Contributor address; City; State; Zip Code

7400 Valburn Dr.
Austin, Tx. 78731

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

business person

Employer (See Instructions)

Austin Cabs

Date
11-19-09

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

Steven Mobley

Contributor address; City; State; Zip Code

2205 Westover Rd.
Austin, Tx. 78703

Amount of
contribution (\$)
1000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Property Owner/Developer

Employer (See Instructions)

self & family

Date
11-19-09

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

Joseph Lynn and Mary Scott Nabers

Contributor address; City; State; Zip Code

Barton Oaks Plaza One, Ste. #100
901 S. Mopac Expressway, Austin, Tx. 78746

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

consultants

Employer (See Instructions)

Strategic Partners

Date
11-19-09

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

Cliff Blount

Contributor address; City; State; Zip Code

8310 Capital of Texas Hwy. North, Ste. 490
Austin, Tx. 78731

Amount of
contribution (\$)
250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Naman, Howell, Smith & Lee

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 14

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11-19-09

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

Sharon P. Ockletree

6 Contributor address; City; State; Zip Code

14700 Latern Dr.
Pflugerville, Tx. 78660-4955

7 Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Business Assistant

10 Employer (See Instructions)

Pattillo & Assoc.

Date

11-19-09

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

Richard & Sharon Ridings

Contributor address; City; State; Zip Code

2301 Windswept Drive
Austin, Tx. 78730-5409

Amount of contribution (\$)

500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

HNTB

Date

11-19-09

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

Robert & Dorothy Rutishauser

Contributor address; City; State; Zip Code

6101 Mountain Villa Cv.
Austin, Tx. 78731

Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Boardmember, President

Employer (See Instructions)

The Austin Project

Date

11-19-09

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

Joseph P. Skidmore

Contributor address; City; State; Zip Code

1120 S. Capital of Texas Highway 1818 Waterston Ave.
The Settings II, Suite 100 No. 1
Austin, Tx. 78746 Austin, Tx. 78703

Amount of contribution (\$)

25.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

K. Friese + Assoc.

Date

11-19-09

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

Hank & Gloria Smith

Contributor address; City; State; Zip Code

12409 Cascade Caverns Tr.
Austin, Tx. 78739

Amount of contribution (\$)

250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

owner

Employer (See Instructions)

Texas Engineering Solutions, LLC

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: 12 of 14	
2 FILER NAME Samuel T. Biscoe		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-19-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen M. Sonleitner	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1712 Pasadena Dr. Austin, Tx. 78739		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Assistant		10 Employer (See Instructions) Travis County	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy C. Taylor Sr.	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1902 Stamford Ln. Austin, Tx. 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. James Hodge, Pres. Sheriff's Officers Assoc. PAC	Amount of contribution (\$) 2000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 400 W. 14th St., Ste. 220 Austin, Tx. 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Sheriff's Officers Assoc.	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben & Lynn Turner	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1706 Graywood Cove Austin, Tx. 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth & Diana Warner	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6601 Winterberry Austin, Tx. 78750		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Auditor		Employer (See Instructions) Travis County	

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: 13 of 14	
2 FILER NAME Samuel T. Biscoe		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-19-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry A. Wilson	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 8128 Hendricks Drive Austin, Tx. 78729	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Enforcement Assoc. PAC	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 400 W. 14th St., Ste. #220 Austin, Tx. 78701	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clare Fleming	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1834 E. Oltorf St. Austin, Tx. 78741	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Ventana Del Sol	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerald Daugherty	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1403 Club Ridge Cv. Austin, Tx. 78735	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) businessman/former Comm.		Employer (See Instructions) self	
Date 11-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harry Savio	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 8140 Exchange Dr. Austin, Tx. 78754-5236	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Home Builders Assoc. of Austin	
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:
14 of 14

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11-19-09

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

Austin Real Estate Council Business M-PAC

6 Contributor address; City; State; Zip Code

98 San Jacinto Blvd.

Austin, Tx. 78701-4284

7 Amount of contribution (\$)

2500.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Commercial real estate development

10 Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 THROUGH Month Day Year	Receipt # Amount
	7 / 1 / 2009 12 / 31 / 2009	Date Processed
Date Imaged		

6 EXPLANATION OF CORRECTION

6. Address

Clare Fleming
Ventana Del Soul, a job training non-profit agency
1834 E. Oltorf St.
Austin, Tx. 78741

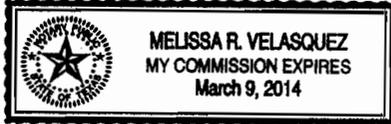
7 AFFIDAVIT

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.

Melissa R. Velasquez

Signature of officer administering oath

Melissa R. Velasquez

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 Mr.	FIRST Samuel		
		NICKNAME	LAST Biscoe	SUFFIX	Date Received
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	Receipt # Amount	
		7 / 1 / 2009 THROUGH	12 / 31 / 2009	Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION

8. Josie Zavala - \$27.00
HEB 1000 E. 41st St. Austin, Tx. 78751
8-17-09

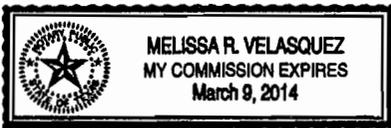
7 AFFIDAVIT

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, 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
 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		Date Hand-delivered or Postmarked	
	<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	2009	12	31	2009

6 EXPLANATION OF CORRECTION

8. Josie Zavala - 19.58
CVS Pharmacy, 1105 N. IH-35, Austin, Tx.
10-01-09

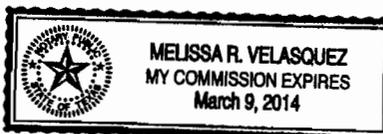
7 AFFIDAVIT

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

Check ONLY if applicable:

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MELISSA R. VELASQUEZ
MY COMMISSION EXPIRES
March 9, 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.

Melissa R. Velasquez
Signature of officer administering oath

Melissa R. Velasquez
Printed name of officer administering oath

Notary
Title of officer administering oath

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6 EXPLANATION OF CORRECTION

8. Bertha Means - contribution to a fundraiser for poor kids in Africa
Austin Cab
1135 Gunter Street
Austin, Tx. 78702

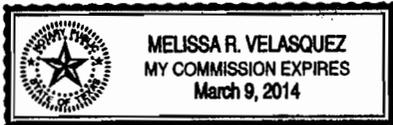
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Signature of officer administering oath

Melissa R. Velasquez
Printed name of officer administering oath

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Title of officer administering oath

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6 EXPLANATION OF CORRECTION

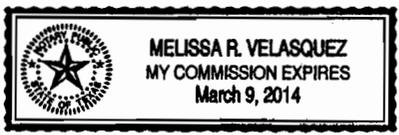
8. Biscoe Special Projects - 12-3-09
 \$50.00 Contributions to retirement celebration of Cecilia Burke, a long time county employee. The special projects is an account of at the Travis County Credit Union, 1101 North IH-35, Austin, Tx. 78702 . The money was co-mingled with contributions by others to purchase food and refreshments.

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 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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6 EXPLANATION OF CORRECTION

8. Josie Zavala -
7-Eleven - \$7.98, 1814 Guadalupe, Austin, Texas 78701
HEB - \$42.58, 1000 E. 41st Street, Austin, Texas 78751

7 AFFIDAVIT

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Melissa R. Velasquez
Printed name of officer administering oath

Notary
Title of officer administering oath

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6 EXPLANATION OF CORRECTION

8. Josie Zavala
\$50.56
12-08-09
1814 Guadalupe
Austin, Tx. 78701

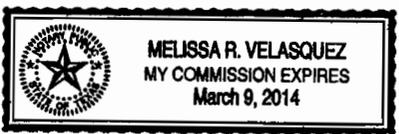
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	NICKNAME LAST SUFFIX	
	Biscoe	
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	7 / 1 / 2009 THROUGH 12 / 31 / 2009	

6 EXPLANATION OF CORRECTION

9. Purpose
\$47.00 Gus Pena - hardship loan

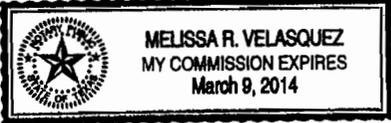
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6 EXPLANATION OF CORRECTION

9. Josie Zavala 7-7-09 \$50
Office Supplies - coffee, sweetener, cream
HEB
1000 E. 41st Street, Austin, Tx. 78751

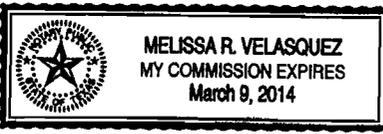
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6 EXPLANATION OF CORRECTION

9. Purpose
\$110.00 Gus Pena - hardship loan

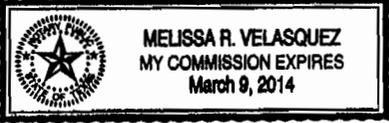
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6 EXPLANATION OF CORRECTION

10. Purpose of political contribution: Bucky Godbold - Contribution to youth sports and recreational activities.
Flint Rock Golf Course
203 Golden Bear Dr., Austin, Tx. 78734

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6 EXPLANATION OF CORRECTION**10. Purpose of political contribution**

Joe Vela - contribution to help defray medical expenses.

Brackenridge Hospital

601 E. 15th St., Austin, Tx. 78701

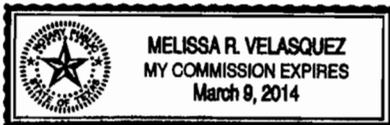
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6 EXPLANATION OF CORRECTION

10. Purpose of political contribution
 Rodney Chambers - emergency loan to county employee and participant in county ex-offender program.
 1600 Royal Crest Dr. #111, Austin, Tx. 78741

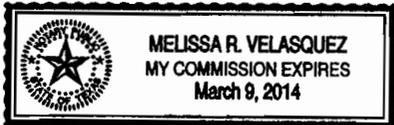
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Samuel T. Biscoe
 Signature of Candidate or Officeholder

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.

Melissa R. Velasquez Melissa R. Velasquez 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	
	Receipt # Amount	
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year	Date Processed
	7 / 1 / 2009 THROUGH 12 / 31 / 2009	Date Imaged

6 EXPLANATION OF CORRECTION

10. Purpose of political contribution

Naomi Bailey - educational grant to son, Michael Bailey, a minor, to cover books and other college expenses.

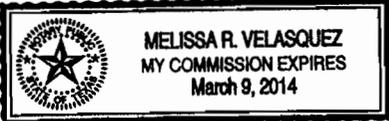
7 AFFIDAVIT

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

Check ONLY if applicable:

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Signature of Candidate or Officeholder

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Melissa R. Velasquez

Signature of officer administering oath

Melissa R. Velasquez

Printed name of officer administering oath

notary

Title of officer administering oath

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	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked		
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		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	2009	12	31	2009

6 EXPLANATION OF CORRECTION

10. Purpose of political contribution
Biscoe Special Projects - Contribution to
American Arts and Technical Resource Center
1309 Rosewood, Austin, Texas 78702

7 AFFIDAVIT

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	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)	
	<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)			
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5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	7	1	2009	12	31	2009
THROUGH						
				Receipt #		Amount
				Date Processed		
				Date Imaged		

6 EXPLANATION OF CORRECTION

10. Purpose of political contribution
 Mark Carter - Education Grant
 19141 Leigh Lane
 Pflugerville, Tx. 78660

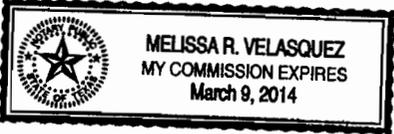
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	NICKNAME	LAST	SUFFIX		
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	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit			
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	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Processed	
	5 ORIGINAL PERIOD COVERED			Date Imaged	
Month	Day	Year	Month	Day	Year
7	1	2009	12	31	2009

6 EXPLANATION OF CORRECTION

11. Name or Address
 Bucky Godbold
 Flint Rock Golf Course
 203 Golden Bear Dr., Austin, Tx. 78734

7 AFFIDAVIT

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

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Signature of Candidate or Officeholder

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Melissa R. Velasquez
Signature of officer administering oath

Melissa R. Velasquez
Printed name of officer administering oath

notary
Title of officer administering oath

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FORM COR-C/OH

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

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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) _____ <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			
				Receipt #	Amount			
				Date Processed				
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year	Date Imaged
		7	1	2009	12	31	2009	

6 EXPLANATION OF CORRECTION

11. Name or Address

Gus Pena - homeless

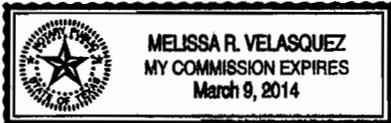
7 AFFIDAVIT

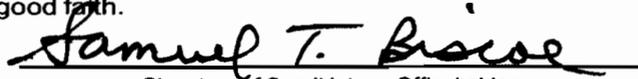
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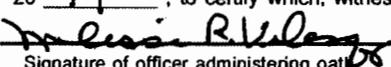
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 Signature of Candidate or Officeholder

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 Melissa R. Velasquez notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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FORM COR-C/OH

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

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3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR Mr. NICKNAME			
		FIRST Samuel LAST Biscoe		MI T. SUFFIX	
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report <input type="checkbox"/> Other (specify) _____	
5 ORIGINAL PERIOD COVERED		Month Day Year 7 / 1 / 2009 THROUGH		Month Day Year 12 / 31 / 2009	
				Date Hand-delivered or Postmarked	
				Receipt # Amount	
				Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION

11. Name or Address
 Rodney Chambers
 1600 Royal Crest Dr. #111
 Austin, Tx. 78741

7 AFFIDAVIT

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

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Samuel T. Biscoe
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Melissa R. Velasquez
 Signature of officer administering oath

Melissa R. Velasquez
 Printed name of officer administering oath

Notary
 Title of officer administering oath

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FORM COR-C/OH

**CORRECTION/AMENDMENT AFFIDAVIT
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Month		Day	Year	Month	
7 / 1 / 2009		THROUGH		12 / 31 / 2009	

6 EXPLANATION OF CORRECTION

11. Name or Address

Gus Pena – Homeless

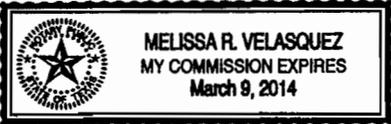
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MELISSA R. VELASQUEZ
MY COMMISSION EXPIRES
March 9, 2014

Samuel T. Biscoe

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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Melissa R. Velasquez

Signature of officer administering oath

Melissa R. Velasquez

Printed name of officer administering oath

Notary

Title of officer administering oath

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5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	7	1	2009	12	31	2009

6 EXPLANATION OF CORRECTION

11. Name or Address
 Epsilon Iota Fraternity/Omega
 P.O. Box, 140044, Austin, Tx. 78714

7 AFFIDAVIT

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Melissa R. Velasquez
 Signature of officer administering oath

Melissa R. Velasquez
 Printed name of officer administering oath

notary
 Title of officer administering oath

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FORM COR-C/OH

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	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked		
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	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Amount		
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5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	7	1	2009	12	31	2009

6 EXPLANATION OF CORRECTION

11. Name or Address
 Josie Zavala
 1503 Pine Knoll Drive
 Austin, Tx. 78758

7 AFFIDAVIT

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CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

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	Mr. Samuel T.	
	NICKNAME LAST SUFFIX	
	Biscoe	
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	7 / 1 / 2009 THROUGH 12 / 31 / 2009	

6 EXPLANATION OF CORRECTION

11. Name or Address

Travis County Democratic Party
1311 E. 6th, Austin, Tx 78702

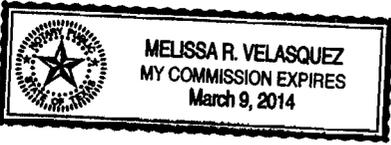
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Signature of Candidate or Officeholder

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Printed name of officer administering oath

Notary

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	5 ORIGINAL PERIOD COVERED			Date Imaged	
Month	Day	Year	Month	Day	Year
7	1	2009	12	31	2009

6 EXPLANATION OF CORRECTION

11. Name or Address
 Neomia Bailey
 3212 Northeast Dr.
 Austin, Tx. 78723

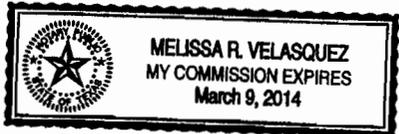
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Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate 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. Velasquez Melissa R. Velasquez 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	Date Hand-delivered or Postmarked	
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		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	THROUGH	Month Day Year	
		7 / 1 / 2009		12 / 31 / 2009	

6 EXPLANATION OF CORRECTION

11. Name or Address
Josie Zavala
CVS Pharmacy, 1105 N. IH-35, Austin, Texas

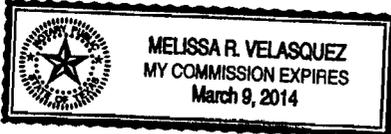
7 AFFIDAVIT

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

Check ONLY if applicable:

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MELISSA R. VELASQUEZ
MY COMMISSION EXPIRES
March 9, 2014

Samuel T. Biscoe
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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Melissa R. Velasquez
Signature of officer administering oath

Melissa R. Velasquez
Printed name of officer administering oath

Notary
Title of officer administering oath

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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 # Amount
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 THROUGH Month Day Year	
	7 / 1 / 2009 12 / 31 / 2009	

6 EXPLANATION OF CORRECTION

12. Dates of expenditures
Bucky Godbold - June 26, 2009

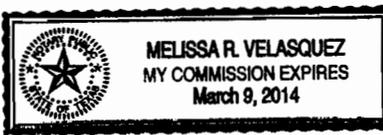
7 AFFIDAVIT

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MELISSA R. VELASQUEZ
MY COMMISSION EXPIRES
March 9, 2014

Samuel T. Biscoe

Signature of Candidate or Officeholder

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Melissa R. Velasquez

Signature of officer administering oath

Melissa R. Velasquez

Printed name of officer administering oath

Notary

Title of officer administering oath

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FORM COR-C/OH CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY		
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	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) _____	
	<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 #	
	<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Final report		Amount	
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	7	1	2009	12	31	2009
THROUGH						
Date Processed						
Date Imaged						

6 EXPLANATION OF CORRECTION

12. Dates of expenditures
Susan Harry \$2,916.33 - November 26, 2009

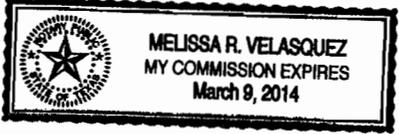
7 AFFIDAVIT

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Melissa R. Velasquez
Printed name of officer administering oath

Notary
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	<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	2009	12	31	2009

6 EXPLANATION OF CORRECTION

12. Dates of expenditures
Susan Harry \$250 - December 15, 2009

7 AFFIDAVIT

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

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