

FORM COR-C/OH

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

7670

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 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 checked="" 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 / 2010		10 / 2 / 2010	

6 EXPLANATION OF CORRECTION

4. see attached bank statement

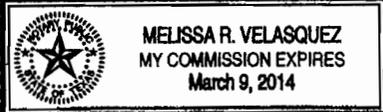
7 AFFIDAVIT

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**

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: 891-13OCT11  
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





**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
# 2670	-200.00	Oct 12	0976380878	# 2675	-100.00	Oct 19	0971218077
# 2671	-6,026.85	Oct 04	0974647763	# 2676	-2,000.00	Oct 20	0971636501
# 2672	-200.00	Oct 08	0976068535	# 2677	-2,794.29	Oct 22	0972184388
• 2674	-250.00	Oct 20	0971688502				

Total checks paid this statement period: **-\$11,571.14**

Total number of checks paid this statement period: **7**

**ATM/Debit Card transactions this statement period**

Date	Amount (\$)	Activity	Bank reference number
Oct 15	-28.11	VISA Threadgills World Headqua Austin TX	0F49058869
Oct 27	-1,192.34	VISA Doubletree Suites Astn Austin TX	0F47031665

Total ATM/Debit Card Withdrawals: **-\$1,220.45**

Total number of ATM/Debit Card Withdrawals: **2**

**Fees and service charges this statement period**

Date	Amount (\$)	Activity	Bank reference number
Oct 14	-5.00	Service Charge	0007590629

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 **\$22,475.90** on **October 27, 2010**.



## Basic Business Checking: 1880338544

**PLEASE EXAMINE THIS STATEMENT PROMPTLY**

**Reporting Errors and Unauthorized Transactions**

**Personal Accounts: Electronic Funds Transfers:** In Case of Errors (including unauthorized electronic transactions) or Questions About Your Electronic Transfers: Call us at the telephone number printed on the first page of this statement or write us at the address printed on the first page of this statement as soon as you can, if you think this statement or your receipt is wrong or if you need more information about a transfer on the statement or receipt. For pre-authorized transfers (e.g., insurance payments, etc.), call us at the telephone number printed on the first page or write us at Comerica Bank – Electronic Services Department, Attn: Research, P.O. Box 75000, Detroit, Michigan 48275-7570. For Comerica ATM Card or Comerica Check Card transactions, call us at the telephone number printed on the first page or write us at Comerica Bank – Electronic Processing, P.O. Box 75000, Detroit, Michigan 48275-7584. We must hear from you no later than 60 days after we sent you the FIRST statement on which the Error or problem appeared.

When reporting the Error: (1) tell us your name and account number (if any); (2) describe the Error (an Error includes an unauthorized electronic funds transfer) or the electronic transfer you are unsure about, and explain as clearly as you can why you believe it is an Error or why you need more information; and (3) tell us the dollar amount of the suspected Error or the transaction you question.

We will investigate your complaint and will correct any Error promptly. If we take more than 10 business days (20 business days for new accounts) to do this, we will credit your account for the amount you think is in Error so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not provide provisional credit to your account.

**Comerica Check Card Transactions:** Notwithstanding the above information, if your account was debited for a transaction resulting from the use of your Comerica Check Card or Check Card number (does not apply to ATM Cards or Visa Check Cards that are not activated), you may have additional rights and protections. See the Comerica Business and Personal Deposit Account Contract for specific information.

**Checks and Other Non-Electronic Funds Transfer Transactions:** If you need a copy of a check or additional information about a transaction, you can call us at the telephone number on the first page of this statement. State law and the terms of the Business and Personal Deposit Contract govern your liability and the Bank's for fraudulent checks and non electronic funds transfer transactions. The best way to limit your possible loss is to report any unauthorized activity involving your account as soon as possible but always within 30 days of when we sent the statement to you or otherwise made the information available to you. See the Comerica Business and Personal Deposit Contract for further details.

**Business Accounts: Electronic Transactions:** If you think this statement shows an Error (an Error includes an unauthorized electronic transaction) or an ATM receipt you received is wrong or if you need more information about an electronic transaction listed on the statement, call or write us as soon as possible at the telephone number or address printed on the first page but always within 30 days of when we first made the information available to you regarding the transaction. For pre-authorized transfers (e.g., insurance payment, etc.), call us at the telephone number printed on the first page or write us at Comerica Bank – Electronic Services Department, Attn: Research, P.O. Box 75000, Detroit, Michigan 48275-7570. For Comerica ATM Card or Comerica Business Check Card transactions, call us at the telephone number printed on the first page or write us at Comerica Bank – Electronic Processing, P.O. Box 75000, Detroit, Michigan 48275-7584. For all claims related to an electronic transaction, we must hear from you no later than 30 days after we first made the information available to you regarding the transaction otherwise you may waive your right to recover for the loss you incurred. Call or write us as soon as possible at the telephone number or address printed on the first page and (1) tell us your name and account number; (2) describe the Error or transaction you are unsure about, and explain as clearly as you can why you believe it is an Error or why you need more information; and (3) tell us the dollar amount of the suspected Error. We reserve the right to require that you complete an affidavit regarding claims of unauthorized transactions. If we timely receive your claim, we will investigate your claim and correct any Errors within the time frame required by law. If the claim is for an unauthorized electronic transaction and we find your claim genuine, we will process your claim in accordance with ACH rules or other applicable electronic clearinghouse rules. To the extent we recover we will refund to you the recovery. If an electronic transaction, including wire transfer was conducted in accordance with the terms of an electronic service you agreed to obtain from us, the terms of that agreement will govern whether the transaction in question is authorized or not.

**Comerica Business Check Card Transactions:** If your account was debited for a transaction resulting from the use of your Comerica Business Check Card or Check Card number (does not apply to ATM Cards or Visa Check Cards that are not activated) or if your claim is related to an electronic debit transaction resulting from the use of your Comerica Check Card or Check Card number, you may have rights and protections in addition to those described above. See the Comerica Business and Personal Deposit Account Contract for specific information.

**Checks and Other Non-Electronic Transactions:** If you need a copy of a check or additional information about a non-electronic transaction, you can call us at the telephone number on the first page of this statement. State law and the terms of the Business and Personal Deposit Contract govern your liability and the Bank's for fraudulent checks and non electronic transactions. The best way to limit your possible loss is to report any unauthorized activity involving your account as soon as possible but always within 30 days of when we sent the statement to you or otherwise made the information available to you. See the Business and Personal Deposit Contract for further details. You should keep this statement for your records.

**Balancing Your Account:** For assistance on how to balance your account, please call us at the phone number listed on your account statement or visit your local Comerica banking center.



FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #, 2 Total pages filed: OFFICE USE ONLY, 3 CANDIDATE / OFFICEHOLDER NAME, 4 ORIGINAL REPORT TYPE, 5 ORIGINAL PERIOD COVERED

6 EXPLANATION OF CORRECTION
6. payee, address, date, amount
7-22-10; \$100 Soleece Watson
2006 W. Loop, Austin, Texas 78758
contribution to youth sports program

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.
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.
Melissa R. Velasquez MY COMMISSION EXPIRES March 9, 2014
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.

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 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 checked="" 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	

6 EXPLANATION OF CORRECTION

6. payee, address, date, amount  
 8-24-10; \$31.35 Cheryl Aker  
 COSTCO Wholesale  
 10401 Research Blvd., Austin, Texas 78759

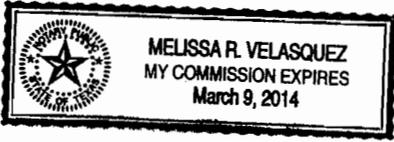
7 AFFIDAVIT

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.

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 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 checked="" 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	2010	10	2	2010
6 EXPLANATION OF CORRECTION						

8. name or address  
 8-24-10 \$31.35 Cheryl Aker  
 COSTCO Wholesale  
 10401 Research Blvd., Austin, Texas 78759

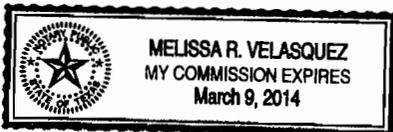
7 AFFIDAVIT

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.

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**