

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

7678

|                                 |   |   |  |                                   |  |
|---------------------------------|---|---|--|-----------------------------------|--|
| 1 ACCOUNT #                     |   | 2 Total pages filed: <b>41</b>  |  | OFFICE USE ONLY                   |  |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR                                     | FIRST   | MI                                       | Date Received                     |  |
|                                 | NICKNAME  | LAST  | SUFFIX                                   | TRAVIS COUNTY                     |  |
| 4 ORIGINAL REPORT TYPE          | <input checked="" type="checkbox"/> January 15    | <input type="checkbox"/> Runoff   | <input type="checkbox"/> Other (specify) | 11 DEC - 9 P 5:00                 |  |
|                                 | <input type="checkbox"/> July 15                  | <input type="checkbox"/> Exceeded \$500 limit                                     |  | FILED FOR REPORT                  |  |
|                                 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) |  | Date Hand-delivered or Postmarked |  |
|                                 | <input type="checkbox"/> 8th day before election  | <input type="checkbox"/> Final report   |  | Receipt # Amount                  |  |
|                                 | 5 ORIGINAL PERIOD COVERED                         |   |  | Date Processed                    |  |
| Month Day Year                  |   |   | Date Imaged                              |                                   |  |
| 7 / 1 / 09 THROUGH 12 / 31 / 09 |   |   |  |                                   |  |

6 EXPLANATION OF CORRECTION

1. Cover Sheet, page 2. changed \$200 to 0 in (B-1), Total contributions of \$50 or less.

2. Cover Sheet, page 2, changed \$150 Political expenditures under \$50 to 0.

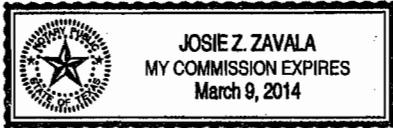
7 AFFIDAVIT

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

Check ONLY if applicable:

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

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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 8th day of December.

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

Josie Z. Zavala Signature of officer administering oath  
Josie Z. Zavala Printed name of officer administering oath  
Notary Public 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: <b>47</b>  |  | 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 checked="" type="checkbox"/> July 15       | <input type="checkbox"/> Exceeded \$500 limit                                     |  |                                   |        |
|                                 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) |  | Date Hand-delivered or Postmarked |        |
|                                 | <input type="checkbox"/> 8th day before election  | <input type="checkbox"/> Final report   | Receipt #                                |                                   | Amount |
|                                 | 5 ORIGINAL PERIOD COVERED                         |   |  | Date Processed                    |        |
| Month Day Year                  |   |   | Month Day Year                           |                                   |        |
| 7 / 1 / 09 THROUGH              |   |   | 12 / 31 / 09                             |                                   |        |
| Date Imaged                     |   |   |  |                                   |        |

6 EXPLANATION OF CORRECTION

3. Cover sheet. changed 25,000 maintained to \$26,109.44

4. Changed Schedule F to show required information for Bucky Godbold, Flint Rock Golf course at 203 Golden Bear Drive Austin, Tx. 78734 for youth recreation + sports on June 26, '09.

7 AFFIDAVIT

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Samuel T. Biscoe  
Signature of Candidate or Officeholder

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Sworn to and subscribed before me, by the said Samuel T. Biscoe, this the 8th day of December, 20 11, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Josie Z. Zavala Printed name of officer administering oath: Josie Z. Zavala Title of officer administering oath: Notary Public

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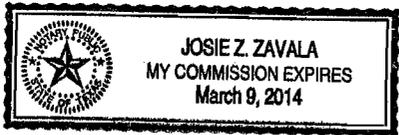
FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT # 2 Total pages filed: 41 OFFICE USE ONLY 3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR Mr. Samuel T. Biscoe FIRST LAST MI SUFFIX 4 ORIGINAL REPORT TYPE [X] January 15 [ ] Runoff [ ] Other (specify) [ ] July 15 [ ] Exceeded \$500 limit [ ] 30th day before election [ ] 15th day after treasurer appointment (officeholder only) [ ] 8th day before election [ ] Final report 5 ORIGINAL PERIOD COVERED Month Day Year 7 / 1 / 09 THROUGH 12 / 31 / 09 Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged

6 EXPLANATION OF CORRECTION 5. Amend Schedule F, 7-1-09, to show bus Pena as a homeless person without an address. The purpose of the contribution was for food and shelter. 6. Amend Schedule F, 7-7-09, to show he was at Brackmanridge Hospital, 601 E. 15th St. Austin 78701. \$100 to cover medical supplies

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. Signature of Candidate or Officeholder Samuel T. Biscoe



AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Samuel T. Biscoe, this the 8th day of December 20 11, to certify which, witness my hand and seal of office.

Signature of officer administering oath Josie Z. Zavala Printed name of officer administering oath Josie Z. Zavala Title of officer administering oath Notary Public

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FORM COR-C/OH

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

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|---------------------------------|---|---|--|-----------------------------------|-------------|
| 1 ACCOUNT #                     |   | 2 Total pages filed: <b>41</b>  |  | OFFICE USE ONLY                   |             |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR<br><b>Mr.</b>                       | FIRST<br><b>Samuel</b>  | MI<br><b>T.</b>                          | Date Received                     |             |
|                                 | NICKNAME  | LAST<br><b>Biscoe</b>   | SUFFIX                                   |                                   |             |
| 4 ORIGINAL REPORT TYPE          | <input checked="" type="checkbox"/> January 15    | <input type="checkbox"/> Runoff   | <input type="checkbox"/> Other (specify) | Date Hand-delivered or Postmarked |             |
|                                 | <input type="checkbox"/> July 15                  | <input type="checkbox"/> Exceeded \$500 limit                                     |  |                                   |             |
|                                 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) |  | Receipt #                         | Amount      |
|                                 | <input type="checkbox"/> 8th day before election  | <input type="checkbox"/> Final report   |  | Date Processed                    | Date Imaged |
| 5 ORIGINAL PERIOD COVERED       | Month Day Year<br><b>7 / 1 / 09</b>               | THROUGH   | Month Day Year<br><b>12 / 31 / 09</b>    |                                   |             |

6 EXPLANATION OF CORRECTION

7. Amended Schedule F on 8-15-09 to provide address for Episcolon Iota Fraternity/Omega at P.O. Box 140044, Austin, TX 78714

8. Change Schedule F to provide address for Rodney Chambers, #250 hardship loan on 7-10-09-1600 Royal Crest A. #111 Austin 78741

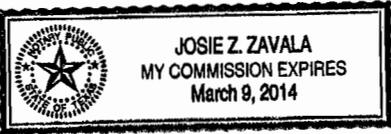
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JOSIE Z. ZAVALA  
MY COMMISSION EXPIRES  
March 9, 2014

*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 8th day of December, 20 11, to certify which, witness my hand and seal of office.

*Josie Z. Zavala* Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

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|                                   | NICKNAME  | LAST  | SUFFIX                                   |                 |           |           |
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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) |  |                 |           |           |
|                                   | <input type="checkbox"/> 8th day before election  | <input type="checkbox"/> Final report   |  |                 |           |           |
| 5 ORIGINAL PERIOD COVERED         | Month   | Day   | Year                                     | Month           | Day       | Year      |
|                                   | <u>7</u>  | <u>1</u>  | <u>09</u>                                | THROUGH         | <u>12</u> | <u>31</u> |
| Date Hand-delivered or Postmarked |   | Receipt #   |  | Amount          |           |           |
| Date Processed                    |   | Date Imaged   |  |                 |           |           |

6 EXPLANATION OF CORRECTION

9. Amended Schedule F, 7-13-09 to show Gus Pene as being a homeless person and the purpose of the payment of \$110 to be for temporary shelter and food.

10. Amended Schedule F, 8-17-09 to show payee as HEB 1000 E. 41st St, Austin, Tx: 78751 instead of Jose Zavala.

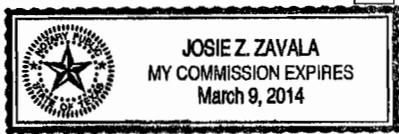
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Signature of Candidate or Officeholder

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Signature of officer administering oath: Josie Z. Zavala Printed name of officer administering oath: Josie Z. Zavala Title of officer administering oath: Notary Public

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|                                 | <input type="checkbox"/> July 15                  | <input type="checkbox"/> Exceeded \$500 limit                                     |  | Amount                            |  |
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| Month Day Year Month Day Year   |   |   |  |                                   |  |
| 7 / 1 / 09 THROUGH 12 / 31 / 09 |   |   |  |                                   |  |

6 EXPLANATION OF CORRECTION

11. Amended Schedule F, 8-21-09, to provide an address for the Travis County Democratic Party - 1311 E. 6th Street, Austin, Tx. 78702.

12. Amended schedule F, 9-1-09 to provide an address for Naomi Bailey - 3212 Northeast Dr. Austin Tx 78723.

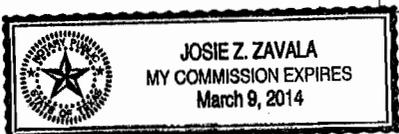
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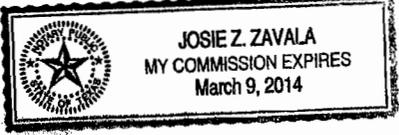
Josie Z. Zavala Signature of officer administering oath  
Printed name of officer administering oath

Notary Public Signature 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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|   | <input type="checkbox"/> 8th day before election  | <input type="checkbox"/> Final report   |  | Date Processed                      |           |           |           |
| 5 ORIGINAL PERIOD COVERED   | Month   | Day   | Year                                     | Month                               | Day       | Year      |           |
|   | <b>7</b>  | <b>1</b>  | <b>09</b>                                | THROUGH                             | <b>12</b> | <b>31</b> | <b>09</b> |
| 6 EXPLANATION OF CORRECTION   |   |   |  |                                     |           |           |           |
| <p>13. Amended Schedule F, 10-1-09, to show payee as CUS Pharmacy, 1105 N. IH 35, Austin TX, not Josie Zavala.</p> <p>14. Amended Schedule F, 10-1-09, to provide an address for Diana's Flower Shop - 2614 E. 7th St. Austin 78702</p>   |   |   |  |                                     |           |           |           |
| 7 AFFIDAVIT   |   |   |  |                                     |           |           |           |
| I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.   |   |   |  |                                     |           |           |           |
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|    |   | <p><i>Samuel T. Biscoe</i><br/>Signature of Candidate or Officeholder</p>         |  |                                     |           |           |           |
| AFFIX NOTARY STAMP / SEAL ABOVE   |   |   |  |                                     |           |           |           |
| Sworn to and subscribed before me, by the said <u>Samuel T. Biscoe</u> , this the <u>8th</u> day of <u>December</u>   |   |   |  |                                     |           |           |           |
| 20 <u>11</u> , to certify which, witness my hand and seal of office.  |   |   |  |                                     |           |           |           |
| Signature of officer administering oath   |   | Printed name of officer administering oath  |  | Title of officer administering oath |           |           |           |
| <i>Josie Z. Zavala</i>  |   |   |  | <i>Notary Public</i>                |           |           |           |
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| <b>3</b> CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: <u>Mr.</u><br>FIRST: <u>Samuel</u><br>MI: <u>T.</u><br>NICKNAME: _____<br>LAST: <u>Biscoe</u><br>SUFFIX: _____  | Date Received: _____<br><br>Date Hand-delivered or Postmarked: _____<br>Receipt #: _____ Amount: _____<br>Date Processed: _____<br>Date Imaged: _____ |
| <b>4</b> ORIGINAL REPORT TYPE          | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____<br><input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____<br><input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)<br><input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report |   |
| <b>5</b> ORIGINAL PERIOD COVERED       | Month Day Year      Month Day Year<br><u>7 / 1 / 09</u> THROUGH <u>12 / 31 / 09</u>  |   |

**6** EXPLANATION OF CORRECTION

15. Amended schedule F, to show that fee to Susan Harry in the amount of \$2918.13 was paid on November 26, 2009.

16. Amended Schedule F, 12-8-9 to show HER, 1000 E. 41st St. Austin, Tx 78751 for payment of \$7.98 and

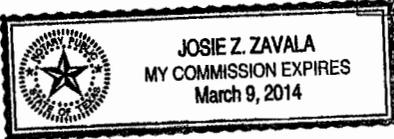
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Samuel T. Biscoe  
Signature of Candidate or Officeholder

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Signature of officer administering oath: Josie Z. Zavala      Printed name of officer administering oath: Josie Z. Zavala      Title of officer administering oath: Notary Public

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| <b>1</b> ACCOUNT #                     | <b>2</b> Total pages filed: <u>40</u>  | <b>OFFICE USE ONLY</b>  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR                      FIRST                      MI   | Date Received   |
|  | NICKNAME                      LAST                      SUFFIX   |   |
| <b>4</b> ORIGINAL REPORT TYPE          | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____<br><input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____<br><input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)<br><input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report | Date Hand-delivered or Postmarked   |
|  | <b>5</b> ORIGINAL PERIOD COVERED   | Month      Day      Year                      Month      Day      Year<br><u>7 / 1 / 09</u> THROUGH <u>12 / 31 / 09</u> |

**6** EXPLANATION OF CORRECTION  
16-A. HEB 1000 E. 41st St. Austin 78751 for payment of \$42.58.

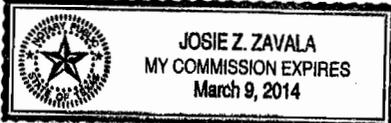
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I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

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 8th day of December, 2011, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Josie Z. Zavala      Printed name of officer administering oath: Josie Z. Zavala      Title of officer administering oath: Notary Public

**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: <b>41</b>  |  | OFFICE USE ONLY |         |           |           |           |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR                                     | FIRST   | MI                                       | Date Received   |         |           |           |           |
|                                 | NICKNAME  | LAST  | SUFFIX                                   |                 |         |           |           |           |
| 4 ORIGINAL REPORT TYPE          | <input checked="" type="checkbox"/> January 15    | <input type="checkbox"/> Runoff   | <input type="checkbox"/> Other (specify) |                 |         |           |           |           |
|                                 | <input type="checkbox"/> July 15                  | <input type="checkbox"/> Exceeded \$500 limit                                     |  |                 |         |           |           |           |
|                                 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) |  |                 |         |           |           |           |
|                                 | <input type="checkbox"/> 8th day before election  | <input type="checkbox"/> Final report   |  |                 |         |           |           |           |
|                                 | Date Hand-delivered or Postmarked                 |   |  |                 |         |           |           |           |
| 5 ORIGINAL PERIOD COVERED       |   | Month   | Day                                      | Year            | Month   | Day       | Year      |           |
|                                 |   | <b>7</b>  | <b>1</b>                                 | <b>09</b>       | THROUGH | <b>12</b> | <b>31</b> | <b>09</b> |
|                                 |   | Receipt #   |  | Amount          |         |           |           |           |
|                                 |   | Date Processed  |  |                 |         |           |           |           |
|                                 |   | Date Imaged   |  |                 |         |           |           |           |

6 EXPLANATION OF CORRECTION

17. Amended Schedule F, 11-25-09 to show address for mail services Inc. at 10711 Hillpoint, Ste. 100, San Antonio Tx. 78217-8813.

18. Amended Schedule F to show \$250 payment to Susan Harry was made on December 15, 2009

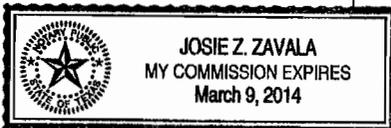
7 AFFIDAVIT

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

Check ONLY if applicable:

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

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



*Samuel T. Biscoe*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Samuel T. Biscoe this the 8th day of December 20 11, to certify which, witness my hand and seal of office.

Signature of officer administering oath

*Josie Z. Zavala*

Printed name of officer administering oath

Title of officer administering oath

*Notary Public*

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: <b>41</b>  |  | 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 / 09  |  | 12 / 31 / 09                      |  |

6 EXPLANATION OF CORRECTION

19. Amended Schedule F to show address of Travis County Democratic Party at 1311 E. 6th Street, Austin 78702.

20. Amended Schedule F, 12-18-09 to give address of Mark Carter - 19141 Leigh Ln., Pflugerville, Tx. 78660.

7 AFFIDAVIT

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

Check ONLY if applicable:

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

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



JOSIE Z. ZAVALA  
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 8th day of December, 20 11, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Josie Z. Zavala (Printed name of officer administering oath)

Signature of officer administering oath: Notary Public (Printed name 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: <b>41</b>  |  | OFFICE USE ONLY                   |        |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR                                     | FIRST   | MI                                       | Date Received                     |        |
|                                 | NICKNAME  | LAST  | SUFFIX                                   |                                   |        |
| 4 ORIGINAL REPORT TYPE          | <input checked="" type="checkbox"/> January 15    | <input type="checkbox"/> Runoff   | <input type="checkbox"/> Other (specify) | Date Hand-delivered or Postmarked |        |
|                                 | <input type="checkbox"/> July 15                  | <input type="checkbox"/> Exceeded \$500 limit                                     |  |                                   |        |
|                                 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) |  | Receipt #                         | Amount |
|                                 | <input type="checkbox"/> 8th day before election  | <input type="checkbox"/> Final report   |  | Date Processed                    |        |
|                                 | 5 ORIGINAL PERIOD COVERED                         |   |  | Date Imaged                       |        |

6 EXPLANATION OF CORRECTION

21. Amended Schedule F, 12-18-09, to provide address for Josie Zavala - 1503 Pine Knoll Drive, Austin 78758.

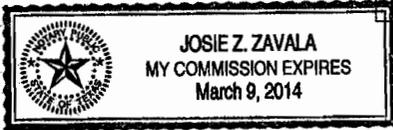
7 AFFIDAVIT

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.

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Signature of Candidate or Officeholder: Samuel T. Biscoe

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Samuel T. Biscoe, this the 8th day of December 20 11, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Josie Z. Zavala; Printed name of officer administering oath: Josie Z. Zavala; Title of officer administering oath: Notary Public

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**

|  |  |   |
|--|--|---|
| <b>1</b> ACCOUNT #                     | <b>2</b> Total pages filed: <u>41</u>  | <b>OFFICE USE ONLY</b>  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: <u>Mr.</u><br>FIRST: <u>Samuel</u><br>MI: <u>T.</u><br>NICKNAME: _____<br>LAST: <u>Biscoe</u><br>SUFFIX: _____  | Date Received: _____<br><br>Date Hand-delivered or Postmarked: _____<br>Receipt #: _____ Amount: _____<br>Date Processed: _____<br>Date Imaged: _____ |
| <b>4</b> ORIGINAL REPORT TYPE          | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____<br><input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____<br><input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)<br><input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report |   |
| <b>5</b> ORIGINAL PERIOD COVERED       | Month Day Year      THROUGH      Month Day Year<br><u>7 / 1 / 09</u> <u>12 / 31 / 09</u>   |   |

**6** EXPLANATION OF CORRECTION

22 Amended schedule A, Political Contributions, to incorporate 14 pages of contributions on the required form.

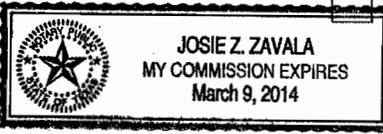
**7** AFFIDAVIT

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.

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JOSIE Z. ZAVALA  
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 8<sup>th</sup> day of December, 20 11, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Josie Z. Zavala      Printed name of officer administering oath: Josie Z. Zavala      Title of officer administering oath: Notary Public

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



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

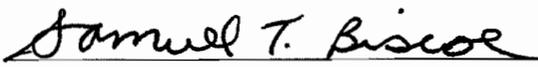
|              |   |
|--------------|---|
| 14 C/OH NAME | 15 ACCOUNT # (Ethics Commission Filers) |
|--------------|---|

|   |   |                                   |
|---|---|-----------------------------------|
| <b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> additional pages | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |                                   |
|   | COMMITTEE TYPE  | COMMITTEE NAME                    |
|   | <input type="checkbox"/> GENERAL  | none                              |
|   | <input type="checkbox"/> SPECIFIC   | COMMITTEE ADDRESS                 |
|   |   | COMMITTEE CAMPAIGN TREASURER NAME |
|   | COMMITTEE CAMPAIGN TREASURER ADDRESS  |                                   |

|                         |   |              |
|-------------------------|---|--------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0         |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 23,910    |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ 0         |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 10,066.55 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 26,109.44 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 0         |

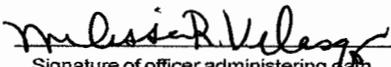
**18 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Samuel T. Biscoe, this the 9 day of December, 20 11, to certify which, witness my hand and seal of office.

|  |  |   |
|--|--|---|
| <br>Signature of officer administering oath | Melissa R. Velasquez<br>Printed name of officer administering oath | Notary<br>Title of officer administering oath |
|--|--|---|

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:  
**1**

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

|                           |   |                               |  |
|---------------------------|---|-------------------------------|--|
| 4 Date<br><b>11/19/09</b> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>See attachments</b> | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
|                           | 6 Contributor address; City; State; Zip Code<br><b>12 pages</b>   |                               |  |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

|      |   |                             |  |
|------|---|-----------------------------|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
|------|---|-----------------------------|--|

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

|      |   |                             |  |
|------|---|-----------------------------|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
|------|---|-----------------------------|--|

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

|      |   |                             |  |
|------|---|-----------------------------|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
|------|---|-----------------------------|--|

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

|      |   |                             |  |
|------|---|-----------------------------|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>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 FORM 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:<br><b>1 of 14</b>              |  |
| 2 FILER NAME<br><b>Samuel T. Biscoe</b>   |  | 3 ACCOUNT # (Ethics Commission Filers)                   |  |
| 4 Date<br><b>11-19-09</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Bill J. Wigmore</b>                      | 7 Amount of contribution (\$)<br><b>100.00</b>           | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><b>1701 Rock Creek Dr., Austin, Tx. 78681</b>               |  | (If travel outside of Texas, complete Schedule T)        |  |
| 9 Principal occupation / Job title (See Instructions)<br><b>President</b>                                   |  | 10 Employer (See Instructions)<br><b>Austin Recovery</b> |  |
| Date<br><b>11-19-09</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Pix D. Howell</b>                          | Amount of contribution (\$)<br><b>150.00</b>             | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>P.O. Box 663, Wimberley, Tx. 78676</b>                     |  | (If travel outside of Texas, complete Schedule T)        |  |
| Principal occupation / Job title (See Instructions)<br><b>Planner</b>                                       |  | Employer (See Instructions)<br><b>self</b>               |  |
| Date<br><b>11-19-09</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Bruce Todd</b>                             | Amount of contribution (\$)<br><b>100.00</b>             | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>7629 Rockpoint Drive, Austin, Tx. 78731</b>                |  | (If travel outside of Texas, complete Schedule T)        |  |
| Principal occupation / Job title (See Instructions)<br><b>consultant</b>                                    |  | Employer (See Instructions)<br><b>self</b>               |  |
| Date<br><b>11-19-09</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>W. Glenn Opel, Vinson &amp; Elkins LLP</b> | Amount of contribution (\$)<br><b>1000.00</b>            | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>2801 Via Fortuna, Suite 100<br/>Austin, Tx. 78746-7568</b> |  | (If travel outside of Texas, complete Schedule T)        |  |
| Principal occupation / Job title (See Instructions)<br><b>attorney</b>                                      |  | Employer (See Instructions)<br><b>Vinson - Elkins</b>    |  |
| Date<br><b>11-19-09</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Tommy G. Warren</b>                        | Amount of contribution (\$)<br><b>250.00</b>             | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>P.O. Box 9269<br/>The Woodlands, Tx. 77387-9269</b>        |  | (If travel outside of Texas, complete Schedule T)        |  |
| Principal occupation / Job title (See Instructions)<br><b>developer</b>                                     |  | Employer (See Instructions)<br><b>self</b>               |  |

**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:<br>2 of 14   |  |
| 2 FILER NAME<br>Samuel T. Biscoe  |  | 3 ACCOUNT # (Ethics Commission Filers)   |  |
| 4 Date<br>11-19-09  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Leroy Nellis<br>6 Contributor address; City; State; Zip Code<br>6418 Zadlock Woods Dr.<br>Austin, Tx. 78749         | 7 Amount of contribution (\$)<br>100.00<br><br>(If travel outside of Texas, complete Schedule T) | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)<br>accountant   |  | 10 Employer (See Instructions)<br>Travis County  |  |
| Date<br>11-19-09  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Karen L. Huber<br>Contributor address; City; State; Zip Code<br>23020 Pedernales Canyon Trail<br>Spicewood, Tx. 78669 | Amount of contribution (\$)<br>500.00<br><br>(If travel outside of Texas, complete Schedule T)   | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)<br>Commissioner   |  | Employer (See Instructions)<br>Travis County   |  |
| Date<br>11-19-09  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sarah Eckhardt Campaign<br>Contributor address; City; State; Zip Code<br>P.O. Box 301586, Austin, Tx. 78703           | Amount of contribution (\$)<br>100.00<br><br>(If travel outside of Texas, complete Schedule T)   | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)<br>Commissioner   |  | Employer (See Instructions)<br>Travis County   |  |
| Date<br>11-19-09  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>James B. Skaggs, Trustee<br>Contributor address; City; State; Zip Code<br>4700 Treador Drive, Austin, Tx. 78746       | Amount of contribution (\$)<br>300.00<br><br>(If travel outside of Texas, complete Schedule T)   | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)<br>Trustee  |  | Employer (See Instructions)<br>retired   |  |
| Date<br>11-19-09  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mike Wichern<br>Contributor address; City; State; Zip Code<br>1504 Alegria Road, Austin, Tx                           | Amount of contribution (\$)<br>500.00<br><br>(If travel outside of Texas, complete Schedule T)   | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)<br>Auditor  |  | Employer (See Instructions)<br>Travis County   |  |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p> |  |  |  |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|  |  |   |  |
|--|--|---|--|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A:<br><b>3 of 14</b>               |  |
| 2 FILER NAME<br><b>Samuel T. Biscoe</b>  |  | 3 ACCOUNT # (Ethics Commission Filers)                    |  |
| 4 Date<br><b>11-19-09</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jim Nias</b>                 | 7 Amount of contribution (\$)<br><b>500.00</b>            | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><b>1116 Reagan Terrace, Austin, Tx 78704</b>                       |  | (If travel outside of Texas, complete Schedule T)         |  |
| 9 Principal occupation / Job title (See Instructions)<br><b>Attorney</b>   |  | 10 Employer (See Instructions)<br><b>Jackson Walker</b>   |  |
| Date<br><b>11-19-09</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Matt or Deborah Mathias</b>    | Amount of contribution (\$)<br><b>100.00</b>              | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>1209 Grosvener Court, Austin, Tx. 78746</b>                       |  | (If travel outside of Texas, complete Schedule T)         |  |
| Principal occupation / Job title (See Instructions)<br><b>Commerical Real Estate</b>                               |  | Employer (See Instructions)<br><b>self</b>                |  |
| Date<br><b>11-19-09</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Fred R. Steiner</b>            | Amount of contribution (\$)<br><b>50.00</b>               | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>3132 Eanes Cir.<br/>Austin, Tx. 78746-6741</b>                    |  | (If travel outside of Texas, complete Schedule T)         |  |
| Principal occupation / Job title (See Instructions)<br><b>Professor</b>  |  | Employer (See Instructions)<br><b>University of Texas</b> |  |
| Date<br><b>11-19-09</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Pete Winstead Winstead PAC</b> | Amount of contribution (\$)<br><b>500.00</b>              | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>5400 Renaissance Tower<br/>1201 Elm Street, Dallas, Tx. 75270</b> |  | (If travel outside of Texas, complete Schedule T)         |  |
| Principal occupation / Job title (See Instructions)<br><b>Attorney</b>   |  | Employer (See Instructions)<br><b>self-employed</b>       |  |
| Date<br><b>11-19-09</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jeffrey Nash</b>               | Amount of contribution (\$)<br><b>100.00</b>              | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>8200 Bell Mountain Dr.<br/>Austin, Tx. 78730</b>                  |  | (If travel outside of Texas, complete Schedule T)         |  |
| Principal occupation / Job title (See Instructions)<br><b>banker</b>   |  | Employer (See Instructions)<br><b>Treaty Oaks Bank</b>    |  |

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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  out-of-state PAC (ID#: \_\_\_\_\_)

Ray Bryant

6 Contributor address; City; State; Zip Code

118 Pecanwood N.  
Kyle, Tx. 78640-5275

7 Amount of contribution (\$)

60.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

*Citizen/Council member Kyle*

10 Employer (See Instructions)

Date

11-19-09

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

Cecilia Burke

Contributor address; City; State; Zip Code

6500 Santolina Cove  
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)

*retiree*

Employer (See Instructions)

Date

11-19-09

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

Tommy Neal Cowan

Contributor address; City; State; Zip Code

400 Bowie Street, Austin, Tx. 78703

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)

*architect*

Employer (See Instructions)

Date

11-19-09

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

M.H. Crockett, Jr.

Contributor address; City; State; Zip Code

P.O. Box 2066  
Austin, Tx. 78768-2066

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)

Employer (See Instructions)

Date

11-19-09

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

Rhett M. Dawson

Contributor address; City; State; Zip Code

1717 W. 6th Ste. 260  
Austin, Tx. 78703

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)

*developer*

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |   |   |  |
|---|---|---|--|
| The Instruction Guide explains how to complete this form.                           |   | 1 Total pages Schedule A:<br>5 of 14                  |  |
| 2 FILER NAME<br>Samuel T. Biscoe  |   | 3 ACCOUNT # (Ethics Commission Filers)                |  |
| 4 Date<br>11-19-09  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dubois Bryant & Campbell LLP<br>6 Contributor address; City; State; Zip Code<br>700 Lavaca St., Ste. 1300<br>Austin, Tx. 78701 | 7 Amount of contribution (\$)<br>500.00               | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)<br>Attorney                   |   | 10 Employer (See Instructions)                        |  |
| Date<br>11-19-09  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Scott Dukette Klotz & Assoc.<br>Contributor address; City; State; Zip Code<br>4410 Twisted Tree Drive<br>Austin, Tx. 78735-6432  | Amount of contribution (\$)<br>500.00                 | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)<br>engineer                     |   | Employer (See Instructions)                           |  |
| Date<br>11-19-09  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bruce Elfant<br>Contributor address; City; State; Zip Code<br>4522 Avenue F, Austin, Tx. 78751                                   | Amount of contribution (\$)<br>50.00                  | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)<br>Elected Official - Constable |   | Employer (See Instructions)<br>Travis County          |  |
| Date<br>11-19-09  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gay Erwin<br>Contributor address; City; State; Zip Code<br>No. 3 Jeffrey Cove<br>Austin, Tx. 78746                               | Amount of contribution (\$)<br>250.00                 | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)<br>Public Affairs               |   | Employer (See Instructions)<br>Strategic Partnerships |  |
| Date<br>11-19-09  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Davis Escamilla<br>Contributor address; City; State; Zip Code<br>5703 Spurflower Drive<br>Austin, Tx. 78759                      | Amount of contribution (\$)<br>100.00                 | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)<br>Elected Official             |   | Employer (See Instructions)<br>Travis 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

Jay Evans

6 Contributor address; City; State; Zip Code

4002 Gaines Ct.  
Austin, Tx. 78735

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

(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

Roy Ewing, Sr.

Contributor address; City; State; Zip Code

10900 Parkfield Dr.  
Austin, Tx. 78758

Amount of contribution (\$)

125.00

In-kind contribution description (if applicable)

(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

Michael L. Nichols Freese and Nichols PAC

Contributor address; City; State; Zip Code

10814 Jollyville Rd., Building 4, Suite 100  
Austin, Tx. 78759

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)

Senior V.P. Engineers

Employer (See Instructions)

Freese and Nichols

Date

11-19-09

Full name of contributor

Jim George James & Cheryl George

Contributor address; City; State; Zip Code

2501 Stratford Drive  
Austin, Tx. 78746

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

11-19-09

Full name of contributor

Sandy Gottesman

Contributor address; City; State; Zip Code

300 W. 6th, Ste. 1900  
Austin, Tx. 78701

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)

developer

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |   |   |  |
|---|---|---|--|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A:<br>7 of 14                          |  |
| 2 FILER NAME<br>Samuel T. Biscoe  |   | 3 ACCOUNT # (Ethics Commission Filers)                        |  |
| 4 Date<br>11-19-09  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Tom Granger          | 7 Amount of contribution (\$)<br>100.00                       | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br>2612 Wooldrige Dr.<br>Austin, Tx. 78703                           |   | (If travel outside of Texas, complete Schedule T)             |  |
| 9 Principal occupation / Job title (See Instructions)<br><i>attorney/criminal defense</i>                         |   | 10 Employer (See Instructions)<br><i>Granger - Mueller</i>    |  |
| Date<br>11-19-09  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Tom Granger            | Amount of contribution (\$)<br>150.00                         | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>605 W. 10th St.<br>Austin, Tx. 78701-2042                           |   | (If travel outside of Texas, complete Schedule T)             |  |
| Principal occupation / Job title (See Instructions)<br><i>attorney</i>  |   | Employer (See Instructions)<br><i>Granger - Mueller</i>       |  |
| Date<br>11-19-09  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Michael J. Whellan     | Amount of contribution (\$)<br>500.00                         | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>Graves Daugherty<br>401 Congress Ave., Ste. 2200, Austin, Tx. 78701 |   | (If travel outside of Texas, complete Schedule T)             |  |
| Principal occupation / Job title (See Instructions)<br><i>attorney</i>  |   | Employer (See Instructions)<br><i>Graves - Daugherty Firm</i> |  |
| Date<br>11-19-09  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rev. Marvin C. Griffin | Amount of contribution (\$)<br>100.00                         | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>2632 Barton Hills Dr., Austin, Tx. 78704                            |   | (If travel outside of Texas, complete Schedule T)             |  |
| Principal occupation / Job title (See Instructions)<br><i>pastor</i>  |   | Employer (See Instructions)<br><i>Ebenezer Church</i>         |  |
| Date<br>11-19-09  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jody L. Hagemann       | Amount of contribution (\$)<br>500.00                         | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>1808 Barton Parkway, Austin, Tx. 78704                              |   | (If travel outside of Texas, complete Schedule T)             |  |
| Principal occupation / Job title (See Instructions)<br><i>attorney</i>  |   | Employer (See Instructions)                                   |  |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|  |  |   |  |
|--|--|---|--|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A:<br>8 of 14                |  |
| 2 FILER NAME<br>Samuel T. Biscoe   |  | 3 ACCOUNT # (Ethics Commission Filers)              |  |
| 4 Date<br>11-19-09   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Michael A. Moya               | 7 Amount of contribution (\$)<br>750.00             | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br>4030 West Braker Lane, Ste. 450<br>Austin, Tx. 78759 |  | (If travel outside of Texas, complete Schedule T)   |  |
| 9 Principal occupation / Job title (See Instructions)<br>Vice President                              |  | 10 Employer (See Instructions)<br>Half Assoc. Inc.  |  |
| Date<br>11-19-09   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>R. Clarke Heidrick              | Amount of contribution (\$)<br>100.00               | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>3702 East Ledge Dr.<br>Austin, Tx. 78731-5851          |  | (If travel outside of Texas, complete Schedule T)   |  |
| Principal occupation / Job title (See Instructions)<br><i>Attorney</i>                               |  | Employer (See Instructions)                         |  |
| Date<br>11-19-09   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Eddie Hurst                     | Amount of contribution (\$)<br>250.00               | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>1603 Gouda Cr.<br>Cedar Park, Tx. 78613-1751           |  | (If travel outside of Texas, complete Schedule T)   |  |
| Principal occupation / Job title (See Instructions)<br><i>Engineer/Designer</i>                      |  | Employer (See Instructions)<br><i>self employed</i> |  |
| Date<br>11-19-09   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Robena Jackson & John Whitfield | Amount of contribution (\$)<br>250.00               | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>5900 Rain Creek Pkwy.<br>Austin, Tx. 78759             |  | (If travel outside of Texas, complete Schedule T)   |  |
| Principal occupation / Job title (See Instructions)<br><i>Public Relations Consultant</i>            |  | Employer (See Instructions)<br><i>self employed</i> |  |
| Date<br>11-19-09   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>James R. Johnson                | Amount of contribution (\$)<br>100.00               | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>711 Churchill Farms Dr.<br>Georgetown, Tx. 78626       |  | (If travel outside of Texas, complete Schedule T)   |  |
| Principal occupation / Job title (See Instructions)<br><i>retiree</i>                                |  | Employer (See Instructions)<br><i>retiree</i>       |  |

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

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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:<br>10 of 14  |  |
| 2 FILER NAME<br><b>Samuel T. Biscoe</b>  |   | 3 ACCOUNT # (Ethics Commission Filers)   |  |
| 4 Date<br>11-19-09   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Thomas Loomis</b><br>6 Contributor address; City; State; Zip Code<br><b>4004 Sinclair Ave.<br/>Austin, Tx. 78756-3823</b>   | 7 Amount of contribution (\$)<br><b>500.00</b><br><small>(If travel outside of Texas, complete Schedule T)</small> | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)<br><b>Engineer, President</b>    |   | 10 Employer (See Instructions)<br><b>Loomis Engineering</b>  |  |
| Date<br>11-19-09   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Ms. Bertha Means</b><br>Contributor address; City; State; Zip Code<br><b>7400 Valburn Dr.<br/>Austin, Tx. 78731</b>   | Amount of contribution (\$)<br><b>100.00</b><br><small>(If travel outside of Texas, complete Schedule T)</small>   | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)<br><b>business person</b>          |   | Employer (See Instructions)<br><b>Austin Cabs</b>  |  |
| Date<br>11-19-09   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Steven Mobley</b><br>Contributor address; City; State; Zip Code<br><b>2205 Westover Rd.<br/>Austin, Tx. 78703</b>   | Amount of contribution (\$)<br><b>1000.00</b><br><small>(If travel outside of Texas, complete Schedule T)</small>  | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)<br><b>Property Owner/Developer</b> |   | Employer (See Instructions)<br><b>self &amp; family</b>  |  |
| Date<br>11-19-09   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Joseph Lynn and Mary Scott Nabers</b><br>Contributor address; City; State; Zip Code<br><b>Barton Oaks Plaza One, Ste. #100<br/>901 S. Mopac Expressway, Austin, Tx. 78746</b> | Amount of contribution (\$)<br><b>500.00</b><br><small>(If travel outside of Texas, complete Schedule T)</small>   | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)<br><b>consultants</b>              |   | Employer (See Instructions)<br><b>Strategic Partners</b>   |  |
| Date<br>11-19-09   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Cliff Blount</b><br>Contributor address; City; State; Zip Code<br><b>8310 Capital of Texas Hwy. North, Ste. 490<br/>Austin, Tx. 78731</b>                                     | Amount of contribution (\$)<br><b>250.00</b><br><small>(If travel outside of Texas, complete Schedule T)</small>   | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)<br><b>Attorney</b>                 |   | Employer (See Instructions)<br><b>Naman, Howell, Smith &amp; Lee</b>   |  |

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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:<br>11 of 14   |  |
| 2 FILER NAME<br>Samuel T. Biscoe  |  | 3 ACCOUNT # (Ethics Commission Filers)  |  |
| 4 Date<br>11-19-09  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sharon P. Ockletree<br>6 Contributor address; City; State; Zip Code<br>14700 Latern Dr.<br>Pflugerville, Tx. 78660-4955   | 7 Amount of contribution (\$)<br>100.00<br><small>(If travel outside of Texas, complete Schedule T)</small> | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)<br>Business Assistant   |  | 10 Employer (See Instructions)<br>Pattillo & Assoc.   |  |
| Date<br>11-19-09  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Richard & Sharon Ridings<br>Contributor address; City; State; Zip Code<br>2301 Windswept Drive<br>Austin, Tx. 78730-5409  | Amount of contribution (\$)<br>500.00<br><small>(If travel outside of Texas, complete Schedule T)</small>   | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)<br>Engineer               |  | Employer (See Instructions)<br>HNTB   |  |
| Date<br>11-19-09  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Robert & Dorothy Rutishauser<br>Contributor address; City; State; Zip Code<br>6101 Mountain Villa Cv.<br>Austin, Tx. 78731  | Amount of contribution (\$)<br>100.00<br><small>(If travel outside of Texas, complete Schedule T)</small>   | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)<br>Boardmember, President |  | Employer (See Instructions)<br>The Austin Project   |  |
| Date<br>11-19-09  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Joseph P. Skidmore<br>Contributor address; City; State; Zip Code<br>1120 S. Capital of Texas Highway 1818 Waterston Ave.<br>The Settings II, Suite 100 No. 1<br>Austin, Tx. 78746 Austin, Tx. 78703 | Amount of contribution (\$)<br>25.00<br><small>(If travel outside of Texas, complete Schedule T)</small>    | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)<br>Engineer               |  | Employer (See Instructions)<br>K. Friese + Assoc.   |  |
| Date<br>11-19-09  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hank & Gloria Smith<br>Contributor address; City; State; Zip Code<br>12409 Cascade Caverns Tr.<br>Austin, Tx. 78739   | Amount of contribution (\$)<br>250.00<br><small>(If travel outside of Texas, complete Schedule T)</small>   | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)<br>owner                  |  | Employer (See Instructions)<br>Texas Engineering Solutions, LLC   |  |

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
12 of 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#: \_\_\_\_\_)

Karen M. Sonleitner

6 Contributor address; City; State; Zip Code

1712 Pasadena Dr.  
Austin, Tx. 78739

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)

Assistant

10 Employer (See Instructions)

Travis County

Date

11-19-09

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

Timothy C. Taylor Sr.

Contributor address; City; State; Zip Code

1902 Stamford Ln.  
Austin, Tx. 78703

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)

Employer (See Instructions)

Date

11-19-09

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

Mr. James Hodge, Pres. Sheriff's Officers Assoc. PAC

Contributor address; City; State; Zip Code

400 W. 14th St., Ste. 220  
Austin, Tx. 78701

Amount of contribution (\$)

2000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Sheriff's Officers Assoc.

Date

11-19-09

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

Ben & Lynn Turner

Contributor address; City; State; Zip Code

1706 Graywood Cove  
Austin, Tx. 78704

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)

Employer (See Instructions)

Date

11-19-09

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

Kenneth & Diana Warner

Contributor address; City; State; Zip Code

6601 Winterberry  
Austin, Tx. 78750

Amount of contribution (\$)

200.00

(If travel outside of Texas, complete Schedule T)

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

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:  
**1 of 9**

2 FILER NAME 3 ACCOUNT # (Ethics Commission files)

|  |                                     |                               |
|--|-------------------------------------|-------------------------------|
| 4 Date<br><b>7-7-09</b>  | 5 Payee name<br><b>Josie Zavala</b> | 7 Amount (\$)<br><b>50.00</b> |
| 6 Payee address; City; State; Zip Code<br><b>1503 Pine Knoll A.<br/>Austin 78758</b> |                                     |                               |

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

|  |                                      |                              |
|--|--------------------------------------|------------------------------|
| Date<br><b>7-10-09</b>   | Payee name<br><b>Rodney Chambers</b> | Amount (\$)<br><b>250.00</b> |
| Payee address; City; State; Zip Code<br><b>1600 Royal Crest Drive #111<br/>Austin, Tx. 78741</b> |                                      |                              |

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

|  |                               |                              |
|--|-------------------------------|------------------------------|
| Date<br><b>7-13-09</b>   | Payee name<br><b>Gas Pena</b> | Amount (\$)<br><b>110.00</b> |
| Payee address; City; State; Zip Code<br><b>homeless person</b> |                               |                              |

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

|  |  |                           |
|--|--|---------------------------|
| Date<br><b>8-15-09</b>   | Payee name<br><b>Epislon Iota Fraternity/Omega</b> | Amount (\$)<br><b>100</b> |
| Payee address; City; State; Zip Code<br><b>P.O. Box 140044<br/>Austin, Tx. 78714</b> |  |                           |

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

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:  
**2 of 9**

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

|   |                            |                               |
|---|----------------------------|-------------------------------|
| 4 Date<br><b>8-17-09</b>  | 5 Payee name<br><b>HEB</b> | 7 Amount (\$)<br><b>27.00</b> |
| 6 Payee address; City, State; Zip Code<br><b>1000 E. 41st Street<br/>Austin, Tx 78751</b> |                            |                               |

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

|  |   |                           |
|--|---|---------------------------|
| Date<br><b>8-21-09</b>   | Payee name<br><b>Travis County Democratic Party</b> | Amount (\$)<br><b>100</b> |
| Payee address; City, State; Zip Code<br><b>1311 E. 6th St.<br/>Austin, Tx. 78702</b> |   |                           |

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

|   |   |                           |
|---|---|---------------------------|
| Date<br><b>8-25-09</b>  | Payee name<br><b>The Villages - Tommy Wyatt</b> | Amount (\$)<br><b>250</b> |
| Payee address; City, State; Zip Code<br><b>1223 Rosewood Ave.<br/>Austin, Tx. 78702</b> |   |                           |

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

|   |                                   |                           |
|---|-----------------------------------|---------------------------|
| Date<br><b>9-1-09</b>   | Payee name<br><b>Naomi Bailey</b> | Amount (\$)<br><b>250</b> |
| Payee address; City, State; Zip Code<br><b>3712 Northeast Dr.<br/>Austin, Tx. 78723</b> |                                   |                           |

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

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

|  |   |   |
|--|---|---|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule F:<br><b>3 of 9</b>  |
| 2 FILER NAME   |   | 3 ACCOUNT # (Ethics Commission files)   |
| 4 Date   | 5 Payee name<br><b>African America Arts Technical</b> | 7 Amount (\$)<br><b>100</b>   |
| 6 Payee address; City, State; Zip Code<br><b>Resource Center<br/>1309 Rosewood<br/>Austin 78702</b>  |   |   |
| 8 Purpose of payment (See instructions regarding type of information required.)<br><b>Sponsorship</b><br><small>(If travel outside of Texas, complete Schedule T)</small>              |   | 9 -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held |
| Date   | Payee name<br><b>La Prensa News</b>                   | Amount (\$)<br><b>300</b>   |
| Payee address; City, State; Zip Code<br><b>1704 E. 5th St.<br/>Austin, Tx. 78702</b>   |   |   |
| Purpose of payment (See instructions regarding type of information required.)<br><b>Political Ad</b><br><small>(If travel outside of Texas, complete Schedule T)</small>               |   | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held   |
| Date   | Payee name<br><b>CVS Pharmacy</b>                     | Amount (\$)<br><b>19.58</b>   |
| Payee address; City, State; Zip Code<br><b>1105 N. IH-35<br/>Austin, Tx. 78701</b>   |   |   |
| Purpose of payment (See instructions regarding type of information required.)<br><b>office supplies</b><br><small>(If travel outside of Texas, complete Schedule T)</small>            |   | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held   |
| Date   | Payee name<br><b>Piana's Flower Shop</b>              | Amount (\$)<br><b>140.99</b>  |
| Payee address; City, State; Zip Code<br><b>2614 E. 7th St.<br/>Austin, Tx. 78702</b>   |   |   |
| Purpose of payment (See instructions regarding type of information required.)<br><b>funerals - Ware, Henderson</b><br><small>(If travel outside of Texas, complete Schedule T)</small> |   | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held   |

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

|   |  |
|---|--|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule F:<br><b>4 of 9</b> |
| 2 FILER NAME  | 3 ACCOUNT # (Ethics Commission filers)     |

|   |  |                            |
|---|--|----------------------------|
| 4 Date<br><b>10-15-09</b>   | 5 Payee name<br><b>Metropolitan Church</b> | 7 Amount (\$)<br><b>70</b> |
| 6 Payee address: City: State: Zip Code<br><b>1101 E. 10th<br/>Austin, Tx. 78702</b> |  |                            |

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

|                                      |            |             |
|--------------------------------------|------------|-------------|
| Date                                 | Payee name | Amount (\$) |
| Payee address: City: State: Zip Code |            |             |

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

|                                      |            |             |
|--------------------------------------|------------|-------------|
| Date                                 | Payee name | Amount (\$) |
| Payee address: City: State: Zip Code |            |             |

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

|                                      |            |             |
|--------------------------------------|------------|-------------|
| Date                                 | Payee name | Amount (\$) |
| Payee address: City: State: Zip Code |            |             |

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

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:  
5 of 9

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

|         |  |               |
|---------|--|---------------|
| 4 Date  | 5 Payee name                           | 7 Amount (\$) |
| 11-2-09 | Combined Charities / Debevoise         | 100           |
|         | 6 Payee address: City, State; Zip Code |               |
|         | P.O. Box 1748<br>Austin 78767          |               |

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

|         |                                      |                  |
|---------|--------------------------------------|------------------|
| Date    | Payee name                           | Amount (\$)      |
| 11-7-09 | Bertha means                         | 80 <sup>00</sup> |
|         | Payee address: City, State; Zip Code |                  |
|         | 1135 Gunter<br>Austin, Tx 78702      |                  |

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

|         |                                      |             |
|---------|--------------------------------------|-------------|
| Date    | Payee name                           | Amount (\$) |
| 11-9-09 | Sheriff's Benevolent fund            | 85          |
|         | Payee address: City, State; Zip Code |             |
|         | P.O. Box 1748<br>Austin 78767        |             |

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

|          |                                       |             |
|----------|---------------------------------------|-------------|
| Date     | Payee name                            | Amount (\$) |
| 11-19-09 | Ballet East Dance Company             | 150         |
|          | Payee address: City, State; Zip Code  |             |
|          | 3111 Gorwood St.<br>Austin, Tx. 78702 |             |

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

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

|  |   |   |
|--|---|---|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule F:<br><b>6 of 9</b>  |
| 2 FILER NAME   |   | 3 ACCOUNT # (Ethics Commission filers)  |
| 4 Date<br><b>11-26-09</b>  | 5 Payee name<br><b>Susan Harry</b><br>6 Payee address; City: State; Zip Code<br><b>2520 Longview Street<br/>Austin, Tx. 78705</b>         | 7 Amount (\$)<br><b>2916.13</b>   |
| 8 Purpose of payment (See instructions regarding type of information required.)<br><b>Political consulting/fundraising</b><br>(If travel outside of Texas, complete Schedule T)    |   | 9 ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name      Office sought      Office held |
| Date<br><b>12-3-09</b>   | Payee name<br><b>Biscoe Special Projects</b><br>Payee address; City: State; Zip Code<br><b>6411 Bridgewater Dr.<br/>Austin, Tx. 78723</b> | Amount (\$)<br><b>50</b>  |
| Purpose of payment (See instructions regarding type of information required.)<br><b>Cecilia Burke Retirement Contribution</b><br>(If travel outside of Texas, complete Schedule T) |   | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name      Office sought      Office held   |
| Date<br><b>12-7-09</b>   | Payee name<br><b>Margaret Gomez Campaign</b><br>Payee address; City: State; Zip Code<br><b>P.O. Box 3232<br/>Austin, Tx. 78704</b>        | Amount (\$)<br><b>100</b>   |
| Purpose of payment (See instructions regarding type of information required.)<br><b>Political contribution</b><br>(If travel outside of Texas, complete Schedule T)                |   | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name      Office sought      Office held   |
| Date<br><b>12-8-09</b>   | Payee name<br><b>7-Eleven</b><br>Payee address; City: State; Zip Code<br><b>1814 Guadalupe<br/>Austin, Tx. 78701</b>                      | Amount (\$)<br><b>50.56</b>   |
| Purpose of payment (See instructions regarding type of information required.)<br><b>Office supplies</b><br>(If travel outside of Texas, complete Schedule T)                       |   | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name      Office sought      Office held   |
| <b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>   |   |   |

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:  
**7 of 9**

2 FILER NAME 3 ACCOUNT # (Elections Commission files)

|  |  |                             |
|--|--|-----------------------------|
| 4 Date<br><b>12/30/09</b>  | 5 Payee name<br><b>The Group - Ron Stauf</b> | 7 Amount (\$)<br><b>700</b> |
| 6 Payee address: City: State: Zip Code<br><b>6929 Airport Blvd.<br/>Austin 78752</b> |  |                             |

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

|  |  |                           |
|--|--|---------------------------|
| Date<br><b>11/25/09</b>  | Payee name<br><b>Mail Services Inc</b> | Amount (\$)<br><b>219</b> |
| Payee address: City: State: Zip Code<br><b>10711 Hillpoint, Ste. 100<br/>San Antonio, Tx. 78217-2813</b> |  |                           |

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

|  |                                  |                           |
|--|----------------------------------|---------------------------|
| Date<br><b>12-15-09</b>  | Payee name<br><b>Susan Harry</b> | Amount (\$)<br><b>250</b> |
| Payee address: City: State: Zip Code<br><b>2520 Longview Street<br/>Austin, Tx 78705</b> |                                  |                           |

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

|   |   |                            |
|---|---|----------------------------|
| Date<br><b>12-17</b>  | Payee name<br><b>Travis County Democratic Party</b> | Amount (\$)<br><b>1250</b> |
| Payee address: City: State: Zip Code<br><b>P.O. Box 684263<br/>Austin, Tx. 78768-4263</b> |   |                            |

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:  
**8 of 9**

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

|  |   |                              |
|--|---|------------------------------|
| 4 Date<br><b>12-17</b>   | 5 Payee name<br><b>Travis County Democratic Party</b> | 7 Amount (\$)<br><b>1500</b> |
| 6 Payee address; City; State; Zip Code<br><b>1311 E. 6th St.<br/>Austin, Tx. 78702</b> |   |                              |

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

|  |                                  |                           |
|--|----------------------------------|---------------------------|
| Date<br><b>12-18-09</b>  | Payee name<br><b>Mark Carter</b> | Amount (\$)<br><b>100</b> |
| Payee address; City; State; Zip Code<br><b>19141 Leigh Ln.<br/>Pflugerville, Tx. 78660</b> |                                  |                           |

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

|  |                                  |                           |
|--|----------------------------------|---------------------------|
| Date<br><b>12-18</b>   | Payee name<br><b>Josie Zoula</b> | Amount (\$)<br><b>100</b> |
| Payee address; City; State; Zip Code<br><b>1503 Pine Knoll Dr.<br/>Austin, Tx. 78758</b> |                                  |                           |

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

|   |  |                           |
|---|--|---------------------------|
| Date<br><b>12-18</b>  | Payee name<br><b>Melissa Uelasquez</b> | Amount (\$)<br><b>100</b> |
| Payee address; City; State; Zip Code<br><b>8502 Romney<br/>Austin, Tx 78748</b> |  |                           |

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:  
**9 of 9**

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

|              |  |               |
|--------------|--|---------------|
| 4 Date       | 5 Payee name   | 7 Amount (\$) |
| <b>12-18</b> | <b>Cheryl Brown</b>  | <b>100</b>    |
|              | 6 Payee address; City; State; Zip Code<br><b>9000 Ban Goff Tr.<br/>Austin, Tx. 78728</b> |               |

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

|              |  |             |
|--------------|--|-------------|
| Date         | Payee name   | Amount (\$) |
| <b>12-18</b> | <b>Nicole Decofur</b>  | <b>100</b>  |
|              | Payee address; City; State; Zip Code<br><b>603 W. 13th<br/>Austin, Tx. 78701</b> |             |

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

|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payee name                           | Amount (\$) |
|      | Payee address; City; State; Zip Code |             |

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

|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payee name                           | Amount (\$) |
|      | Payee address; City; State; Zip Code |             |

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule G:<br><i>1</i> | <b>2</b> FILER NAME<br><i>Samuel T. Biscue</i> | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|--|--|---|

|               |                                    |
|---------------|------------------------------------|
| <b>4</b> Date | <b>5</b> Payee name<br><i>None</i> |
|---------------|------------------------------------|

|  |   |
|--|---|
| <b>6</b> Amount (\$)   | <b>7</b> Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended |   |

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
|---------------------------------|--|---|

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

|  |                                      |
|--|--------------------------------------|
| Amount (\$)  | Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended |                                      |

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

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

|  |                                      |
|--|--------------------------------------|
| Amount (\$)  | Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended |                                      |

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

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

|  |                                      |
|--|--------------------------------------|
| Amount (\$)  | Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended |                                      |

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                |                                  |  |
|--------------------------------|----------------------------------|--|
| 1 Total pages Schedule H:<br>1 | 2 FILER NAME<br>Samuel T. Bisioe | 3 ACCOUNT # (Ethics Commission Filers) |
|--------------------------------|----------------------------------|--|

|        |                         |
|--------|-------------------------|
| 4 Date | 5 Business name<br>None |
|--------|-------------------------|

|               |   |
|---------------|---|
| 6 Amount (\$) | 7 Business address; City; State; Zip Code |
|---------------|---|

|                          |  |   |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (if travel outside of Texas, complete Schedule T) |
|--------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|      |               |
|------|---------------|
| Date | Business name |
|------|---------------|

|             |   |
|-------------|---|
| Amount (\$) | Business address; City; State; Zip Code |
|-------------|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (if travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|      |               |
|------|---------------|
| Date | Business name |
|------|---------------|

|             |   |
|-------------|---|
| Amount (\$) | Business address; City; State; Zip Code |
|-------------|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (if travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|      |               |
|------|---------------|
| Date | Business name |
|------|---------------|

|             |   |
|-------------|---|
| Amount (\$) | Business address; City; State; Zip Code |
|-------------|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (if travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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