

FORM COR-C/OH

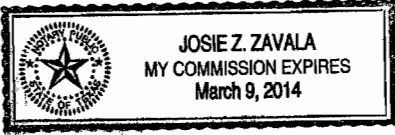
CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

7679

1 ACCOUNT # 2 Total pages filed: 20 OFFICE USE ONLY 3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR Mr. NICKNAME LAST Biscoe FIRST Samuel MI T. SUFFIX 4 ORIGINAL REPORT TYPE 5 ORIGINAL PERIOD COVERED 7 / 1 / 08 THROUGH 12 / 31 / 08

6 EXPLANATION OF CORRECTION 1. Amended Cover Sheet, 18-1, to change \$500 contributions of \$50 or less to "0." 2. Amended Cover Sheet, 18-3, to change \$4041.15 for expenditures of \$50 or less to "0," because all expenditures are itemized.

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

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: 20 OFFICE USE ONLY 3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR Mr. NICKNAME FIRST Samuel LAST Biscoe MI T. SUFFIX 4 ORIGINAL REPORT TYPE 5 ORIGINAL PERIOD COVERED 7 / 1 / 08 THROUGH 12 / 31 / 08

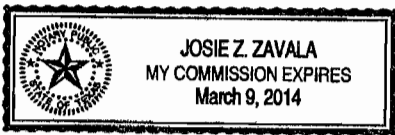
6 EXPLANATION OF CORRECTION 3. Amended cover sheet to change "contribution balance" from \$10,422.25 to \$10,654.57 based on bank statement. 4. Amended Schedule F, showing Josie Zavala - \$2.11, to October 29, 2008 to HEB, 9414 N. Lamar Blvd. Austin 78753 payee.

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.



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>20</u>	<b>OFFICE USE ONLY</b>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI	Date Received
	<u>Mr.</u> <u>Samuel</u> <u>T.</u>	
	NICKNAME                      LAST                      SUFFIX	Date Hand-delivered or Postmarked
	<u>Biscoe</u>	Receipt #                      Amount
<b>4</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify)	Date Processed
	<input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit	Date Imaged
	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	
<b>5</b> ORIGINAL PERIOD COVERED	Month                      Day                      Year                      Month                      Day                      Year	
	<u>7 / 1 / 08</u> THROUGH <u>12 / 31 / 08</u>	

**6 EXPLANATION OF CORRECTION**

*4(B) Amended schedule F to show a second payee for Office Supplies-HEB 5808 Burnet Rd. Austin, TX 78756 for total of \$2.11.*

*5. Amended schedule F #4, to provide date of \$75.00 contribution to Metropolitan Church - September 20, 2008*

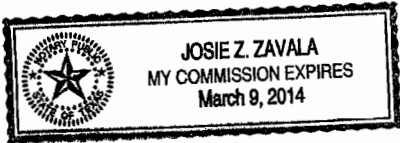
**7 AFFIDAVIT**

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, 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**

<b>1</b> ACCOUNT #	<b>2</b> Total pages filed: <u>20</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 type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify)	Date Hand-delivered or Postmarked
	<input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit	
	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	
	Receipt #      Amount	
<b>5</b> ORIGINAL PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year	Date Processed
	<u>7 / 1 / 08</u> <u>12 / 31 / 08</u>	Date Imaged

**6** EXPLANATION OF CORRECTION

*6. Amended Schedule F to provide date - 9-27-08 - of contribution of \$80 to Metropolitan church.*

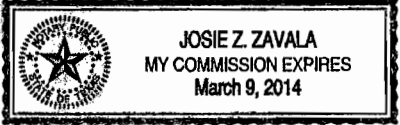
**7** AFFIDAVIT

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: 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  
CAMPAIGN FINANCE REPORT**
**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>	<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>  <div style="font-size: 2em; font-weight: bold; text-align: center;">20</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR          FIRST          MI <i>Samuel</i> <i>T.</i> ----- NICKNAME          LAST          SUFFIX <i>Biscoe</i>	<b>OFFICE USE ONLY</b>  Date Received   Date Hand-delivered or Positmarked  Receipt #          Amount  Date Processed  Date Imaged
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> change of address	ADDRESS / PO BOX;    APT / SUITE #;          CITY;          STATE;          ZIP CODE <i>6411 Bridge water Dr.</i> <i>Austin, Tx. 78723</i>	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE          PHONE NUMBER          EXTENSION <i>(512)</i> <i>854-9555</i>	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR          FIRST          MI <i>Daniel</i> <i>R.</i> ----- NICKNAME          LAST          SUFFIX <i>Smith</i>	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;          CITY;          STATE;          ZIP CODE <i>2604 Salado # 201</i> <i>Austin, Tx. 78705</i>	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE          PHONE NUMBER          EXTENSION <i>(512)</i> <i>584-0889</i>	
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)  <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)	
<b>10 PERIOD COVERED</b>	Month    Day    Year          THROUGH          Month    Day    Year <i>7/16/08</i> <i>12/31/08</i>	
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year <i>none</i> /    /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
<b>12 OFFICE</b>	OFFICE HELD (if any) <i>Travis County Judge</i>	<b>13 OFFICE SOUGHT (if known)</b> <i>Travis County Judge</i>
<b>GOTO PAGE 2</b>		

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME \_\_\_\_\_ 15 ACCOUNT # (Ethics Commission Filers) \_\_\_\_\_

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

NONE

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

**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)	\$ 500
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
4. TOTAL POLITICAL EXPENDITURES	\$ 4041.15
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,654.57
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

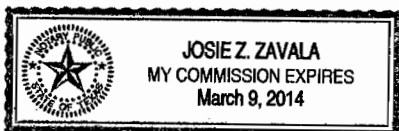
**EXPENDITURE TOTALS**

**CONTRIBUTION BALANCE**

**OUTSTANDING LOAN TOTALS**

**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.



*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

*Notary Public*  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>7</b>	
2 FILER NAME <b>Samuel T. Biscoe</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/29/08</b>	5 Full name of contributor <input checked="" type="checkbox"/> in-state PAC (ID#: _____) <b>Koch PAC</b>	7 Amount of contribution (\$) <b>\$5000</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>655 15th Street, NW #445 Washington, DC 20005</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#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
<b>NONE</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <u>1</u>	
2 FILER NAME <u>Samuel T. Biscoe</u>		3 ACCOUNT # (Ethics Commission Filers) <u>1</u>	
4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$			
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>NONE</u>	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address;      City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;      City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;      City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;      City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;      City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>Samuel T. Biscoe</b>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$
5 Date of loan	7 Name of lender <b>NONE</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?  Y    N	8 Lender address;    City;    State;    Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)
	17 Guarantor address;    City;    State;    Zip Code	
19 Principal Occupation (See Instructions)		20 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution?  Y    N	Lender address;    City;    State;    Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address;    City;    State;    Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **1 of 6**

2 FILER NAME **Samuel T. Biscoe**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>7-16-08</b>	5 Payee name <b>Tameka Mays</b>	7 Amount (\$) <b>\$100</b>
6 Payee address; City; State; Zip Code <b>205 McCarther Ln. Leander, Tx. 79641</b>		

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

Date <b>8-15-08</b>	Payee name <b>Cheryl Brown</b>	Amount (\$) <b>58.97</b>
Payee address; City; State; Zip Code <b>9000 Bancroft Trail Austin, Tx. 78799</b>		

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

Date <b>8-21-08</b>	Payee name <b>Mark Carter</b>	Amount (\$) <b>\$200</b>
Payee address; City; State; Zip Code <b>7011 W. Former Lane #133 Austin, Tx. 78729</b>		

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

Date <b>8/22/08</b>	Payee name <b>Gus Pena</b>	Amount (\$) <b>\$200</b>
Payee address; City; State; Zip Code <b>5100 290 West #303 Austin, Tx. 78735</b>		

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>2 of 6</b>
2 FILER NAME <b>Samuel T. Biscoe</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>9/5/08</b>	5 Payee name <b>Diana's Flower Shop</b>	7 Amount (\$) <b>\$172.33</b>
6 Payee address; City; State; Zip Code <b>2614 E. 7th St Austin, Tx. 78702</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>flowers: John Hobby Valma Overton Family</b> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date <b>9/4/08</b>	Payee name <b>Samuel T. Biscoe</b>	Amount (\$) <b>\$100</b>
Payee address; City; State; Zip Code <b>6411 Bridgewater Ar. Austin, Tx. 78723</b>		
Purpose of payment (See instructions regarding type of information required.) <b>reimbursement of hardship grant to Lee New some - homeless</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date <b>9/16/08</b>	Payee name <b>Guad. Pena</b>	Amount (\$) <b>\$300.00</b>
Payee address; City; State; Zip Code <b>5100 290 West #303 Austin, Tx. 78735</b>		
Purpose of payment (See instructions regarding type of information required.) <b>hardship loan - food, rent for family</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date <b>9/16/08</b>	Payee name <b>Texas Temple</b>	Amount (\$) <b>30<sup>00</sup></b>
Payee address; City; State; Zip Code <b>7237 Hwy. 290-E Austin, Tx. 78723</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Ad in souvenir booklet</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

3 of 6

2 FILER NAME

Samuel T. Biscue

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
9-20-08	Metropolitan AME Church Payee address; City: State: Zip Code 1101 E. 10th Austin, Tx. 78702	75.00

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

Date	Payee name	Amount (\$)
9/22/08	Travis County Democratic Party Payee address; City: State: Zip Code 1311 East 6th St. Austin, Tx. 78702	\$1000

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

Date	Payee name	Amount (\$)
9-27-08	Metropolitan AME Church Payee address; City: State: Zip Code 1101 E. 10th Austin, Tx. 78702	80.00

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

Date	Payee name	Amount (\$)
10/9/08	La Prensa Newspaper Payee address; City: State: Zip Code Rick Luna - Agent 1704 E. 5th St. Austin, Tx. 78702	100

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

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:  
**4 of 6**

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

4 Date <b>10/20/08</b>	5 Payee name <b>Gus Pena</b>	7 Amount (\$) <b>125.00</b>
6 Payee address: City: State: Zip Code <b>5100 290 West #303 Austin, TX. 78735</b>		

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

Date <b>10/23/08</b>	Payee name <b>Skillpoint Alliance</b>	Amount (\$) <b>200</b>
Payee address: City: State: Zip Code <b>201 E. 2nd St. Austin, Tx. 78701</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Fundraiser - workforce development Chris King Event</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
---	---

Date <b>10/29/08</b>	Payee name <b>HEB</b>	Amount (\$) <b>25.00</b>
Payee address: City: State: Zip Code <b>9414 N. Lamar Blvd. Austin, Tx. 78753</b>		

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

Date	Payee name <b>HEB</b>	Amount (\$) <b>27.11</b>
Payee address: City: State: Zip Code <b>5808 Burnet Rd. Austin, Texas - 78756</b>		

Purpose of payment (See instructions regarding type of information required.) <b>reimbursement - office supplies</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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:  
**5 of 6**

2 FILER NAME  
**Samuel T. Bischoff**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**12/17/08**

5 Payee name  
**Diana's Flower Shop**  
6 Payee address; City; State; Zip Code  
**2514 E. 7th St.  
Austin, TX. 78702**

7 Amount (\$)  
**147.74**

8 Purpose of payment (See instructions regarding type of information required.)  
**Flowers Funeral-Mercer, Chavez**  
(If travel outside of Texas, complete Schedule T)

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

Date  
**12/17/08**

Payee name  
**Rosewood Advisory Committee**  
Payee address; City; State; Zip Code  
**Simone Pollard - Austin Rec. Center  
1182 Pleasant Valley Rd.  
Austin, TX. 78702**

Amount (\$)  
**100.00**

Purpose of payment (See instructions regarding type of information required.)  
**Contributor Community Xmas celebration**  
(If travel outside of Texas, complete Schedule T)

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

Date  
**12/24/08**

Payee name  
**Melissa Valaquez**  
Payee address; City; State; Zip Code  
**8502 Romney Rd.  
Austin, TX. 78748**

Amount (\$)  
**100**

Purpose of payment (See instructions regarding type of information required.)  
**Staff Xmas bonus**  
(If travel outside of Texas, complete Schedule T)

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

Date  
**12/24/08**

Payee name  
**Nicole Decatur**  
Payee address; City; State; Zip Code  
**603 W. 13th Street  
1A, #170  
Austin, TX. 78701**

Amount (\$)  
**100**

Purpose of payment (See instructions regarding type of information required.)  
**Staff Xmas bonus**  
(If travel outside of Texas, complete Schedule T)

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:  
**6 of 6**

2 FILER NAME  
**Samuel T. Biscoe**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12/24/08</b>	5 Payee name <b>Josie Zoula</b>	7 Amount (\$) <b>100</b>
6 Payee address; City; State; Zip Code <b>1503 Pine Knoll Drive Austin, Tx. 78758</b>		

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

Date <b>12/24/08</b>	Payee name <b>Cheryl Brown</b>	Amount (\$) <b>100</b>
Payee address; City; State; Zip Code <b>9000 Bancroft Trail Austin, Tx. 787</b>		

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

Date <b>12/7/08</b>	Payee name <b>The Group</b>	Amount (\$) <b>750</b>
Payee address; City; State; Zip Code <b>Ron Steward 6929 Airport Blvd.</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Sponsorship - Christmas Reception</b> <small>(If travel outside of Texas, complete Schedule T)</small>	<b>** Complete if direct expenditure to benefit C/OH **</b> 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.) <small>(If travel outside of Texas, complete Schedule T)</small>	<b>** Complete if direct expenditure to benefit C/OH **</b> 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: <i>1</i>	<b>2</b> FILER NAME <i>Samuel T. Biscoe</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
--	--	---

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

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

<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 (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee 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)
------------------------	--	---

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

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee 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)
------------------------	--	---

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

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee 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)
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# 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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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: <u>1</u>	2 FILER NAME <u>Samuel T. Bisioe</u>	3 ACCOUNT # (Ethics Commission Filers)
------------------------------------	---	--

4 Date	5 Business name <u>None</u>
--------	--------------------------------

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
---	-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### 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.

1 Total pages Schedule I: <b>1</b>	2 FILER NAME <b>Samuel T. Biscoe</b>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---	--

4 Date <b>5-27-10</b>	5 Payee name <b>Rodney Chambers</b>
--------------------------	--

6 Amount (\$) <b>500</b>	7 Payee address; City; State; Zip Code <b>1600 Royal Crest Dr. #149 Austin, Tx. 78741</b>
-----------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Emergency loan</b>	(b) Description (See instructions regarding type of information required.)
--------------------------	---	--

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

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

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

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

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

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CREDITS (optional)**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME

*Samuel T. Biscoe*

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payor name	8 Amount (\$)
	<p><i>NONE</i></p> <p>6 Payor address; City; State; Zip Code</p>	
	<p>7 Reason for credit</p>	
	<p>Payor name</p> <p>Payor address; City; State; Zip Code</p>	
	<p>Reason for credit</p>	
	<p>Payor name</p> <p>Payor address; City; State; Zip Code</p>	
	<p>Reason for credit</p>	
	<p>Payor name</p> <p>Payor address; City; State; Zip Code</p>	
	<p>Reason for credit</p>	
	<p>Payor name</p> <p>Payor address; City; State; Zip Code</p>	
	<p>Reason for credit</p>	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>1</u>
2 FILER NAME <u>Samuel T. Biscoe</u>		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <u>NONE</u>		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**