

FORM COR-C/OH

## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

|  |  |   |  |
|--|--|---|--|
| <b>1</b> ACCOUNT #                     | <b>2</b> Total pages filed: <u>14</u>                        | <b>OFFICE USE ONLY</b>  |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: <u>Mr.</u> FIRST: <u>Samuel</u> MI: <u>T.</u> | Date Received   |  |
|  | NICKNAME: LAST: <u>Biscoe</u> SUFFIX:                        | Date Hand-delivered or Postmarked   |  |
| <b>4</b> ORIGINAL REPORT TYPE          | <input 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 checked="" 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  | Receipt #                                |
|  | <u>7 / 1 / 10</u> THROUGH <u>10 / 2 / 10</u>                 |   | Amount                                   |
|  |  |   | Date Processed                           |
|  |  |   | Date Imaged                              |

**6 EXPLANATION OF CORRECTION**

3. I correctly did not file any loan information, as I do not have any loans outstanding.

4. Amended Schedule F date 8-24-10 to show ultimate payee to be Costco Wholesale, 10401 Research Blvd. Austin, TX 78759 instead of Cheryl Aker

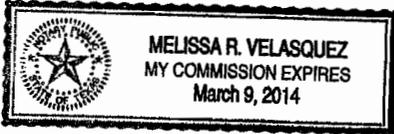
**7 AFFIDAVIT**

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

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

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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

|  |   |  |   |
|--|---|--|---|
| The C/OH Instruction Guide explains how to complete this form. |   | 1 ACCOUNT #<br>(Ethics Commission Filers)  | 2 Total pages filed:<br><b>14</b>   |
| 3 CANDIDATE / OFFICEHOLDER NAME                                | MS / MRS / MR<br>FIRST<br><b>Samuel</b><br>NICKNAME<br>LAST<br><b>Biscoe</b>  | MI<br><b>T.</b><br>SUFFIX  | OFFICE USE ONLY<br>Date Received<br><br>Date Hand-delivered or Postmarked<br><br>Receipt #      Amount<br><br>Date Processed<br><br>Date Imaged   |
|  | 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> change of address<br>ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE<br><b>6411 Bridgewater Dr.<br/>Austin, Tx. 78723</b>   |  |   |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               | AREA CODE<br><b>(512)</b>   | PHONE NUMBER<br><b>854-9555</b>  | EXTENSION   |
| 6 CAMPAIGN TREASURER NAME                                      | MS / MRS / MR<br>FIRST<br><b>Daniel</b><br>NICKNAME<br>LAST<br><b>Smith</b>   | MI<br><b>R</b><br>SUFFIX   | 7 CAMPAIGN TREASURER ADDRESS<br>(residence or business)<br>STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #:      CITY:      STATE:      ZIP CODE<br><b>2004 Solado #201<br/>Austin, Tx. 78705</b> |
|  | 8 CAMPAIGN TREASURER PHONE<br>AREA CODE<br><b>(512)</b>   |  |   |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><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) |  |   |
| 10 PERIOD COVERED  | Month      Day      Year<br><b>7 / 1 / 10</b>   | THROUGH  | Month      Day      Year<br><b>10 / 2 / 10</b>  |
| 11 ELECTION  | ELECTION DATE<br>Month      Day      Year<br><b>11 / 2 / 10</b>   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special |   |
|  | 12 OFFICE<br>OFFICE HELD (if any)<br><b>Travis County Judge</b>   | 13 OFFICE SOUGHT (if known)<br><b>Travis County Judge</b>  |   |

**GOTO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

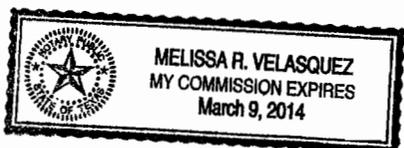
FORM C/OH  
COVER SHEET PG 2

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

|  |   |   |
|--|---|---|
| 16 NOTICE FROM POLITICAL COMMITTEE(S)<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<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | COMMITTEE NAME<br><br><p style="font-size: large; text-align: center;">None</p> |
|  |   | 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)                                  | \$ 0         |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ 0         |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 6558.21   |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 35,267.20 |
| 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.

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

*Melissa R. Velasquez*  
Signature of officer administering oath

Melissa R. Velasquez  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# 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. Biscoe*

3 ACCOUNT # (Ethics Commission filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor 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 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<br><u>Samuel T. Biscoe</u>                            |  | 3 ACCOUNT # (Ethics Commission Filers)            |                                       |
| 4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$ |  |   |                                       |
| 5 Date   | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><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#: _____)<br>Pledgor address;      City; State; Zip Code | Amount of pledge (\$)                             | In-kind description (if applicable)   |
|  |  | (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#: _____)<br>Pledgor address;      City; State; Zip Code | Amount of pledge (\$)                             | In-kind description (if applicable)   |
|  |  | (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#: _____)<br>Pledgor address;      City; State; Zip Code | Amount of pledge (\$)                             | In-kind description (if applicable)   |
|  |  | (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#: _____)<br>Pledgor address;      City; State; Zip Code | Amount of pledge (\$)                             | In-kind description (if applicable)   |
|  |  | (If travel outside of Texas, complete Schedule T) |                                       |
| Principal occupation / Job title (See Instructions)                |  | Employer (See Instructions)                       |                                       |

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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date of loan

7 Name of lender

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

NONE

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

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address;    City;    State;    Zip Code

19 Principal Occupation (See Instructions)

20 Employer (See Instructions)

Date of loan

Name of lender

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

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

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**

**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 F:<br>1 of 2 | 2 FILER NAME<br>Samuel T. Bisnie | 3 ACCOUNT # (Ethics Commission Filers) |
|-------------------------------------|----------------------------------|--|

|                   |                                |
|-------------------|--------------------------------|
| 4 Date<br>7-22-10 | 5 Payee name<br>Solreec Watson |
|-------------------|--------------------------------|

|                      |  |
|----------------------|--|
| 6 Amount (\$)<br>100 | 7 Payee address; City; State; Zip Code<br>2006 W. Loop Austin, Tx. 78758 |
|----------------------|--|

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

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 8 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                 |                                |
|-----------------|--------------------------------|
| Date<br>8-24-10 | Payee name<br>Costco Wholesale |
|-----------------|--------------------------------|

|                      |  |
|----------------------|--|
| Amount (\$)<br>31.36 | Payee address; City; State; Zip Code<br>10401 Research Blvd. Austin, Tx. 78559 |
|----------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br>Office supplies | 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<br>9-14-10 | Payee name<br>La Prensa |
|-----------------|-------------------------|

|                    |  |
|--------------------|--|
| Amount (\$)<br>300 | Payee address; City; State; Zip Code<br>P.O. Box 6504 Austin 78762 |
|--------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br>News Ad-Diez y Seis | 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<br>9-27-10 | Payee name<br>Ace Printing |
|-----------------|----------------------------|

|                        |  |
|------------------------|--|
| Amount (\$)<br>6026.85 | Payee address; City; State; Zip Code<br>7807 Doncaster Austin, Tx. |
|------------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br>Printing signs/installation | 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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**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 F:<br><b>2 of 2</b> | 2 FILER NAME<br><b>Samuel T. Biscuit</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|--|--|--|

|                          |   |
|--------------------------|---|
| 4 Date<br><b>9-17-10</b> | 5 Payee name<br><b>Arriba Newspaper</b> |
|--------------------------|---|

|                             |   |
|-----------------------------|---|
| 6 Amount (\$)<br><b>100</b> | 7 Payee address; City; State; Zip Code<br><b>6003 Felix Ave. Austin 78741</b> |
|-----------------------------|---|

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

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

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

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | 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) |
|------------------------|--|---|

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

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

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | 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) |
|------------------------|--|---|

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

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

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | 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) |
|------------------------|--|---|

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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       | 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.

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

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

|  |   |
|--|---|
| <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) |
|------------------------|--|---|

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       | 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 H:<br><b>1</b>                 | 2 FILER NAME<br><b>Samuel T. Bisioe</b>                          | 3 ACCOUNT # (Ethics Commission Filers)                            |
| 4 Date  | 5 Business name<br><b>None</b>                                   |   |
| 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

**CREDITS (optional)**

**SCHEDULE K**

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

2 FILER NAME Samuel T. Biscio 3 ACCOUNT # (Ethics Commission Filers)

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

|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payor name                           | Amount (\$) |
|      | Payor address; City; State; Zip Code |             |
|      | Reason for credit                    |             |

|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payor name                           | Amount (\$) |
|      | Payor address; City; State; Zip Code |             |
|      | Reason for credit                    |             |

|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payor name                           | Amount (\$) |
|      | Payor address; City; State; Zip Code |             |
|      | Reason for credit                    |             |

|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payor name                           | Amount (\$) |
|      | Payor address; City; State; Zip Code |             |
|      | Reason for credit                    |             |

**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       | 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 I:<br><b>1</b> | 2 FILER NAME<br><b>Samuel T. Biscoe</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|---|--|

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

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

| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (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.) |
|------------------------|--|--|
|------------------------|--|--|

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**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: 1

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

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  
NONE

5 Contribution / Expenditure reported on:

Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     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:

Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     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:

Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     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**

**FORM COR-C/OH**

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

7680

|  |  |   |
|--|--|---|
| <b>1</b> ACCOUNT #                     | <b>2</b> Total pages filed: <u>14</u>  | <b>OFFICE USE ONLY</b>  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: <u>Mr.</u><br>NICKNAME: _____<br>FIRST: <u>Samuel</u><br>LAST: <u>Biscoe</u><br>MI: <u>T.</u><br>SUFFIX: _____  | Date Received: _____<br>Date Hand-delivered or Postmarked: _____<br>Receipt #: _____ Amount: _____<br>Date Processed: _____<br>Date Imaged: _____ |
| <b>4</b> ORIGINAL REPORT TYPE          | <input 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 checked="" 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 | TRAVIS COUNTY<br>CLERK<br>11 DIC<br>FILED FOR RECORD  |
| <b>5</b> ORIGINAL PERIOD COVERED       | Month Day Year      THROUGH      Month Day Year<br><u>7 / 1 / 10</u> <u>10 / 2 / 10</u>  |   |

**6 EXPLANATION OF CORRECTION**

1. Amended page 2 of Cover Sheet to "0" instead of the "—" symbol to show zero for 18-1, 18-2 and 18-3.

2. Amended page 2 to show contribution balance of \$35,267.20 based on bank statement.

**7 AFFIDAVIT**

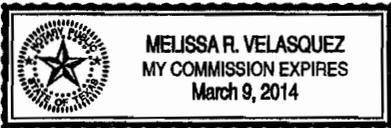
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

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

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

Samuel T. Biscoe  
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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