

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

7681

1 ACCOUNT #		2 Total pages filed: 21		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	Date Hand-Delivered or Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	
	<input checked="" 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	

TRAVIS COUNTY
 DANA DEFAVINO
 COUNTY CLERK
 11 DIC 11
 FILED FOR RECORD
 RECEIVED
 11 01 11

6 EXPLANATION OF CORRECTION

1. Amended Cover Sheet, page 2, to show "0" instead of "—" for "Total Political Contributions of \$50 or less unless itemized" and "Total Political Expenditures".

2. Cover Sheet, page 2. Changed 18-5 contributions maintained from \$8106.56 to \$8,625.81.

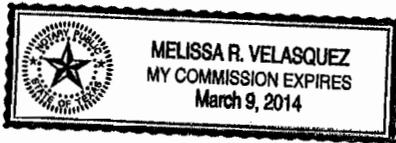
7 AFFIDAVIT

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 8 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

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: 21		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received		
	NICKNAME	LAST	SUFFIX			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Postmarked		
	<input 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)				
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report				
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	1 / 1 / 09			THROUGH	6 / 30 / 09	
6 EXPLANATION OF CORRECTION		Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____				

3. (continued) 3-24-09 50.00 Gus Pena homeless person
 4-19-09 25.00 Margaret Gomez 314 W. 11th Austin, TX 78701
 5-6-09 25.00 Sherry Frasier homeless person
 6-16-09 50.00 Biscoe Special Projects Travis County Credit Union 1101 N. IH35, Austin Tx. 78702

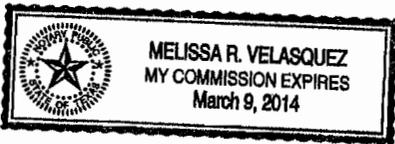
7 AFFIDAVIT

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 8 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

**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: 21		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received		
	NICKNAME	LAST	SUFFIX			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Postmarked		
	<input 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)				
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report				
	Receipt #					Amount
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	1 / 1 / 09			THROUGH 6 / 30 / 09		
	Date Processed					
Date Imaged						

6 EXPLANATION OF CORRECTION

3. Changed Schedule F. to provide the payee, address date and amount re eight expenditures:

1-7-09	26.83	HEB	1000 E. 41st St. Austin 78751
2-26-09	36.00	Capitol Metro Bus	323 Congress Ave, Aus. 78701
3-5-09	70.00	Wesley United Church	1160 San Bernard St, Austin
3-20-09	65.00	Mount Zion Church	2938 E. 13th Austin 78702

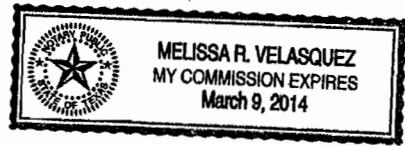
7 AFFIDAVIT

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 8 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

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: 21		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received		
	NICKNAME	LAST	SUFFIX			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Postmarked		
	<input 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)				
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report				
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	1 / 1 / 09		THROUGH	6 / 30 / 09		
	Date Processed					
Date Imaged						

6 EXPLANATION OF CORRECTION

4. Amended Schedule F to include purpose of \$160 contribution to Black Lawyers Scholarship Fundraiser on 4-18-09 - to provide scholarships to deserving students. Address: P.O. Box 13321 Austin, Tx. 78711-3321.

5. Amended Schedule F to show \$145 contribution to Flint Rock Golf course on June 26, 2009 for program benefitting youth in sports.

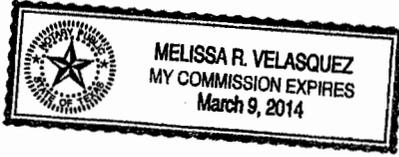
7 AFFIDAVIT

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 8 day of December

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

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

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

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: <u>21</u>		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received		
	NICKNAME	LAST	SUFFIX			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Postmarked		
	<input 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)				
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report				
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	1 / 1 / 09		THROUGH	6 / 30 / 09		
6 EXPLANATION OF CORRECTION		Date Processed				
Date Imaged		Receipt #				
Amount						

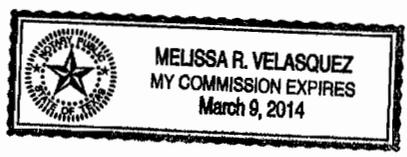
5. (continued) Also added contact person, Bucky Goodbold, and address - 203 Golden Bear Dr. Austin, Tx. 78734.

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

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 8 day of December

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

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

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

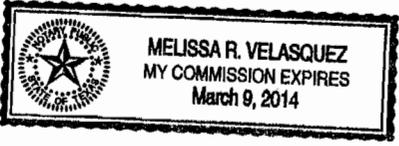
FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT # 2 Total pages filed: 21 OFFICE USE ONLY 3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR FIRST MI Mr. Samuel T. NICKNAME LAST SUFFIX Biscoe 4 ORIGINAL REPORT TYPE 5 ORIGINAL PERIOD COVERED 6 / 30 / 09

6 EXPLANATION OF CORRECTION 6. Amended Schedule F to show on 5-14-09 actual payee is HEB at 2400 S. Congress Ave. Austin, Texas 78704 for office birthday party for staff.

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. 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 8 day of December 20 11, 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

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 # (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 24px; font-weight: bold;">21</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 24px; font-weight: bold;">Samuel T.</div> <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24px; font-weight: bold;">Biscoe</div>	<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> <hr/> Date Received <hr/> Date Hand-delivered or Postmarked <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date Processed</td> <td style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount	Date Processed	Date Imaged				
Receipt #	Amount										
Date Processed	Date Imaged										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <div style="font-size: 24px; font-weight: bold;">6411 Bridgewater Dr. Austin, Tx. 78723</div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 24px; font-weight: bold;">(512) 854-9555</div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST MI <div style="text-align: center; font-size: 24px; font-weight: bold;">Daniel R.</div> <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24px; font-weight: bold;">Smith</div>										
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <div style="font-size: 24px; font-weight: bold;">2004 Sakdo #201 Austin, Tx. 78705</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 24px; font-weight: bold;">(512) 584-0889</div>										
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input 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 checked="" 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)
<input 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 checked="" 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 THROUGH Month Day Year <div style="font-size: 24px; font-weight: bold;">01 / 01 / 09 6 / 30 / 09</div>										
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 24px; font-weight: bold;">n/a / /</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 24px; font-weight: bold;">County Judge</div>	13 OFFICE SOUGHT (if known) <div style="font-size: 24px; font-weight: bold;">County Judge</div>									
GO TO PAGE 2											

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Samuel T. Biscoe 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME	<u>none</u>
	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)	\$ 350.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1307.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,625.81
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 8 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

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)

3-4-09

Jim Powers

6 Contributor address; City; State; Zip Code

P.O. Box 350
Dripping Springs, Tx. 78620

250⁰⁰

(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)

6-29-09

Jesse C. Alba

Contributor address; City; State; Zip Code

7909 Richard King Trail
Austin, Tx. 78749

\$100⁰⁰

(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: 1

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date

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

NONE

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 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 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 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 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: 1
2 FILER NAME Samuel T. Bischoe		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$		
5 Date of loan	7 Name of lender NONE <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 5

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1-7-09

HEB
Payee address: City: State: Zip Code
1000 E. 41st St.
Austin, Texas 78751

26.83

8 Purpose of payment (See instructions regarding type of information required.)

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

Office Supplies
(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

2-23-09

Cheryl Brown/Logan Baptist Church
Payee address: City: State: Zip Code
15608 Spring Hill Ln.
Pflugerville, Tx. 78660

75.00

Purpose of payment (See instructions regarding type of information required.)

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

Church anniversary
(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

2-26-09

Capital Metropolitan Bus
Payee address: City: State: Zip Code
323 Congress Ave
Austin, Tx. 78701

36.00

Purpose of payment (See instructions regarding type of information required.)

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

handship/transportation
(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

3-5-09

American Cancer Society
Payee address: City: State: Zip Code
2433 Ridgepoint Dr. Ste. B
Austin, Tx. 78754

100.00

Purpose of payment (See instructions regarding type of information required.)

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

annual fundraising drive
(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:
2 of 5

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date 3-5-09	5 Payee name Wesley United Church 6 Payee address; City; State; Zip Code 1160 San Bernard St. Austin, Tx 78702	7 Amount (\$) 70⁰⁰
-------------------------	---	---

8 Purpose of payment (See instructions regarding type of information required.) Don Grace Scholarship fundraiser (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 3-13-09	Payee name Diana's Flower Shop Payee address; City; State; Zip Code 2614 E. 7th Austin, Tx. 78702	Amount (\$) 83⁶¹
------------------------	--	---------------------------------------

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

Date 3-19-09	Payee name Perez Elementary School Payee address; City; State; Zip Code 7500 S. Pleasant Valley Rd. Austin, Tx 78744	Amount (\$) 100⁰⁰
------------------------	---	--

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

Date 3-20-09	Payee name Mount Zion Church Payee address; City; State; Zip Code 2938 E. 13th Austin, Tx. 78702	Amount (\$) 65⁰⁰
------------------------	---	---------------------------------------

Purpose of payment (See instructions regarding type of information required.) Church Anniversary Celebration fundraiser (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 5

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date 3-24-09	5 Payee name Guad. Pena	7 Amount (\$) 50.00
6 Payee address; City; State; Zip Code homeless person - no address		

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

Date 4-18-09	Payee name Black Lawyer Scholarship Fundraiser	Amount (\$) 160.00
Payee address; City; State; Zip Code P.O. Box 13321 Austin, Tx. 78711-3321		

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

Date 4-19-09	Payee name Jasie Zouola	Amount (\$) 63.08
Payee address; City; State; Zip Code 1503 Pine Knoll Dr. Austin, Tx. 78758		

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

Date 4-19-09	Payee name Margaret Gomez	Amount (\$) 25.00
Payee address; City; State; Zip Code 314 W. 11th Austin, Texas 78701		

Purpose of payment (See instructions regarding type of information required.) Cinco de Mayo Special fund <small>(If travel outside of Texas, complete Schedule T)</small>	** 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:
4 of 5

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date May 6	5 Payee name Sherry Frazier	7 Amount (\$) 2500
	6 Payee address; City; State; Zip Code home less - person	

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

Date 5/10/09	Payee name H E B	Amount (\$) 5752
	Payee address; City; State; Zip Code 2400 S. Congress Ave. Austin, Tx. 78704	

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

Date 6-16	Payee name Biscoe Special Projects	Amount (\$) 5000
	Payee address; City; State; Zip Code Travis County Credit Union 1101 N. IH-35 Austin Tx 78702	

Purpose of payment (See instructions regarding type of information required.) Juneteenth Sponsorship (If travel outside of Texas, complete Schedule T)	** Complete 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 payment (See instructions regarding type of information required.) (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:

5 of 5

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6/17-09

Block Registry Publishing / ^{Tony}Wyatt

17500

6 Payee address; City; State; Zip Code

1223 Rosewood Ave.
Austin, Tx. 78702

8 Purpose of payment (See instructions regarding type of information required.)

Advertising - Political

(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

Payee name

Amount (\$)

6/26/09

Flint Rock Golf Course

14500

Payee address; City; State; Zip Code

Bucky Godbold
203 Golden Bear Dr.
Austin, Tx. 78734

Purpose of payment (See instructions regarding type of information required.)

youth recreation / sports

(If travel outside of Texas, complete Schedule T)

** Complete 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 payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete 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 payment (See instructions regarding type of information required.)

(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 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.

1 Total pages Schedule G: <i>1</i>	2 FILER NAME <i>Samuel T. Biscue</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name <i>None</i>	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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)
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	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: 1	2 FILER NAME Samuel T. Bisio	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name 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

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><u>NONE</u></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>Amount (\$)</p>
	<p>Reason for credit</p>	
	<p>Payor name</p> <p>Payor address; City; State; Zip Code</p>	<p>Amount (\$)</p>
	<p>Reason for credit</p>	
	<p>Payor name</p> <p>Payor address; City; State; Zip Code</p>	<p>Amount (\$)</p>
	<p>Reason for credit</p>	
	<p>Payor name</p> <p>Payor address; City; State; Zip Code</p>	<p>Amount (\$)</p>
	<p>Reason for credit</p>	

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: <u>1</u>	2 FILER NAME <u>Samuel T. Biscoe</u>	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name <u>ADAE</u>	
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.)

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