

FORM COR-C/OH

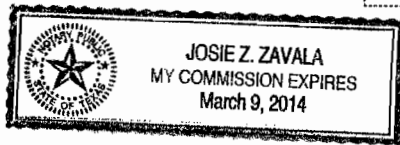
CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

7756

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

6 EXPLANATION OF CORRECTION
1. Amended 7-22-10 expense to Soleece Wolson to show "contribution" expense category and youth sports-track description.
2. Amended 8-24-10 expense to Costco wholesale to show "food beverage expense" category and coffee cream sweetener-office description.

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 30th day of January 2012, 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	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. PREFIX: Samuel MI: T. NICKNAME: _____ LAST: Biscoe SUFFIX: _____	Date Received
	4 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"/> 6th day before election <input type="checkbox"/> Final report	Date Hand-Delivered or Postmarked
5 ORIGINAL PERIOD COVERED	Month: 7 Day: 1 Year: 10 THROUGH Month: 10 Day: 2 Year: 10	Receipt # Amount
		Date Processed
		Date Imaged

6 EXPLANATION OF CORRECTION

3. Amended La Prensa (\$300) to show "advertising expense" category and ad-diez y seis description.

4. Amended Ace Printing (\$6026.85) on 9-27-10 to show "contractor labor/printing" category and printing signs/installation descriptions.

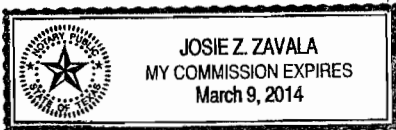
7 AFFIDAVIT

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 30th day of January

20 12, to certify which, witness my hand and seal of office.

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

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

FORM COR-C/OH

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

1 ACCOUNT #		2 Total pages filed		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	Date Hand-Delivered or Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Amount	
5 ORIGINAL PERIOD COVERED	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 10th day after treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Imaged	

6 EXPLANATION OF CORRECTION

Amended Arriba Newspaper (\$100) on 9-12-10 to show "advertising expense" and political ad as description.

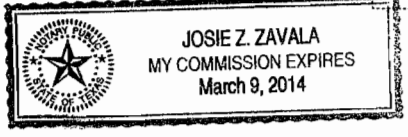
7 AFFIDAVIT

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 30th day of January, 20 12 to certify which, witness my hand and seal of office.

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

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

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: 1 of 2 2 FILER NAME: Samuel T. Biscue 3 ACCOUNT # (Ethics Commission Filers)

4 Date: 7-22-10 5 Payee name: Soleece Watson

6 Amount (\$): 100 7 Payee address; City; State; Zip Code: 2006 W. Loop Austin, Tx. 78758

8 PURPOSE OF EXPENDITURE: (a) Category (See categories listed at the top of this schedule): Contributions (b) Description (If travel outside of Texas, complete Schedule T): Youth Sports / Track

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

Date: 8-24-10 Payee name: Costco Wholesale

Amount (\$): 31.36 Payee address; City; State; Zip Code: 10401 Research Blvd. Austin, Tx. 78759

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): Food, Beverage Expense Description (If travel outside of Texas, complete Schedule T): Coffee, creamer, sweetener office

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

Date: 9-14-10 Payee name: La Prensa

Amount (\$): 300 Payee address; City; State; Zip Code: P.O. Box 6504 Austin 78762

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): Advertising Expense Description (If travel outside of Texas, complete Schedule T): AD - Dirty Seis

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

Date: 9-27-10 Payee name: Ace Printing

Amount (\$): 6026.85 Payee address; City; State; Zip Code: 7807 Doncaster Austin, Tx.

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): Contract labor/printing expense Description (If travel outside of Texas, complete Schedule T): Printing Signs/Installation

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	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 F: 2 of 2	2 FILER NAME Samuel T. Biscuit	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9-17-10	5 Payee name Arriba Newspaper
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6 Amount (\$) 100	7 Payee address; City; State; Zip Code 6003 Felix Ave. Austin 78741
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Political AD
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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