

FORM COR-C/OH

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

7757

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 checked="" type="checkbox"/> January 15	<input type="checkbox"/> Ranoff	<input type="checkbox"/> Other (specify)			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit				
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)				
	<input type="checkbox"/> 6th day before election	<input type="checkbox"/> Final report				
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	7 / 1 / 09		THROUGH	12 / 31 / 09		
6 EXPLANATION OF CORRECTION						

1. Amended expenditure to 7-Eleven on 12-8-09 in the amt. of \$50.56 to two invoices from HEB in the amounts of \$7.98 and \$42.58, which total 50.56. HEB is located at 1000 E. 41st street, Austin Tx. 78751.

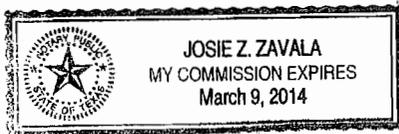
7 AFFIDAVIT

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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12-8-09	5 Payee name HEB
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6 Amount (\$) \$7.98	7 Payee address; City; State; Zip Code 1000 E. 41st street Austin, Tx 78751
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food beverage expenses	(b) Description (If travel outside of Texas, complete Schedule T) Office coffee, creamer, sweetener
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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 12-8-09	Payee name HEB
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Amount (\$) 42.58	Payee address; City; State; Zip Code 1000 E. 41st Austin, Tx. 78751
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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) Office coffee, sweetener, creamer
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED