

FORM COR-C/OH  
7758

## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #	2 Total pages filed.	<b>OFFICE USE ONLY</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <b>Mr.</b> FIRST: <b>Samuel</b> MI: <b>T.</b> NICKNAME: _____      LAST: <b>Biscoe</b> SUFFIX: _____	Date Received: _____ Date Hand-Delivered or Postmarked: _____ Receipt #: _____      Amount: _____ Date Processed: _____ Date Imaged: _____
4 ORIGINAL REPORT TYPE	<input checked="" 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 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      THROUGH      Month      Day      Year <b>7 / 1 / 09</b> <b>12 / 31 / 09</b>	

6 EXPLANATION OF CORRECTION

*Amended Schedule F by deleting Josie Zavala as payee for \$50 and substituting HEB at 1000 E. 41st Street, Austin, Tx. for office supplies on 7-7-09.*

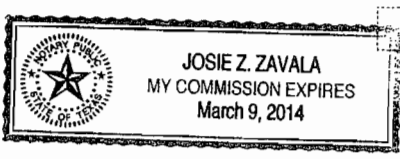
7 AFFIDAVIT

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 30<sup>th</sup> day of January, 2012, 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**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:  
**1 of 9**

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

4 Date <b>7-7-09</b>	5 Payee name <b>HEB</b>	7 Amount (\$) <b>50.00</b>
6 Payee address; City; State; Zip Code <b>1000 E. 41st Street Austin, Tx. 78751</b>		

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

Date <b>7-10-09</b>	Payee name <b>Rodney Chambers</b>	Amount (\$) <b>250.00</b>
Payee address; City; State; Zip Code <b>1600 Royal Crest Drive #111 Austin, Tx. 78741</b>		

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

Date <b>7-13-09</b>	Payee name <b>Gus Pena</b>	Amount (\$) <b>110.00</b>
Payee address; City; State; Zip Code <b>homeless person</b>		

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

Date <b>8-15-09</b>	Payee name <b>Episilon Iota Fraternity/Omega</b>	Amount (\$) <b>100</b>
Payee address; City; State; Zip Code <b>P.O. Box 140044 Austin, Tx. 78714</b>		

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED