

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8039

## 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:

17

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS (MR) FIRST MI  
 NICKNAME LAST SUFFIX  
 Samuel T.  
 Biscoe

OFFICE USE ONLY

Date Received  
 Dana DeBevoise  
 Travis County Clerk  
 2013 JAN 16 AM 9:13  
 FILED FOR RECORD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 6411 Bridgewater Dr.  
 Austin, Tx. 78723

Date Hand-distributed or Post-marked

change of address

Receipt Account

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (512) 929-3580

Date Processed

6 CAMPAIGN TREASURER NAME

MS / MRS (MR) FIRST MI  
 NICKNAME LAST SUFFIX  
 Daniel  
 Smith

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 2004 Salado #201 Austin Tx. 78705

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (512) 584-0889

9 REPORT TYPE:

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
 7 / 1 / 12 THROUGH 12 / 31 / 12

11 ELECTION

n/a

ELECTION DATE Month Day Year ELECTION TYPE  
 Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)

Travis County Judge

13 OFFICE SOUGHT (if known)

n/a

GO TO PAGE 2



# 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#: \_\_\_\_\_)

NONE

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 SCHEDULE 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. Briscoe

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)

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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** Check if personal funds were deposited into political account**16** GUARANTOR INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$) not applicable**18** Guarantor address; City; State; Zip Code**20** Principal Occupation (See Instructions)**21** 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

Check if personal funds were deposited into political account

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: <b>1 of 7</b>	2 FILER NAME <b>Samuel T. Biscoe</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>7-20-12</b>	5 Payee name <b>Diana's flower shop</b>	
6 Amount (\$) <b>\$213.28</b>	7 Payee address; City; State; Zip Code <b>2614 E. Seventh St. Austin, Tx. 78735</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>memorials Expenses</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Flowers for constituents (3)</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>7-23-12</b>	Payee name <b>Soleece Watson</b>	
Amount (\$) <b>\$100</b>	Payee address; City; State; Zip Code <b>7108 Northeast Drive #224 Austin, Texas 78723</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Donation</b>	Description (If travel outside of Texas, complete Schedule T) <b>To student Olympics</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>7-3-12</b>	Payee name <b>American Airlines</b>	
Amount (\$) <b>1464</b>	Payee address; City; State; Zip Code <b>P.O. Box 619612 MD 2400 DFW Airport, Tx. 75261-9612</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Travel out of District</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meeting with Elected Officials</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>9-18 and 19</b>	Payee name <b>Park Hotel</b>	
Amount (\$) <b>300</b>	Payee address; City; State; Zip Code <b>100 Century Avenue, Pudong New District Shanghai 200120, China</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Travel Out of District</b>	Description (If travel outside of Texas, complete Schedule T) <b>meeting w/ chinese Officials</b>
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: <b>2 of 7</b>	2 FILER NAME <b>Samuel T. Biscoe</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>8-13-12</b>	5 Payee name <b>L.B.J. High School Boosters Club</b>
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6 Amount (\$) <b>200</b>	7 Payee address; City; State; Zip Code <b>7309 Lozy Creek Dr. Austin, Tx. 78724</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Contribution by candidate</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>contribution to high school</b>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8-28-12</b>	Payee name <b>Sam's Club</b>
------------------------	---------------------------------

Amount (\$) <b>34.05</b>	Payee address; City; State; Zip Code <b>4970 W. Highway 290 Austin, Tx. 78735</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Beverage Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>office staff + constituents</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9-14-12</b>	Payee name <b>Aiana's Flower Shop</b>
------------------------	--

Amount (\$) <b>77.94</b>	Payee address; City; State; Zip Code <b>2614 E. Seventh St. Austin, Tx. 78735</b>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>memorials expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Peace lily for constituent</b>
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9-14-12</b>	Payee name <b>Arriba News</b>
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Amount (\$) <b>100</b>	Payee address; City; State; Zip Code <b>1009 East Cesar Chavez St. Austin, Tx. 78702</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Political advertising</b>
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Complete <u>ONLY</u> 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

**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: <b>3 of 7</b>	2 FILER NAME <b>Samuel T. Biscoe</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>9-14-12</b>	5 Payee name <b>La Prensa Newspaper</b>
--------------------------	--

6 Amount (\$) <b>300</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 141725 Austin, Tx. 78714</b>
-----------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Campaign Advertising</b>
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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 <b>Bookpeople Bookstore</b>
------	---

Amount (\$) <b>\$155.72</b>	Payee address; City; State; Zip Code <b>603 North Lamar Austin Texas 78703</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Gifts</b>	Description (If travel outside of Texas, complete Schedule T) <b>Texas Gifts to Elected Officials</b>
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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 <b>10-1-12</b>	Payee name <b>David Chapel Missionary Baptist Church</b>
------------------------	---

Amount (\$) <b>100</b>	Payee address; City; State; Zip Code <b>2211 E. Martin Luther King, Jr. Blvd. Austin, Tx. 78722</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Campaign ad in Souvenir Bikes</b>
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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 <b>10-5-12</b>	Payee name <b>King Tears Mortuary</b>
------------------------	--

Amount (\$) <b>200</b>	Payee address; City; State; Zip Code <b>1300 E. 12th St. Austin, Tx. 78702</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Donation by Officeholder</b>	Description (If travel outside of Texas, complete Schedule T) <b>Constituent Funeral Expense</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**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: 4 of 7	2 FILER NAME Samuel T. Biscap	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-31-12	5 Payee name Center for Mexican-American Cultural Arts
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6 Amount (\$) 250	7 Payee address; City; State; Zip Code P.O. Box 141726 Austin, Tx. 78723
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribution/Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Campaign contribution/Youth event
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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 11-8-12	Payee name The Group c/o Barbara Foreman
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Amount (\$) 1000	Payee address; City; State; Zip Code 11109 Bleich Ln. Austin, Tx. 78754
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution	Description (If travel outside of Texas, complete Schedule T) Sponsorship - 60% for constituent
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-13-12	Payee name Sam's Club
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Amount (\$) 80.61	Payee address; City; State; Zip Code 4970 Hwy. 290 West Austin, Tx. 78735
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Office supplies
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-22-12	Payee name Dannish Uadin
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Amount (\$) 100	Payee address; City; State; Zip Code 12166 Metric Blvd. #201 Austin, Tx. 78754
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) event expense/beverage	Description (If travel outside of Texas, complete Schedule T) meeting with constituents
------------------------	--	--

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

# 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: <b>5 of 7</b>	2 FILER NAME <b>Samuel T. Biscoe</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>11-13-12</b>	5 Payee name <b>House The Homeless</b>
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6 Amount (\$) <b>100</b>	7 Payee address; City; State; Zip Code <b>PO Box 2312 Austin, Tx. 78768-2312</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Contribution by office holder</b>	(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
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Date <b>11-26-12</b>	Payee name <b>Royal Chinese Buffet</b>
-------------------------	---

Amount (\$) <b>105.00</b>	Payee address; City; State; Zip Code <b>1813 Parmer Lane Austin, Tx. 78758</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food &amp; beverage Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meeting with constituents</b>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10-31-13</b>	Payee name <b>Cheryl Brown</b>
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Amount (\$) <b>100</b>	Payee address; City; State; Zip Code <b>9000 Bancroft Trail Austin, Tx. 78729</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contribution by office holder</b>	Description (If travel outside of Texas, complete Schedule T) <b>OH contribution</b>
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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 <b>10-31-13</b>	Payee name <b>HEB</b>
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Amount (\$) <b>43.71</b>	Payee address; City; State; Zip Code <b>7112 Ed Bluestein Blvd. # 125 Austin, Tx. 78723</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Office holder candy for kids</b>
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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: <b>7 of 7</b>	2 FILER NAME <b>Samuel T. Biscoe</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>12-20-12</b>	5 Payee name <b>Cheryl Brown</b>
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6 Amount (\$) <b>200</b>	7 Payee address; City; State; Zip Code <b>9000 Bancroft Trail Austin, TX. 78729</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Gift/Awards/Memorials Exp.</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Gift to staff - AMAS</b>
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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 <b>12-20-12</b>	Payee name <b>Jose Zosola</b>
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Amount (\$) <b>200</b>	Payee address; City; State; Zip Code <b>1503 Pine Knoll Drive Austin, TX. 78758</b>
---------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Gifts To Staff</b>	Description (If travel outside of Texas, complete Schedule T) <b>Gift to staff - AMAS</b>
------------------------	---	--

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

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)
------------------------	--	---

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

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)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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: <b>6 of 7</b>	2 FILER NAME <b>Samuel T. Biscoe</b>	3 ACCOUNT # (Ethics Commission Filers)
--	---	--

4 Date	5 Payee name <b>Diana's flower Shop</b>
--------	--

6 Amount (\$) <b>134.24</b>	7 Payee address; City; State; Zip Code <b>2614 E. Seventh St. Austin, Tx. 78702</b>
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Gifts/Awards/Memorials Ex.</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>flowers for constituents</b>
--------------------------	---	--

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

Date <b>12-14-12</b>	Payee name <b>El Patio Restaurant</b>
-------------------------	--

Amount (\$) <b>55</b>	Payee address; City; State; Zip Code <b>2938 Guadalupe Austin, Tx. 78705</b>
--------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Office Intern Appreciation lunch</b>
------------------------	--	--

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

Date <b>12-20-12</b>	Payee name <b>Jes Ann Nail</b>
-------------------------	-----------------------------------

Amount (\$) <b>100</b>	Payee address; City; State; Zip Code <b>501 E. Stassney #310 Austin, Tx. 78745</b>
---------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contributions by OH/Donation</b>	Description (If travel outside of Texas, complete Schedule T) <b>Contributions by OH</b>
------------------------	---	---

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

Date <b>12-20-12</b>	Payee name <b>Melissa Uelasquez</b>
-------------------------	--

Amount (\$) <b>200</b>	Payee address; City; State; Zip Code <b>8502 Romney Rd Austin 78748</b>
---------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Gift/Award/Memorials</b>	Description (If travel outside of Texas, complete Schedule T) <b>XMAS Gift to Staff</b>
------------------------	---	--

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 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.

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

<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code
--	---

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

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

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	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)
------------------------	--	---

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

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	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)
------------------------	--	---

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

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	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)
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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: <i>1 of 1</i>	2 FILER NAME <i>Samuel T. Biscoe</i>	3 ACCOUNT # (Ethics Commission Filers)
--	---	--

4 Date	5 Business name <i>None</i>
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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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business 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)
------------------------	--	---

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

Amount (\$)	Business 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)
------------------------	--	---

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

<b>1</b> Total pages Schedule I: <i>1 of 1</i>	<b>2</b> FILER NAME <i>Samuel T. Biscoe</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
---	--	---

<b>4</b> Date	<b>5</b> Payee name <i>NONE</i>
---------------	------------------------------------

<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code
----------------------	---

<b>8</b> 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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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

*Samuel T. Bisio*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

*NONE*

8

Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

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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

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

Sept. 15 thru Sept 22, 2012

7 Name of person(s) traveling

Samuel T. Biscoe

8 Departure city or name of departure location

Austin, Texas

9 Destination city or name of destination location

Shanghai China

10 Means of transportation

air flight

11 Purpose of travel (including name of conference, seminar, or other event)

airline ticket to visit with officials of Rugova et.

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Samuel T. Biscoe

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

Sept. 18 and 19

Name of person(s) traveling

Samuel T. Biscoe

Departure city or name of departure location

Austin, Tx.

Destination city or name of destination location

Shanghai, China - Park hotel

Means of transportation

air travel

Purpose of travel (including name of conference, seminar, or other event)

Meals and lodging at conference (2 days)

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)

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