

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**8251**

**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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI	<b>OFFICE USE ONLY</b> Date Received: 2014 JAN 15 Date Hand-delivered or Postmarked: 11 43 Receipt # Amount: 43 Date Processed: Date Imaged:	
	NICKNAME LAST SUFFIX		
Samuel T Biscoe			
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6411 Bridgewater Dr Austin, Texas 78723 <input type="checkbox"/> change of address			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	AREA CODE PHONE NUMBER EXTENSION		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI		
6 CAMPAIGN TREASURER NAME	AREA CODE PHONE NUMBER EXTENSION		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI		
8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
9 REPORT TYPE	AREA CODE PHONE NUMBER EXTENSION		
10 PERIOD COVERED	<input checked="" 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 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)		
11 ELECTION	Month Day Year    Month Day Year 7 / 01 / 13    THROUGH    12 / 31 / 13		
12 OFFICE	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special n/a    / /		
13 OFFICE SOUGHT (if known)	OFFICE HELD (if any)		
	Travis County Judge	n/a	

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.

*none*

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ 500

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 3343.24

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

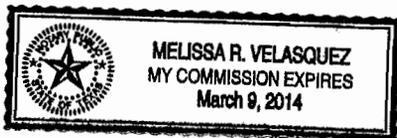
\$ 25,940.50

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 15 day of January, 20 14, 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 of 1

2 FILER NAME

Samuel T. Biscoe

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11-13-13

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

LAN-PAC - Lockwood Andrew & Newman, Inc.

6 Contributor address; City; State; Zip Code

2925 Briarpark Dr.  
Houston, Tx. 77042

7 Amount of contribution (\$)

500

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Planning, Engineering, Program Mgmt

10 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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. Biscoe 3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:      ⇨      ⇨      ⇨      ⇨      ⇨      ⇨      \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>None</u>	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(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: <b>1</b>
2 FILER NAME <b>Samuel T. Biscoe</b>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$
5 Date of loan	7 Name of lender <b>None</b> <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 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address;    City;    State;    Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 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		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 8</b>	2 FILER NAME <b>Samuel T. Biscoe</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>7-10-13</b>	5 Payee name <b>National Forum for Black Public Administrators</b>
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6 Amount (\$) <b>100</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 1398 Austin, Tx. 78767</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>contribution</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>leadership development</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>9-28-14</b>	Payee name <b>Metropolitan AME</b>
------------------------	---------------------------------------

Amount (\$) <b>100</b>	Payee address; City; State; Zip Code <b>1101 E. 10th St. Austin, Tx. 78702</b>
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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)
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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>7-22-13</b>	Payee name <b>Target</b>
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Amount (\$) <b>70.74</b>	Payee address; City; State; Zip Code <b>5300 S. MOPAC Austin, Tx. 78749</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>office expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Supplies</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>8-2-13</b>	Payee name <b>Phi Gamma Omega / Emmett Hayes</b>
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Amount (\$) <b>100</b>	Payee address; City; State; Zip Code <b>4001 Tulewaise Gove Austin, Tx. 78749</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>contribution</b>	Description (If travel outside of Texas, complete Schedule T) <b>fundraiser / scholarship fund</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>2 of 8</b>	2 FILER NAME <b>Samuel T. Biscoe</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>8-12-13</b>	5 Payee name <b>Victory Ministries of Austin</b>
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6 Amount (\$) <b>40</b>	7 Payee address; City; State; Zip Code <b>2300 Conterbury Austin, Tx. 78702</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>contribution</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>youth development</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>8-12-13</b>	Payee name <b>Wanda Graham</b>
------------------------	-----------------------------------

Amount (\$) <b>100</b>	Payee address; City; State; Zip Code <b>7005 George Brown Rd. Garland, Tx. 75043</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contribution</b>	Description (If travel outside of Texas, complete Schedule T) <b>homeless program</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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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**STB**

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 <u>ONLY</u> 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 <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 8</b>	2 FILER NAME <b>Samuel T. Biscoe</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>9-6-13</b>	5 Payee name <b>Arriba News</b>
-------------------------	------------------------------------

6 Amount (\$) <b>100</b>	7 Payee address; City; State; Zip Code <b>1009 East Cesar Chavez St. Austin, Tx. 78702</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>advertising</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>political ad</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>9-6-13</b>	Payee name <b>La Prensa News</b>
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Amount (\$) <b>300</b>	Payee address; City; State; Zip Code <b>7215 Harnell Drive Austin, Tx. 78723</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>advertising</b>	Description (If travel outside of Texas, complete Schedule T) <b>political ad</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>9-9-13</b>	Payee name <b>Spectrum Theatre Company</b>
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Amount (\$) <b>100</b>	Payee address; City; State; Zip Code <b>4101 Monticello Circle Austin, Tx. 78721</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contribution</b>	Description (If travel outside of Texas, complete Schedule T) <b>Black Theatre fundraiser</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>9-26-13</b>	Payee name <b>Manor New Tech High Project Grad</b>
------------------------	---

Amount (\$) <b>100</b>	Payee address; City; State; Zip Code <b>10323 U.S. Hwy. 290 E Manor, Tx. 78653</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contribution</b>	Description (If travel outside of Texas, complete Schedule T) <b>educational development</b>
------------------------	---	---

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>4 of 8</b>	2 FILER NAME <b>Samuel T. Biscoe</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>10-23-13</b>	5 Payee name <b>Direct Mark, Inc.</b>
---------------------------	--

6 Amount (\$) <b>216.50</b>	7 Payee address; City; State; Zip Code <b>9901 Brodie Ln Ste 160 PMB 252 Austin, TX 78748</b>
--------------------------------	--

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

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>9-20-13</b>	Payee name <b>Capitol Metro</b>
------------------------	------------------------------------

Amount (\$) <b>30</b>	Payee address; City; State; Zip Code <b>323 Congress Ave. Austin, TX 78701</b>
--------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>travel expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>bus tickets/constituents</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>8-28-13</b>	Payee name <b>Glorias Restaurant #15</b>
------------------------	---

Amount (\$) <b>67.60</b>	Payee address; City; State; Zip Code <b>300 W. 6th Austin, TX 78701</b>
-----------------------------	--

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>Staff luncheon</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>8-23-13</b>	Payee name <b>Victory Outreach</b>
------------------------	---------------------------------------

Amount (\$) <b>50</b>	Payee address; City; State; Zip Code <b>2300 Conterbury Austin, TX 78702</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contribution</b>	Description (If travel outside of Texas, complete Schedule T) <b>School acting program</b>
------------------------	---	---

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>5 of 8</b>	2 FILER NAME <b>Samuel T. Biscoe</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>9-28-13</b>	5 Payee name <b>Iota Omega Psi Phi - Epsilon Iota Foundation</b>
--------------------------	---

6 Amount (\$) <b>100</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 140014, Austin, TX. 78714</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>contribution</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Scholarship fundraiser</b>
--------------------------	---	--

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>10-3-13</b>	Payee name <b>Josie Zouola / HEB</b>
------------------------	---

Amount (\$) <b>52</b>	Payee address; City; State; Zip Code <b>9414 N. Lamar Blvd. Austin, Tx. 78753</b>
--------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>food</b>	Description (If travel outside of Texas, complete Schedule T) <b>Staff birthday celebration</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>10-17-13</b>	Payee name <b>Piana's Flower Shop</b>
-------------------------	--

Amount (\$) <b>59.54</b>	Payee address; City; State; Zip Code <b>2614 E. Seventh St. Austin, Tx. 78702</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>flowers - Kirk</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>10-21-13</b>	Payee name <b>Travis County Combined Charities</b>
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Amount (\$) <b>50</b>	Payee address; City; State; Zip Code <b>United Way - Greater Austin 2000 E. MLK Jr. Blvd. Austin, Tx. 78702</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contribution</b>	Description (If travel outside of Texas, complete Schedule T) <b>nonprofits fundraiser</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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**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 8</b>		2 FILER NAME <b>Samuel T. Biscoe</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10-24-13</b>		5 Payee name <b>Rick Luna</b>			
6 Amount (\$) <b>40</b>		7 Payee address; City; State; Zip Code <b>4402 Dove Meadow Austin, Tx. 78744</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>contribution</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>youth haloween event</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>12-4-13</b>		Payee name <b>Black Austin Democrats</b>			
Amount (\$) <b>100</b>		Payee address; City; State; Zip Code <b>P.O. Box 212 Austin, Tx. 78767</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>contribution</b>		Description (If travel outside of Texas, complete Schedule T) <b>community organizing</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>12-23-13</b>		Payee name <b>Josie Zouza</b>			
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>Gift</b>		Description (If travel outside of Texas, complete Schedule T) <b>Staff Xmas Gift</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>12-23-13</b>		Payee name <b>Cheryl Brown</b>			
Amount (\$) <b>200</b>		Payee address; City; State; Zip Code <b>9000 Bancroft Trail Austin, Tx. 78729</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Gift</b>		Description (If travel outside of Texas, complete Schedule T) <b>Staff Xmas Gift</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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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 8</b>	2 FILER NAME <b>Samuel T. Biscoe</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>11-8-13</b>	5 Payee name <b>Federal Express Office</b>
--------------------------	---

6 Amount (\$) <b>108.04</b>	7 Payee address; City; State; Zip Code <b>327 Congress Ave Austin, Tx. 78641</b>
--------------------------------	---

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

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>11-12-13</b>	Payee name <b>Sylvia Lopez</b>
-------------------------	-----------------------------------

Amount (\$) <b>117</b>	Payee address; City; State; Zip Code <b>13107 Rampart St. Austin, Tx. 78727</b>
---------------------------	--

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 ties - Taiwanese</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>12-4-13</b>	Payee name <b>Target</b>
------------------------	-----------------------------

Amount (\$) <b>91.82</b>	Payee address; City; State; Zip Code <b>5300 S. MOPAC Austin, Tx. 78749</b>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Office beverage expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Coffee, sweetner, creamer</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>12-27-13</b>	Payee name <b>Kandale Monney</b>
-------------------------	-------------------------------------

Amount (\$) <b>100</b>	Payee address; City; State; Zip Code <b>515 Shiloh Dr. Victoria, Tx. 77904</b>
---------------------------	---

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

Complete <u>ONLY</u> 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>8 of 8</b>	2 FILER NAME <b>Samuel T. Bisioe</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>12-23-13</b>	5 Payee name <b>Melissa Velasquez</b>
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6 Amount (\$) <b>200</b>	7 Payee address; City; State; Zip Code <b>8502 Romney Rd. Austin, Tx. 78748</b>
-----------------------------	--

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12-23-13</b>	Payee name <b>David Salazar</b>
-------------------------	------------------------------------

Amount (\$) <b>200</b>	Payee address; City; State; Zip Code <b>236 Marrell Kyle, Tx. 78640</b>
---------------------------	--

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12-27-13</b>	Payee name <b>Ken Nance</b>
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Amount (\$) <b>250</b>	Payee address; City; State; Zip Code <b>17217 Inspiration Austin, Tx. 78724</b>
---------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>political consulting/constituency development</b>
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name	<b>STB</b>
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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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# 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)
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<b>4</b> Date	<b>5</b> Payee name <i>NONE</i>
---------------	------------------------------------

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

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

4 Date	5 Business name <b>NONE</b>
--------	--------------------------------

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
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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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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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

1

Samuel T. Biscoe

4 Date

5 Payee name  
None

6 Amount (\$)

7 Payee address; City; State; Zip Code

8 PURPOSE  
OF  
EXPENDITURE

(a) Category (See instructions for examples of acceptable categories)

(b) Description (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

PURPOSE  
OF  
EXPENDITURE

(a) Category (See instructions for examples of acceptable categories)

(b) Description (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

PURPOSE  
OF  
EXPENDITURE

(a) Category (See instructions for examples of acceptable categories)

(b) Description (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

PURPOSE  
OF  
EXPENDITURE

(a) Category (See instructions for examples of acceptable categories)

(b) 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. Biscoe

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

*NONE*

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

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:

- 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)

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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