

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

1 of 18
5512

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:
18

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
ARTHUR
NICKNAME LAST SUFFIX
JAMPSON

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

STATE CLERK
TRAVIS COUNTY TEXAS

RECORD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX APT / SUITE #: CITY: STATE: ZIP CODE
5710 SANDHURST Circle
AUSTIN, TEXAS 78723

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 926-3475

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
DEBBIE
NICKNAME LAST SUFFIX
DOWDEN

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
6900 CRYSTAL BROOK DR. AUSTIN, TX 78723

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 926-7434

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
10 / 01 / 03 THROUGH 12 / 31 / 03

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
3 / 9 / 04
 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

County Commissioner, Pct. 1

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box Apt / Suite #: City: State: Zip Code

additional pages

GO TO PAGE 2

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A1:
1 of 5

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date 11/17/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Barton, Tom	7 Amount of contribution (\$) \$ 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1407 Wathen Ave., Austin, Tx. 78703			

9 Principal occupation (Optional) 10 Employer (Optional)

Date 12/19/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Johnson, James R	Amount of contribution (\$) \$ 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 711 Churchill Farms, Georgetown, Tx. 78626			

Principal occupation (Optional) Employer (Optional)

Date 12/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stewart, Ron	Amount of contribution (\$) \$ 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6929 Airport Blvd. Ste. 100, Austin, Tx. 78752			

Principal occupation (Optional) Employer (Optional)

Date 12/30/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Parker, Gayle T.	Amount of contribution (\$) \$ 20⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1705 Carter Street, Bastrop, Tx. 78602			

Principal occupation (Optional) Employer (Optional)

Date 12/20/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wormley, Rodney & Gail	Amount of contribution (\$) \$ 25⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5511 Abilene Trail, Austin, Tx. 78749			

Principal occupation (Optional) Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

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2 FILER NAME

3 ACCOUNT # (Ethics Commission Bers)

4 Date

11/15/03

5 Full name of contributor

Adams, Willie

 out-of-state PAC (ID#)7 Amount of
contribution (\$)# 50⁰⁰8 In-kind contribution
description (if applicable)

6 Contributor address: City: State: Zip Code

11806 Navasota Street, Manor, Tx. 78653

9 Principal occupation (Optional)

10 Employer (Optional)

Date

11/9/03

Full name of contributor

Bowden, Dobbie

 out-of-state PAC (ID#)Amount of
contribution (\$)# 25⁰⁰In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code

6900 Crystalbrook Drive, Austin, Tx. 78724

Principal occupation (Optional)

Employer (Optional)

Date

11/15/03

Full name of contributor

Mr. & Mrs. Moseley, Arthur L.

 out-of-state PAC (ID#)Amount of
contribution (\$)# 25⁰⁰In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code

2504 E. Martin L. King Blvd., Austin, Tx.
78702

Principal occupation (Optional)

Employer (Optional)

Date

11/21/03

Full name of contributor

Box, Michael

 out-of-state PAC (ID#)Amount of
contribution (\$)# 25⁰⁰In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code

9313 Bluegrass Drive, Austin, Tx. 78759

Principal occupation (Optional)

Employer (Optional)

Date

11/19/03

Full name of contributor

Trotman, Cornelio

 out-of-state PAC (ID#)Amount of
contribution (\$)# 25⁰⁰In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code

123 Avenida Trejas, Kyle, Tx. 78640

Principal occupation (Optional)

Employer (Optional)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS** 4 of 18

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form. **1 Total pages this Schedule A1:**
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2 FILER NAME **3 ACCOUNT #** (Ethics Commission filers)

4 Date 11/15/03 **5 Full name of contributor** out-of-state PAC (ID#) James, Jeffrey A M.D.
6 Contributor address; City; State; Zip Code 3232 E. Martin L. King Blvd, Austin, Tx. 78721
7 Amount of contribution (\$) \$25.⁰⁰ **8 In-kind contribution description (if applicable)**

9 Principal occupation (Optional) **10 Employer (Optional)**

Date 11/15/03 **Full name of contributor** out-of-state PAC (ID#) Davis, Ken
Contributor address; City; State; Zip Code 16604 Decker Creek Dr, Manor, Tx. 78653
Amount of contribution (\$) \$25.⁰⁰ **In-kind contribution description (if applicable)**

Principal occupation (Optional) **Employer (Optional)**

Date 11/15/03 **Full name of contributor** out-of-state PAC (ID#) King, Sharon H.
Contributor address; City; State; Zip Code 9003 Wellesley Dr, Austin, Tx. 78754
Amount of contribution (\$) \$25.⁰⁰ **In-kind contribution description (if applicable)**

Principal occupation (Optional) **Employer (Optional)**

Date 11/26/03 **Full name of contributor** out-of-state PAC (ID#) Wright, Joan Arnold
Contributor address; City; State; Zip Code 12911 Dove Point Lane, Houston, Tx. 77041
Amount of contribution (\$) \$30.⁰⁰ **In-kind contribution description (if applicable)**

Principal occupation (Optional) **Employer (Optional)**

Date 11/26/03 **Full name of contributor** out-of-state PAC (ID#) Jones, Kimberly
Contributor address; City; State; Zip Code 2001 S. Mopac #2038, Austin, Tx. 78746
Amount of contribution (\$) \$5.⁰⁰ **In-kind contribution description (if applicable)**

Principal occupation (Optional) **Employer (Optional)**

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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SCHEDULE A1
(FOR FORMS C/DH, C/DH-SS, SC-C/DH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 4 of 5	
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 Date 11/26/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Arnold, Marrin	7 Amount of contribution (\$) \$ 40⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 835 Timber Dell Lane, Dallas, Tx. 75232			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 11/3/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kaykendall, William "Kirk"	Amount of contribution (\$) \$ 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 106 E. 6th Street, Ste. 900, Austin, Tx. 78701			
Principal occupation (Optional)		Employer (Optional)	
Date 12/5/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Houston, O. C.	Amount of contribution (\$) \$ 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2115 E. Martin L. King Blvd, Austin, Tx. 78702			
Principal occupation (Optional)		Employer (Optional)	
Date 12/13/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Moseley, Arthur & Mildred	Amount of contribution (\$) \$ 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7203 Crystalbrook Drive, Austin, Tx. 78724			
Principal occupation (Optional)		Employer (Optional)	
Date 12/10/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ragland, Howard	Amount of contribution (\$) \$ 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1514 E. 12th Street, Austin, Tx. 78702			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 5 OF 5	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/31/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Arrington, Theresa 6 Contributor address: City: State: Zip Code 16008 Dorman Drive, Austin, Tx. 78717	7 Amount of contribution (\$) \$500⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 11/17/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wade-Brown, Phyllis Contributor address: City: State: Zip Code 13124 Dearbonne Drive, Del Valle, Tx. 78617	Amount of contribution (\$) \$50⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 12/30/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Young, Raymond M. Contributor address: City: State: Zip Code 14306 Rosseau Street, Austin, Tx. 78725	Amount of contribution (\$) \$20⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 12/21/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LUCIA STAN Contributor address: City: State: Zip Code P.O. Box 90481, AUSTIN, TX 78709	Amount of contribution (\$) \$10.⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 4

2 FILER NAME

ARTHUR SAMPSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/24/03

5 Payee name

WANDA BROWN

7 Amount (\$)

\$ 160.00

6 Payee address; City; State; Zip Code

10807 Syracuse Cove, Austin, TX 78723

8 Purpose of payment (See instructions regarding type of information required.)

OFFICE CLERK

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

10/24/03

Payee name

James Johnson

Amount (\$)

\$ 116.00

Payee address; City; State; Zip Code

2902 Sweeney Ln #2 Austin, TX 78723

Purpose of payment (See instructions regarding type of information required.)

Campaign Worker

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

10/24/03

Payee name

JOSEPH KEYS

Amount (\$)

\$ 49.00

Payee address; City; State; Zip Code

1405 Braesridge Dr #A Austin, TX 78723

Purpose of payment (See instructions regarding type of information required.)

Campaign Worker

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

10/31/03

Payee name

Miller Blue Print

Amount (\$)

\$ 43.19

Payee address; City; State; Zip Code

501 West 6th St. Austin, TX 78701

Purpose of payment (See instructions regarding type of information required.)

Printing

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:
2 of 4

2 FILER NAME *Arthur Sampson* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>11/03/03</i>	5 Payee name <i>Wanda Brown</i>	7 Amount (\$) <i>\$ 320.00</i>
6 Payee address; City; State; Zip Code <i>6807 Syracuse Cove, Austin, TX 78723</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>OFFICE CLERK</i>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
--	--

Date <i>11/04/03</i>	Payee name <i>Sam's Club</i>	Amount (\$) <i>\$ 60.81</i>
Payee address; City; State; Zip Code <i>130 Sundance Parkway #300 ROUND ROCK TX 78681</i>		

Purpose of payment (See instructions regarding type of information required.) <i>OFFICE Supplies</i>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
---	--

Date <i>11-04-03</i>	Payee name <i>Miller Blue Print Co.</i>	Amount (\$) <i>\$ 143.95</i>
Payee address; City; State; Zip Code <i>501 West 6th St., Austin, TX 78701</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Printing</i>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
--	--

Date <i>11-04-03</i>	Payee name <i>UNITED STATES Post OFFICE</i>	Amount (\$) <i>\$ 148.00</i>
Payee address; City; State; Zip Code <i>Downtown Station, Austin, TX 78701</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Stamps</i>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
--	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3 of 4
2 FILER NAME Arthur Sampson		3 ACCOUNT # (Ethics Commission filers)
4 Date 11-07-03	5 Payee name Miller BLUE Print Co. 6 Payee address; City; State; Zip Code 501 West 6th ST, AUSTIN, TX 78701	7 Amount (\$) \$16.24
8 Purpose of payment (See instructions regarding type of information required.) Printing		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11-1-04	Payee name Southwestern Bell Co. Payee address; City; State; Zip Code P.O. Box 650487, DALLAS, TX 75265-0487	Amount (\$) \$229.08
Purpose of payment (See instructions regarding type of information required.) Campaign Phones Bill		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11-14-04	Payee name Sam's Club Payee address; City; State; Zip Code 5107 I-35 South, AUSTIN, TX 78744	Amount (\$) \$220.79
Purpose of payment (See instructions regarding type of information required.) Supplies For Campaign		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11-14-03	Payee name Home Depot Payee address; City; State; Zip Code 7211 North I-35, AUSTIN, Texas 78752	Amount (\$) \$50.60
Purpose of payment (See instructions regarding type of information required.) Campaign Supplies American FLAGS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
4 OF 4

2 FILER NAME
Arthur Sampson

3 ACCOUNT # (Ethics Commission filers)

4 Date
11-14-03

5 Payee name
A-Okay Signs
6 Payee address: City: State: Zip Code
1015. Reintli, Austin, TX 78723

7 Amount (\$)
\$175.00

8 Purpose of payment (See instructions regarding type of information required.)
Campaign SIGN

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

Date

Payee name
Payee address: City: State: Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

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

Date

Payee name
Payee address: City: State: Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

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

Date

Payee name
Payee address: City: State: Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

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SCHEDULE G

The instruction Guide explains how to complete this form.

1 Total pages Schedule G:

1 OF 7

2 FILER NAME

Arthur Sampson

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

American Party Rental

8 Amount (\$)

11-16-03

6 Payee address; City; State; Zip Code

10426 North Lamar Blvd, AUSTIN, TX 78753

\$ 16.24

7 Purpose of expenditure (See instructions regarding type of information required.)

stand for Campaign KICK OFF

Reimbursement from political contributions intended

Date

Payee name

Reddy Ice

Amount (\$)

11-15-03

Payee address; City; State; Zip Code

P.O. Box 142938, AUSTIN, TX 78723

\$ 15.00

Purpose of expenditure (See instructions regarding type of information required.)

Ice for Campaign KICK OFF

Reimbursement from political contributions intended

Date

Payee name

Willie Sampson

Amount (\$)

11-15-03

Payee address; City; State; Zip Code

\$ 250.⁰⁰

Purpose of expenditure (See instructions regarding type of information required.)

Band for Campaign KICK OFF

Reimbursement from political contributions intended

Date

Payee name

OFFICE MAX

Amount (\$)

11-17-03

Payee address; City; State; Zip Code

5451-B North IH-35, AUSTIN, TX 78723

\$ 7.14⁰⁰

Purpose of expenditure (See instructions regarding type of information required.)

Supplies (OFFICE)

Reimbursement from political contributions intended

Date

Payee name

Miller Blue Print Co

Amount (\$)

11-18-03

Payee address; City; State; Zip Code

501 WEST 6th ST, AUSTIN, TX 78701

\$ 9.74

Purpose of expenditure (See instructions regarding type of information required.)

COPING MAP for Re-DISTRICTING

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

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SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:
2 OF 7

2 FILER NAME
Arthur Sampson

3 ACCOUNT # (Ethics Commission Ders)

4 Date 11/19/03	5 Payee name Miller Blue Print	8 Amount (\$) \$ 25.62
	6 Payee address; City; State; Zip Code 501 West 64th ST, Austin, TX 78701	
7 Purpose of expenditure (See instructions regarding type of information required.) VOTING PET MAP COPY		<input type="checkbox"/> Reimbursement from political contributions intended

Date 11-19-03	Payee name MITCHIE'S FINE BLACK ART	Amount (\$) \$ 21.65
	Payee address; City; State; Zip Code 5706 MANOR Rd STE B1, AUSTIN, TX 78723	
Purpose of expenditure (See instructions regarding type of information required.) PCT. MAP DRY MOUNTING		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 11-15-03	Payee name 3. D SECURITY	Amount (\$) \$ 108.00
	Payee address; City; State; Zip Code P.O. Box 382, Delvalle, TX 78617	
Purpose of expenditure (See instructions regarding type of information required.) Security For Campaign Kick-off		<input type="checkbox"/> Reimbursement from political contributions intended

Date 11-21-03	Payee name WANDA BROWN	Amount (\$) \$ 320.00
	Payee address; City; State; Zip Code 6807 Syracuse Cove, Austin, TX 78723	
Purpose of expenditure (See instructions regarding type of information required.) OFFICE CLERK		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 11-22-03	Payee name Home Depot	Amount (\$) \$ 24.68
	Payee address; City; State; Zip Code 7211 North I-35, Austin, Texas 78752	
Purpose of expenditure (See instructions regarding type of information required.) SIGN STAKES		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

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SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

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2 FILER NAME

Arthur Samrison

3 ACCOUNT # (Ethics Commission Uses)

4 Date	5 Payee name Payee address; City; State; Zip Code	8 Amount (\$)
11-23-03	Home DEPOT 7211 North I-35, Austin, Texas 78752	\$ 107.11
	7 Purpose of expenditure (See instructions regarding type of information required.) T-Post for Campaign Signs	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
11-24-03	Home DEPOT 7211 North I-35 Austin, TX 78752	\$ 15.36
	Purpose of expenditure (See instructions regarding type of information required.) WOOD STAKES for Signs	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
12-03-03	American Party Rental 10436 North Lamar Blvd, Austin, TX 78753	\$ 27.07
	Purpose of expenditure (See instructions regarding type of information required.) Stand for Campaign	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
11-25-03	Home DEPOT 7211 North I-35, Austin, TX 78752	\$ 135.23
	Purpose of expenditure (See instructions regarding type of information required.) WOOD STAKES For Signs	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
11-25-03	AUSTIN EMBROIDERY 6001 Airport Blvd, Austin, TX	\$ 43.26
	Purpose of expenditure (See instructions regarding type of information required.) Campaign Caps Advertising	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

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SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:
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2 FILER NAME

Arthur Sampson

3 ACCOUNT # (Ethics Commission Uses)

4 Date

5 Payee name

Miller Blue Print

8 Amount (\$)

12-04-03

6 Payee address; City; State; Zip Code

501 WEST 6th ST, AUSTIN, TX 78701

\$ 3.97

7 Purpose of expenditure (See instructions regarding type of information required.)

FORM BOARD FOR PET MAP

Reimbursement from political contributions intended

Date

Payee name

PRO ARTS

Amount (\$)

12-06-03

Payee address; City; State; Zip Code

810 EAST 13th ST, AUSTIN, TX 78702

\$ 25.00

Purpose of expenditure (See instructions regarding type of information required.)

Booth at Given Park Campaign

Reimbursement from political contributions intended

Date

Payee name

TIME WARNER Cable

Amount (\$)

11-26-03

Payee address; City; State; Zip Code

P.O. Box 85100, AUSTIN, TX 78708

\$ 64.06

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name

JAMES Johnson

Amount (\$)

12-05-03

Payee address; City; State; Zip Code

2902 Sweeney LN #2, AUSTIN, TX 78723

\$ 16.00

Purpose of expenditure (See instructions regarding type of information required.)

Campaign work - sign placement

Reimbursement from political contributions intended

Date

Payee name

WANDA Brown

Amount (\$)

12-05-03

Payee address; City; State; Zip Code

6804 Syracuse Cove, AUSTIN, TX 78723

\$ 160.00

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

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SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:
5 of 7

2 FILER NAME

Arthur Sampson

3 ACCOUNT # (Ethics Commission files)

4 Date

12-05-03

5 Payee name

Mitchell's Fine Black Art

6 Payee address; City, State, Zip Code

5706 MAJOR Rd STE B1, AUSTIN, TX 78723

8 Amount (\$)

\$ 10.83

7 Purpose of expenditure (See instructions regarding type of information required.)

MAP DRY Mounting (PCT.MAP)

Reimbursement from political contributions intended

Date

12-12-03

5 Payee name

Southwestern Bell Co

6 Payee address; City, State, Zip Code

P.O. Box 650487, DALLAS TX 75265

8 Amount (\$)

\$ 81.57

7 Purpose of expenditure (See instructions regarding type of information required.)

Campaign PHONES Bill

Reimbursement from political contributions intended

Date

12-18-03

5 Payee name

Wormely Printing

6 Payee address; City, State, Zip Code

3217 North IH-35
AUSTIN, TX 78722

8 Amount (\$)

\$ 3887.67

7 Purpose of expenditure (See instructions regarding type of information required.)

Campaign SIGNS

Reimbursement from political contributions intended

Date

12-19-03

5 Payee name

JAMES Johnson

6 Payee address; City, State, Zip Code

2902 Sweeney Ln #2 AUSTIN, TX 78723

8 Amount (\$)

\$ 136.00

7 Purpose of expenditure (See instructions regarding type of information required.)

CAMPAIGN WORKER (signs, Placement)

Reimbursement from political contributions intended

Date

12-19-03

5 Payee name

WANDA Brown

6 Payee address; City, State, Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

OFFICE CLERK

8 Amount (\$)

\$ 320.00

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

16 of 18

SCHEDULE G

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: **6 of 7**

2 FILER NAME

Arthur Sampson

3 ACCOUNT # (Ethics Commission Bers)

4 Date	5 Payee name Payee address; City, State, Zip Code	8 Amount (\$)
12-29-03	TRAVIS County DEMOCRATS 706 West M.L.K. JR. Blvd s/w 8 AUSTIN, TX 78701	\$ 1250.00
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Filing FEE for Campaign</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
11-06-03	H.E.B FOODS Springdale Shopping Center AUSTIN, TX 78723	\$ 74.00
	Purpose of expenditure (See instructions regarding type of information required.) <i>STAMPS</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
10-13-03	OFFICE DEPOT 816 Tivado St. AUSTIN, TX 78752	\$ 66.60
	Purpose of expenditure (See instructions regarding type of information required.) <i>OFFICE Supplies</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
11-09-03	SAM'S CLUB 5107 I-35 SOUTH, AUSTIN, TX 78744	\$ 8.81
	Purpose of expenditure (See instructions regarding type of information required.) <i>OFFICE Supplies & Badges</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
11-09-03	SAM'S CLUB 5107 I-35 south, AUSTIN, TX 78744	\$ 401.90
	Purpose of expenditure (See instructions regarding type of information required.) <i>OFFICE Supplies Campaign</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

17 of 18

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

7 of 7

2 FILER NAME

Arthur Sampson

3 ACCOUNT # (Ethics Commission Bars)

4 Date

5 Payee name

Pappadeaux

6 Amount (\$)

11-16-03

6 Payee address; City; State; Zip Code

6314 I-35 North @ 290
AUSTIN, TX 78723

\$ 42.00

7 Purpose of expenditure (See instructions regarding type of information required.)

Campaign Meeting

Reimbursement from political contributions intended

Date

Payee name

CONOCO INC

Amount (\$)

11-30-03

Payee address; City; State; Zip Code

5511 CAMERON Rd, AUSTIN, TX

\$ 40.00

Purpose of expenditure (See instructions regarding type of information required.)

GAS for Campaign

Reimbursement from political contributions intended

Date

Payee name

CONOCO INC

Amount (\$)

12-20-03

Payee address; City; State; Zip Code

5511 CAMERON Rd, AUSTIN, TX

43.02

Purpose of expenditure (See instructions regarding type of information required.)

GAS For Campaign

Reimbursement from political contributions intended

Date

Payee name

CITY OF AUSTIN

Amount (\$)

11-24-03

Payee address; City; State; Zip Code

P.O. BOX 2267, AUSTIN TX 78783

\$ 71.00

Purpose of expenditure (See instructions regarding type of information required.)

Lights For Campaign HEADQUARTER

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

18 of 18

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

Arthur Sampson

16 ACCOUNT # (Ethics Commission file)

17 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political expenditures 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. --

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 3.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1628.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 9,461.19

CONTRIBUTION BALANCE

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

\$ 0

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Arthur Sampson
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Arthur Sampson, this the 13th day of January, 20 04, to certify which, witness my hand and seal of office.

Kenneth Donath
Signature of officer administering oath

Kenneth Donath
Printed name of officer administering oath

Travis City Deputy Registrar
Title of officer administering oath