

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

1 of 10
5609

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: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI	OFFICE USE ONLY Date Received: 2004 FEB -9 Date Hand-delivered or Date Postmarked: PA 12: 11 Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____	
	NICKNAME LAST SUFFIX		
Arthur Sampson			
ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 5710 Sandhurst Circle Austin, Texas 78723			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
(512) 926-3475			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		
	NICKNAME LAST SUFFIX		
Debbie Bowden			
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	<input type="checkbox"/> January 15 <input checked="" 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 COH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 01 / 04 02 / 09 / 04		
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
03 / 09 / 04			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Travis County Commissioner - PA 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		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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15 C/OH NAME

Arthur Sampson

16 ACCOUNT # (Ethics Commission Plans)

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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

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

\$ 105.00

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

\$ 1125.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2636.59

CONTRIBUTION BALANCE

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

\$

OUTSTANDING LOAN TOTALS

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

\$

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 Lee Sampson, this the 9th day of February, 2004, to certify which, witness my hand and seal of office.

Katrina Hayner
Signature of officer administering oath

Katrina Hayner
Printed name of officer administering oath

Administrative Asst.
Title of officer administering oath

PLEGGED CONTRIBUTIONS

3 OF 10

SCHEDULE B

The instruction Guide explains how to complete this form.

1 Total pages Schedule B: 1 OF 3

2 FILER NAME

Arthur Sampson

3 ACCOUNT # (Ethics Commission #)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date 01/31/04	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#) Hawkins, Charlotte 7 Pledgor address; City; State; Zip Code 12907 Heyerdahl Austin, TX 78753	8 Amount of pledge (\$) \$25.00	9 In-kind description (if applicable)
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)	

Date 01/13/04	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#) Mackie, Troy & Paulinda Pledgor address; City; State; Zip Code 9116 Janabyrd Cove Austin, TX 78749	Amount of pledge (\$) \$25.00	In-kind description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	

Date 01/16/04	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#) Roberts, Linda Pledgor address; City; State; Zip Code 6507 Ashland Cir Austin, TX 78723	Amount of pledge (\$) \$50.00	In-kind description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	

Date 01/22/04	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#) Sanchez, Sergio Pledgor address; City; State; Zip Code 5934 Republic of Texas Blvd Austin, TX 78735	Amount of pledge (\$) \$125.00	In-kind description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	

Date 01/30/04	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#) Pitts, III, William Pledgor address; City; State; Zip Code 2700 Bee Caves Rd Suite #110 Austin, TX 78746	Amount of pledge (\$) \$100.00	In-kind description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

4 OF 10

The instruction GUIDE explains how to complete this form. 1 Total pages Schedule B: 2 OF 3

2 FILER NAME: Arthur Sampson 3 ACCOUNT # (Ethics Commission file):

4 TOTAL OF UNITEMIZED PLEDGES: \$

5 Date: 01/01/04 6 Full name of pledgor: Arnoldy, Bobbie 7 Pledgor address: 4908 Hilldale Dr. Austin TX 78723 8 Amount of pledge (\$): \$50.00 9 In-kind description (if applicable):

10 Principal occupation / Job title (See instructions) 11 Employer (See instructions)

Date: 01/02/04 Full name of pledgor: Campbell, Tina Pledgor address: 7631 Hwy 290 W. #1024 Austin, TX 78736 Amount of pledge (\$): \$100.00 In-kind description (if applicable):

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

Date: 01/19/04 Full name of pledgor: Baker, William & Norma Pledgor address: 5700 Sandhurst Circle Amount of pledge (\$): \$50.00 In-kind description (if applicable):

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

Date: 01/04/04 Full name of pledgor: Brown, Alex Pledgor address: 617 Furlong Drive Austin, TX 78746 Amount of pledge (\$): \$25.00 In-kind description (if applicable):

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

Date: 01/01/04 Full name of pledgor: Carr, III, Timothy Pledgor address: 5701 Coolbrook Dr. Austin, TX 78724 Amount of pledge (\$): \$20.00 In-kind description (if applicable):

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

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PLEGGED CONTRIBUTIONS

5 OF 10

SCHEDULE B

The instruction Guide explains how to complete this form.

1 Total pages Schedule B: 3 OF 3

2 FILER NAME

Arthur Sampson

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES: \$

5 Date 01/29/04	6 Full name of pledgor Carter, Michael	<input type="checkbox"/> out-of-state PAC (ID#)	8 Amount of pledge (\$) \$100.00	9 In-kind description (if applicable)
7 Pledgor address: 3202 Hyclimb Circle Austin, TX 78723		City: State: Zip Code		

10 Principal occupation / Job title (See instructions)	11 Employer (See instructions)
--	--------------------------------

Date 02/07/04	Full name of pledgor A. Arnold, Dr. Darnelle & Mrs. Arlene	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of pledge (\$) \$250.00	In-kind description (if applicable)
Pledgor address: 2005 LAZY BROOK DR. AUSTIN, TX 78723		City: State: Zip Code		

Principal occupation / Job title (See instructions)	Employer (See instructions)
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Date 02/07/04	Full name of pledgor Arrington, Lorraine	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of pledge (\$) \$100.00	In-kind description (if applicable)
Pledgor address: 128 Marshall St. Montgomery, AL 36104		City: State: Zip Code		

Principal occupation / Job title (See instructions)	Employer (See instructions)
---	-----------------------------

Date	Full name of pledgor	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address:		City: State: Zip Code		

Principal occupation / Job title (See instructions)	Employer (See instructions)
---	-----------------------------

Date	Full name of pledgor	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address:		City: State: Zip Code		

Principal occupation / Job title (See instructions)	Employer (See instructions)
---	-----------------------------

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POLITICAL EXPENDITURES

6 OF 10

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:
1 OF 5

2 FILER NAME
Arthur Sampson

3 ACCOUNT # (Ethics Commission files)

4 Date
01/01/04

5 Payee name
SBC
6 Payee address; City; State; Zip Code
P.O. Box 650487, Dallas, TX 75265

7 Amount (\$)
\$ 81.42

8 Purpose of payment (See instructions regarding type of information required.)
Campaign HQ Telephone Bill

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

Date
01/20/04

Payee name
City of Austin
Payee address; City; State; Zip Code
P.O. Box 2267 Austin, TX 78783

Amount (\$)
\$ 223.09

Purpose of payment (See instructions regarding type of information required.)
Campaign HQ - Lights

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

Date
01/01/04

Payee name
Time Warner Cable
Payee address; City; State; Zip Code
P.O. Box 85100
Austin, TX 78708

Amount (\$)
\$ 43.17

Purpose of payment (See instructions regarding type of information required.)
Internet Service for Campaign HQ

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

Date
01/23/04

Payee name
Scottfield Farms HOA
Payee address; City; State; Zip Code
P.O. Box 82553
Austin, TX 78708

Amount (\$)
\$ 100.00

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

-- 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
7 OF 10		
The instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2 OF 5
2 FILER NAME Arthur Sampson		3 ACCOUNT # (Ethics Commission files)
4 Date 01/02/04	5 Payee name James Johnson 6 Payee address; City, State, Zip Code 2902 Sweeney Lane #2 Austin TX 78723	7 Amount (\$) \$ 64.00
8 Purpose of payment (See instructions regarding type of information required.) Campaign Worker		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 01/02/04	Payee name Wanda Brown Payee address; City, State, Zip Code 6807 Syracuse Cove, Austin, TX 78723	Amount (\$) \$ 192.00
Purpose of payment (See instructions regarding type of information required.) Office Clerk		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 01/14/04	Payee name Exxon Payee address; City, State, Zip Code 201 W. Ben White Austin, TX 78704	Amount (\$) \$ 45.00
Purpose of payment (See instructions regarding type of information required.) Gas for campaign		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 01/16/04	Payee name Traavis County Democratic Payee address; City, State, Zip Code 706 W. MLK Blvd suite 8 AUSTIN, TX 78701	Amount (\$) \$ 100.00
Purpose of payment (See instructions regarding type of information required.) Filing Day Dinner		-- 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

8 OF 10

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:
3 OF 5

2 FILER NAME

Arthur Sampson

3 ACCOUNT # (Ethics Commission files)

4 Date

01/26/04

5 Payee name

Chris Latham

7 Amount (\$)

\$ 275.00

6 Payee address; City; State; Zip Code

1117 MARIPOSA #B
AUSTIN, TX 78704

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

Campaign Website

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Amount (\$)

Payee address; City; State; Zip Code

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

Amount (\$)

Payee address; City; State; Zip Code

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**

9 OF 10

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:
4 OF 5

2 FILER NAME

Arthur Sampson

3 ACCOUNT # (Ethics Commission filers)

4 Date

01/26/04

5 Payee name

James Johnson

6 Payee address; City, State, Zip Code

2902 Sweeney Lane #2
Austin, TX 78723

8 Amount (\$)

\$48.00

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

Campaign worker - signs

Reimbursement from political contributions intended

Date

01/26/04

Payee name

The Manor Messenger

Payee address; City, State, Zip Code

P.O. Box 304
MANOR, TX 78653

Amount (\$)

\$128.00

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

Campaign advertising

Reimbursement from political contributions intended

Date

01/28/04

Payee name

La Prensa Newspaper

Payee address; City, State, Zip Code

P.O. Box 6504
Austin, TX 78762

Amount (\$)

\$270.00

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

Campaign advertising

Reimbursement from political contributions intended

Date

01/30/04

Payee name

Wanda Brown

Payee address; City, State, Zip Code

6907 Syracuse Cove
Austin, TX 78723

Amount (\$)

\$336.00

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

office support

Reimbursement from political contributions intended

Date

01/30/04

Payee name

James Johnson

Payee address; City, State, Zip Code

2902 Sweeney Lane #2
Austin, TX 78723

Amount (\$)

\$80.00

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

Campaign worker - signs

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

10 OF 10

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:
5 of 5

2 FILER NAME

Arthur Sampson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$)
01/31/04	Home Depot 7211 North I-35 Austin, TX 78752	\$ 38.91
	7 Purpose of expenditure (See instructions regarding type of information required.) Campaign sign stakes	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
01/31/04	MBC Station 1801 Briarcliff Blvd Austin, TX 78723	\$ 20.00
	Purpose of expenditure (See instructions regarding type of information required.) Gas for campaign	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
01/28/04	The Villager Newspaper 1223 Rosewood Avenue Austin, Texas 78702	\$ 512.00
	Purpose of expenditure (See instructions regarding type of information required.) Campaign advertising	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
02/02/04	Exxon 6707 Cameron Road Austin, TX 78723	\$ 40.00
	Purpose of expenditure (See instructions regarding type of information required.)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
02/07/04	MBC Station 1801 Briarcliff Blvd Austin, TX 78723	\$ 40.00
	Purpose of expenditure (See instructions regarding type of information required.) Gas for campaign	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED