

FORM COR-C/OH

**CORRECTION/AMENDMENT AFFIDAVIT  
FOR CANDIDATE/OFFICEHOLDER**

7800

1 ACCOUNT #		2 Total pages filed: <b>5</b>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX			
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report	
5 ORIGINAL PERIOD COVERED		Month Day Year <b>11 / 23 / 2011</b> THROUGH <b>12 / 31 / 2011</b>		Date Processed Date Imaged	

FILED FOR RECORD

6 EXPLANATION OF CORRECTION  
**MISTAKES WAS MADE ON FORM C/OH COVER SHEET PG 1, SCHEDULE G AND CORRECTED ELECTION DAY DATE.**

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

**Semiannual reports:** This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports** (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

*Arthur L. Sampson*  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Arthur L. Sampson, this the 27th day of April.

20 12 to certify which, witness my hand and seal of office.

*Yenny Mandola*  
 Signature of officer administering oath

Yenny Mandola  
 Printed name of officer administering oath

Officer  
 Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 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: <b>5</b>
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>ARTHUR</b>	<b>OFFICE USE ONLY</b>
	NICKNAME LAST SUFFIX <b>SAMPSON</b>	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>5908 MANOR ROAD AUSTIN, TEXAS 78723</b>	Date Received
		Date Hand-delivered or Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 512-928-3300</b>	Receipt #	Amount
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>EVETTE J</b>	Date Processed
	NICKNAME LAST SUFFIX <b>WALKER</b>	Date Imaged

7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>5908 MANOR ROAD AUSTIN, TEXAS 78723</b>
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 928-3300</b>
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9 REPORT TYPE	<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)
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10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>11 / 23 / 2011    12 / 31 / 2011</b>
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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 <b>5 / 29 / 2012</b>
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12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>TRAVIS COUNTY COMMISSIONER PCT. 1</b>
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**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME

**ARTHUR SAMPSON**

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.

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

\$ **515.00**

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

\$ ~~0~~

EXPENDITURE TOTALS

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

\$ ~~0~~

4. TOTAL POLITICAL EXPENDITURES

\$ **2327.74**

CONTRIBUTION BALANCE

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

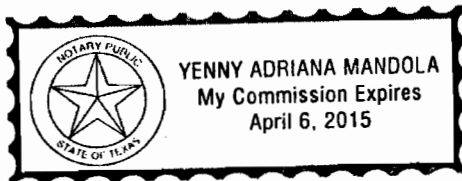
\$ ~~0~~

OUTSTANDING LOAN TOTALS

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

\$ ~~0~~

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.

*Arthur L. Sampson*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Arthur L. Sampson, this the 27<sup>th</sup> day of April, 20 12, to certify which, witness my hand and seal of office.

*Yenny A. Mandola*  
Signature of officer administering oath

Yenny A. Mandola  
Printed name of officer administering oath

Officer  
Title of officer administering oath

# 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:	2 FILER NAME <b>ARTHUR SAMPSON</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>11-23-11 to 12-31-11</b>	5 Payee name <b>AUSTIN GULF 5301 MANOR ROAD, AUSTIN, TEXAS</b>
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6 Amount (\$) <b>244.34</b>	7 Payee address; City; State; Zip Code <b>5301 MANOR ROAD, AUSTIN, TEXAS 78723</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>GAS FOR Vehicle</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>N/A</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

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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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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES 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: <b>1</b>	<b>2</b> FILER NAME <b>ARTHUR SAMPSON</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>12-09-2011</b>	<b>5</b> Payee name <b>TRAVIS COUNTY DEMOCRAT PARTY</b>	
<b>6</b> Amount (\$) <b>\$1250.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>1311 EAST 6TH STREET, AUSTIN, TEXAS 78702</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See categories listed at the top of this schedule) <b>CANDIDATE FILING FEE</b>	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T)
Date <b>12-09-2011</b>	Payee name <b>OFFICE MAX</b>	
Amount (\$) <b>179.40</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>5451-B NORTH IH-35, AUSTIN, TEXAS 78723</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE, ETC.</b>	Description (If travel outside of Texas, complete Schedule T)
Date <b>12-31-2011</b>	Payee name <b>BRADLEY SAMPSON</b>	
Amount (\$) <b>214.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1709 HILLCREST LANE AUSTIN, TEXAS 78721</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date <b>12-29-2011</b>	Payee name <b>NAACP</b>	
Amount (\$) <b>440.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>EAST 12th STREET, AUSTIN, TEXAS 78723</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>COMMUNITY EVENT EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED