

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7838

## 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:

7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
**ARTHUR**  
NICKNAME LAST SUFFIX  
**SAMPSON**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 change of address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**5908 MANOR ROAD  
AUSTIN, TEXAS 78723**

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(512) 928-3300**

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
**EVETTE** **J**  
NICKNAME LAST SUFFIX  
**WALKER**

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**5908 MANOR ROAD  
AUSTIN, TEXAS 78723**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(512) 928-3300**

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  
**1 / 1 / 2012 THROUGH 5 / 30 / 2012**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
**5 / 29 / 2012**  
 Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)  
**TRAVIS COUNTY COMMISSIONER  
PRECIINCT 1**

GO TO PAGE 2

OFFICE USE ONLY  
FILED FOR RECORD  
2012 APR 30 PM 4:58  
Dana DeBeauvoir  
County Clerk  
Travis County Texas

# 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<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | COMMITTEE NAME                       |
|  | COMMITTEE ADDRESS                    |
|  | COMMITTEE CAMPAIGN TREASURER NAME    |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS |

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 1545.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 800.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 993.00

4. TOTAL POLITICAL EXPENDITURES \$ 5868.20

CONTRIBUTION  
BALANCE

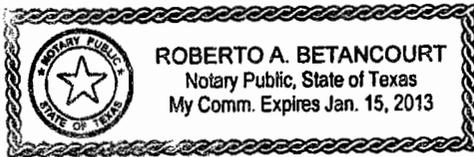
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0

OUTSTANDING  
LOAN TOTALS

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

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.



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

*[Signature]*

Signature of officer administering oath

Roberto Betancourt

Printed name of officer administering oath

SMES & SEANIE

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: <b>2</b>                |  |
| 2 FILER NAME<br><b>ARTHUR SAMPSON</b>   |  | 3 ACCOUNT # (Ethics Commission Filers)            |  |
| 4 Date<br><b>1-19-12</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>ALEXANDER BROWN</b>       | 7 Amount of contribution (\$)<br><b>\$ 100.00</b> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><b>4701 MIRADOR DR., AUSTIN, TX 78735</b>       |  | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)   |  | 10 Employer (See Instructions)                    |  |
| Date<br><b>2-14-12</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>EVELYN M<sup>c</sup>KEE</b> | Amount of contribution (\$)<br><b>\$ 100.00</b>   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>7601 GLENHILL COVE<br/>AUSTIN, TEXAS 78752</b> |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                       |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)                                   | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| <b>ARTHUR C. MOSELEY</b>  | Contributor address; City; State; Zip Code<br><b>7203 CRYSTALBROOK DRIVE<br/>AUSTIN, TEXAS 78724</b>       | <b>\$ 100.00</b>                                  | (If travel outside of Texas, complete Schedule T)  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                       |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)                                   | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| <b>DARNELL S. ARNOLD</b>  | Contributor address; City; State; Zip Code<br><b>5608 MANOR ROAD<br/>AUSTIN, TEXAS 78723</b>               | <b>\$ 100.00</b>                                  | (If travel outside of Texas, complete Schedule T)  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                       |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)                                   | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| <b>REGINALD ARNOLD</b>  | Contributor address; City; State; Zip Code<br><b>5651 WEST 63RD STREET<br/>LOS ANGELES, CA, 90056</b>      | <b>\$ 100.00</b>                                  | (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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |  |   |  |
|---|--|---|--|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule A: <b>2</b>                |  |
| 2 FILER NAME<br><b>ARTHUR SAMPSON</b>   |  | 3 ACCOUNT # (Ethics Commission Filers)            |  |
| 4 Date<br><b>1-28-12</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>OLICE ARNOLD</b>                      | 7 Amount of contribution (\$)<br><b>\$100.00</b>  | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><b>4125 KENWAY AVE<br/>LOS ANGELES, CA. 90008</b>             |  | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)   |  | 10 Employer (See Instructions)                    |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>MAE FRANCES WHITE</b>                   | Amount of contribution (\$)<br><b>\$100.00</b>    | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>P.O. BOX 581<br/>PALESTINE, TEX. 75802</b>                   |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                       |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>OLICEA C. ARNOLD</b>                    | Amount of contribution (\$)<br><b>\$100.00</b>    | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>5734 CANTERBURY DRIVE<br/>AUSTIN, CULVER CITY, CA. 90230</b> |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                       |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                       |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                       |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                       |  |

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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>1</b>                    |  | 2 FILER NAME <b>ARTHUR SAMPSON</b>   |  | 3 ACCOUNT # (Ethics Commission Filers)  |  |
| 4 Date <b>4-18-12</b>                                 |  | 5 Payee name <b>AUSTIN AMERICAN STATESMAN</b>  |  |   |  |
| 6 Amount (\$) <b>1933.62</b>                          |  | 7 Payee address; City; State; Zip Code<br><b>AUSTIN AMERICAN-STATESMAN, RIVERSIDE, AUSTIN, TEXAS</b>                           |  |   |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                 |  | (b) Description (If travel outside of Texas, complete Schedule T)                     |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| Date <b>1-17-12</b>                                   |  | Payee name <b>SAM'S CLUB</b>   |  |   |  |
| Amount (\$) <b>149.56</b>                             |  | Payee address; City; State; Zip Code<br><b>U.S. HWY 183 PH. 512-343-8836<br/>AUSTIN, TEXAS 78759 9700 NORTH CAPITOL TX HWY</b> |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE<br/>PRINTING EXPENSE</b>                |  | Description (If travel outside of Texas, complete Schedule T)<br><b>EVENT EXPENSE</b> |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| Date <b>1-17-12</b>                                   |  | Payee name <b>SAM'S CLUB</b>   |  |   |  |
| Amount (\$) <b>290.13</b>                             |  | Payee address; City; State; Zip Code<br><b>9700 N. CAPITOL TEXAS HWY<br/>AUSTIN, TEXAS 78759</b>                               |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE<br/>PRINTING EXPENSE</b>                |  | Description (If travel outside of Texas, complete Schedule T)                         |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| Date <b>1-17-12</b>                                   |  | Payee name <b>U.S. POSTAL SERVICE</b>  |  |   |  |
| Amount (\$) <b>264.00</b>                             |  | Payee address; City; State; Zip Code<br><b>SOUTH CONGRESS STATION (STAMPS)<br/>AUSTIN, TEXAS - 78704</b>                       |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                     |  | Description (If travel outside of Texas, complete Schedule T)                         |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held   |  |

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# POLITICAL EXPENDITURES 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:<br><b>2</b>   | <b>2</b> FILER NAME<br><b>ARTHUR SAMPSON</b>  | <b>3</b> ACCOUNT # (Ethics Commission Filers)                            |
| <b>4</b> Date<br><b>1-17-12</b>  | <b>5</b> Payee name<br><b>FRINK INC.</b>  |  |
| <b>6</b> Amount (\$)<br><b>200.00</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><b>4807 SPICEWOOD SPRINGS ROAD Bldg 2, STE 100<br/>AUSTIN, TEXAS</b> |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                 | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T) |
| Date<br><b>2-2-12</b>  | Payee name<br><b>FRINK INC.</b>   |  |
| Amount (\$)<br><b>250.00</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br><b>4807 SPICEWOOD SPRINGS ROAD Bldg 2, STE 100<br/>AUSTIN, TEXAS</b>          |  |
| PURPOSE OF EXPENDITURE   | Category (See categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                            | Description (If travel outside of Texas, complete Schedule T)            |
| Date<br><b>2-20-12</b>   | Payee name<br><b>WINDSOR PARK Neighborhood ASS.</b>   |  |
| Amount (\$)<br><b>120.00</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br><b>P.O. Box 16183, AUSTIN, TX 78761</b>                                       |  |
| PURPOSE OF EXPENDITURE   | Category (See categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                            | Description (If travel outside of Texas, complete Schedule T)            |
| Date<br><b>12-21-11</b>  | Payee name<br><b>OFFICE MAX</b>   |  |
| Amount (\$)<br><b>659.47</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br><b>5451-B NORTH IH-35<br/>AUSTIN, TX 78723</b>                                |  |
| PURPOSE OF EXPENDITURE   | Category (See categories listed at the top of this schedule)<br><b>PRINTING EXPENSE<br/>OFFICE EXPENSE</b>            | Description (If travel outside of Texas, complete Schedule T)            |

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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.

|                                       |                                       |  |
|---------------------------------------|---------------------------------------|--|
| 1 Total pages Schedule G:<br><b>2</b> | 2 FILER NAME<br><b>ARTHUR SAMPSON</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|---------------------------------------|--|

|                          |  |
|--------------------------|--|
| 4 Date<br><b>4-26-12</b> | 5 Payee name<br><b>WORLEY PRINTING</b> |
|--------------------------|--|

|                                 |   |
|---------------------------------|---|
| 6 Amount (\$)<br><b>1008.42</b> | 7 Payee address; City; State; Zip Code<br><b>3217 NORTH IH-35<br/>AUSTIN, TEXAS 78722</b> |
|---------------------------------|---|

|                          |  |   |
|--------------------------|--|---|
| 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) |
|--------------------------|--|---|

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

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

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

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

|                        |  |   |
|------------------------|--|---|
| 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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