

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI ARTHUR	OFFICE USE ONLY Date Received 2016 MAY 13 PM 4:11 Travis County Ethics Commission	
	NICKNAME LAST SUFFIX SAMPSON		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 140063 AUSTIN, TEXAS 78714	Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 928-3300	Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI EVETTE	Date Processed	
	NICKNAME LAST SUFFIX WALKER	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 140063 AUSTIN, TX 78714		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 928-3300		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input checked="" 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)		
10 PERIOD COVERED	Month Day Year Month Day Year 2 / 27 / 2016 THROUGH 4 / 24 / 2016		
11 ELECTION	ELECTION DATE Month Day Year 5 / 24 / 2016	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any) NONE	13 OFFICE SOUGHT (if known) TRAVIS COUNTY COMMISSIONER Pct. 1	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (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

COMMITTEE NAME

GENERAL

SPECIFIC

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)

\$ 1400.00

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 350.00

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

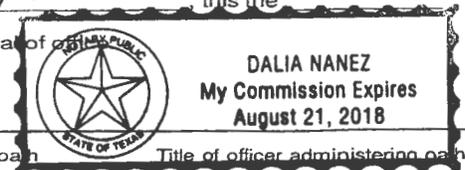
18 AFFIDAVIT

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 13th day of Nov, 2016, to certify which, witness my hand and seal of office.



Dalia Nanez
Signature of officer administering oath

DALIA NANEZ
Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1400.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 350.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 350.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

ARTHUR SAMPSON

3 Filer ID (Ethics Commission Filers)

4 Date

3/19/16

5 Full name of contributor

JOYCE EARVIN

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address; City; State; Zip Code

27930 BARKER HOLLOW DR.
KATY, TX 77494

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/20/16

Full name of contributor

MARIO KELLY

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

2730 COYOTE TRAIL DR.
MISSOURI CITY, TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/19/16

Full name of contributor

JOEL C. CLOUSER

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

3026 PELICAN COVE
MISSOURI CITY, TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME ARTHUR SAMPSON 3 Filer ID (Ethics Commission Filers)

4 Date 5 Full name of contributor LULA HAWKINS 7 Amount of contribution (\$) \$ 150.00
6 Contributor address: 7006 DUBUQUE LN. AUSTIN, TX 78723

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 10 Full name of contributor EVELYN MCKEE 11 Amount of contribution (\$) \$ 100.00
12 Contributor address: 7601 GLEN CV. AUSTIN, TX 78752

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

Date 13 Full name of contributor BARRY FRANKLIN 14 Amount of contribution (\$) \$ 500.00
15 Contributor address: 15000 HOG EYE ROAD MANOR, TX 78653

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

Date 16 Full name of contributor LIND RIVERA 17 Amount of contribution (\$) \$ 100.00
18 Contributor address: 508 HIGHLAND ST. LAKEWAY, TX 78734

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.

6 of 8

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME ARTHUR SAMPSON 3 Filer ID (Ethics Commission Filers)

4 Date 3/8/16 5 Full name of contributor JOY SCOTT 7 Amount of contribution (\$) \$100.00 6 Contributor address; 11328 TERRACE MEADOW WAY MANOR, TEXAS 78653

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 4/4/16 Full name of contributor PHILIP SCOTT Amount of contribution (\$) \$100.00 Contributor address; 11328 TERRACE MEADOW WAY MANOR, TEXAS 78653

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

Date 2/26/16 Full name of contributor OTIS E WILLIAMS Amount of contribution (\$) \$100.00 Contributor address; 11201 BLUFF CANYON DR. AUSTIN, TX 78754

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

Date 2/27/16 Full name of contributor JACQUELINE WILLIAMS Amount of contribution (\$) \$50.00 Contributor address; 4803 CARSONHILL DR. AUSTIN, TX 78723

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

Empty section for additional contributions.

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Credit Card Payment
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Polling Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Transportation Equipment & Related Expense
- Travel In District
- Travel Out Of District
- Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **ARTHUR SAMPSON** 3 Filer ID (Ethics Commission Filers)

4 Date **4/12/16** 5 Payee name **MANOR CHAMBER OF COMMERCE**

6 Amount (\$) **50.00** 7 Payee address; City; State; Zip Code **P.O. Box 936, MANOR, TX 78653**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **EVENT EXPENSE** (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date **4/23/16** Payee name **SAM'S CLUB**

Amount (\$) **\$300.00** Payee address; City; State; Zip Code **P.O. Box 960013, ORLANDO, FL 32896**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **TRAVEL IN DISTRICT GAS** Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY 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 EXPENDITURE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME ARTHUR SAMPSON	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ #300.00
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5 Date 3/22/16	6 Payee name SAM'S CLUB
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7 Amount (\$) \$300.00	8 Payee address; City; State; Zip Code P.O. BOX 965046, ORLANDO, FL 32896
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT GAS	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 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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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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