

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5621

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: 24
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX
	Mr.	Greg	M
		Hamilton	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	PO Box 5674		Austin, TX. 78763-5674
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	480-9552	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX
	Mr.	Greg	M
		Hamilton	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE
	713 Cactus Bend Rd.		Pflugerville, Tx. 78660
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	797-4992	
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 C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	11	1	04
	THROUGH		11/29/04
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	3	9	04
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			Sheriff
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**

15 C/OH NAME

Greg Hamilton

16 ACCOUNT # (Ethics Commission files)

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

\$ 1437.00

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

\$ 20,243.43

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 4734.15

CONTRIBUTION BALANCE

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

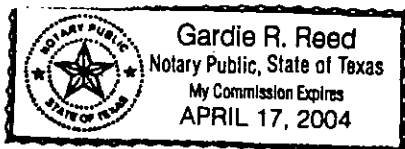
\$ 15,509.28

OUTSTANDING LOAN TOTALS

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

\$ 1,250.00

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.

Gregory Hamilton
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Gregory Hamilton*, this the *9th* day of *Feb*, 2004, to certify which, witness my hand and seal of office.

Gardie R. Reed
Signature of officer administering oath

Gardie R. Reed
Printed name of officer administering oath

Accountant
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: 17	
2 FILER NAME Greg Hamilton		3 ACCOUNT # (Ethics Commission Bars)	
4 Date 1/19/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Greg Lamantia	7 Amount of contribution (\$) \$1500.00	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code 3800 N. McColl McAllen, TX. 78502			
9 Principal occupation / Job title (See Instructions) Partner/owner		10 Employer (See Instructions) L & F Distributors	
Date 1/6/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wayne Sampson	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 12302 Blue Water Dr. Austin, TX. 78758			
Principal occupation / Job title (See Instructions) Deputy		Employer (See Instructions) Travis Co. Sheriff	
Date 1/13/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John T Steen Jr.	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 300 Convent suite 2440 San Antonio, TX. 78205			
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) SELF	
Date 1/22/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lowell Lebermann	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 3834 Promontory Pt. Austin TX. 78744			
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Gen-Tex Beverage	
Date 1/27/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim Nassour	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 1200 San Antonio, TX Austin, TX. 78701			
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) SELF	

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

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

17

2 FILER NAME

Greg Hamilton

3 ACCOUNT # (Ethics Commission file)

4 Date

1/5/04

5 Full name of contributor out-of-state PAC (ID#)

J. Dan Brown

6 Contributor address; City; State; Zip Code

8711 Johnny Morris Rd.
Austin, Tx. 78724

7 Amount of contribution (\$)

400.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/15/04

Full name of contributor out-of-state PAC (ID#)

Gary Ashmore

Contributor address; City; State; Zip Code

10005 Wild Dunes
Austin, Tx. 78747

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/21/04

Full name of contributor out-of-state PAC (ID#)

Eric Howard

Contributor address; City; State; Zip Code

11918 Arbor Downs Rd.
Austin, Tx. 78748

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/5/04

Full name of contributor out-of-state PAC (ID#)

Laurie Watson

Contributor address; City; State; Zip Code

3400 Timberwood Cir.
Austin, Tx. 78703

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/20/04

Full name of contributor out-of-state PAC (ID#)

John Peek

Contributor address; City; State; Zip Code

PO Box 26721
Austin TX. 78755

Amount of contribution (\$)

250.00

In-kind contribution 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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

17

2 FILER NAME

Greg Hamilton

3 ACCOUNT # (Ethics Commission Use)

4 Date

1/28/04

5 Full name of contributor

 out-of-state PAC (ID# _____)

Martha Dickie

6 Contributor address; City; State; Zip Code

1100 Guadalupe
Austin, TX. 78701

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/28/04

Full name of contributor

 out-of-state PAC (ID# _____)

Jim Mattox

Contributor address; City; State; Zip Code

1031 Hidden Hills
Dripping Springs, TX. 78620

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/3/04

Full name of contributor

 out-of-state PAC (ID# _____)

Dewey Bracken

Contributor address; City; State; Zip Code

2501 Colby Cove
Austin, TX. 78723

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/7/04

Full name of contributor

 out-of-state PAC (ID# _____)

Robert Reynolds

Contributor address; City; State; Zip Code

9200 Quintana Dr.
Bethesda, MD 20817

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/9/04

Full name of contributor

 out-of-state PAC (ID# _____)

David Reitz

Contributor address; City; State; Zip Code

10692 WCR 28
Ft. Lupton, CO 80621

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: M	
2 FILER NAME Greg Hamilton		3 ACCOUNT # (Ethics Commission files)	
4 Date 1/5/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Alan Garvey	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code 14925 Jacks Pond Rd. Austin, Tx. 78767			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/6/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Anthony Ramirez	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 12316 Lina Dr. Silver Springs, MD 20904			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/8/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Velma Hayden	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 3411 Lake Rd. Killeen, Tx. 76541			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/9/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Paul King	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 1218 Rocky Creek Drive Pflugerville, Tx 78660			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/9/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Sam Preston	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 1306 Jeffenes Ave. Killeen TX. 76543			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: <u>17</u>	
2 FILER NAME <u>Greg Hamilton</u>		3 ACCOUNT # (Ethics Commission files)	
4 Date <u>1/9/04</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Rev. H.E. Dabose</u>	7 Amount of contribution (\$) <u>100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <u>817 cedar oaks Ln. Harker Heights, TX. 76548</u>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>1/13/04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Paul Thornton</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>17318 Fountain Mist San Antonio, TX. 78248</u>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>1/13/04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Linda & Vincent Jimno</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>3778 wildflower Lane Fallbrook, CA 92028</u>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>1/13/04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Michael E. Overton</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>5101 Regency Dr. Austin, TX. 78724</u>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>1/15/04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Joel Moreno</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>4405 North Garfield # 516 Midland, TX. 79705</u>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: **17**

2 FILER NAME **Greg Hamilton**

3 ACCOUNT # (Ethics Commission files)

4 Date: **1/14/04**
 5 Full name of contributor out-of-state PAC (ID#): **David & Belinda Alexander**
 6 Contributor address: City, State, Zip Code
**6509 Westover Dr.
 Rowlett, TX. 75089**

7 Amount of contribution (\$): **100.00**

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: **1/15/04**
 Full name of contributor out-of-state PAC (ID#): **William & Judy Roche**
 Contributor address: City, State, Zip Code
**3271 Rosalind Loop
 Anchorage, AK 99507**

Amount of contribution (\$): **100.00**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **1/16/04**
 Full name of contributor out-of-state PAC (ID#): **Chris & Gina Champion**
 Contributor address: City, State, Zip Code
**3817 Silver Creek
 Corpus Christi, TX. 78410**

Amount of contribution (\$): **100.00**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **1/17/04**
 Full name of contributor out-of-state PAC (ID#): **Charles Naylor**
 Contributor address: City, State, Zip Code
**3201 June St.
 Killeen, TX. 76543**

Amount of contribution (\$): **100.00**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **1/17/04**
 Full name of contributor out-of-state PAC (ID#): **David Crawford**
 Contributor address: City, State, Zip Code
**P.O. Box 1396
 Killeen, TX 76540**

Amount of contribution (\$): **100.00**

In-kind contribution 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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **17**

2 FILER NAME **Greg Hamilton**

3 ACCOUNT # (Ethics Commission files)

4 Date
1/17/04

5 Full name of contributor out-of-state PAC (ID#:
Royce Crawford

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

6 Contributor address: City, State, Zip Code
**Po Box 1396
Killeen, TX. 76540**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
1/17/04

Full name of contributor out-of-state PAC (ID#:
Mae Smith

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code
**105 E. Hallmark
Killeen, TX. 76540**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/19/04

Full name of contributor out-of-state PAC (ID#:
Billy & Dr. Larue Miller

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code
**1010 N. Boundary St.
Burnet, TX. 78611**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/19/04

Full name of contributor out-of-state PAC (ID#:
Jocelyn Walker

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code
**4035 St. Andrews Ct.
Canfield, OH. 44406**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/20/04

Full name of contributor out-of-state PAC (ID#:
Ricardo Jannegui

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code
**6435 Crestway Dr. #8
San Antonio, TX. 78239**

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

17

2 FILER NAME

Greg Hamilton

3 ACCOUNT # (Ethics Commission files)

4 Date

1/20/04

5 Full name of contributor out-of-state PAC (ID# _____)

Elliott Krzywanski

6 Contributor address: City: State: Zip Code

545 W. Vet Memorial Blvd.
Harke Heights, TX. 76543

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/21/04

Full name of contributor out-of-state PAC (ID# _____)

Doyle Bailey

Contributor address: City: State: Zip Code

1200 Onion Hollow Run
Austin, TX. 78739

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/24/04

Full name of contributor out-of-state PAC (ID# _____)

Tom Arbuckle

Contributor address: City: State: Zip Code

Po Box 14103
Austin, TX. 78761

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/24/04

Full name of contributor out-of-state PAC (ID# _____)

Rolando Garza

Contributor address: City: State: Zip Code

4019 Amy Circle
Austin, TX 78759

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/26/04

Full name of contributor out-of-state PAC (ID# _____)

Eddie Arnold

Contributor address: City: State: Zip Code

1214 Olympic Dr.
Pflugerville, TX 78660

Amount of contribution (\$)

100.00

In-kind contribution 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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: 17	
2 FILER NAME Greg Hamilton		3 ACCOUNT # (Ethics Commission files)	
4 Date 1/28/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CB + Yvonne Fuller	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City, State; Zip Code 3905 Northfield Rd. Austin, TX. 78727			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/28/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lydia Saldana + Thomas Taylor	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code 13 Heritage Oaks Austin, TX. 78737			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/28/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tracy Henderson	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code 4700 Chiappero Austin, TX. 78731			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/29/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oris Williams	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code 11201 Bluff Canyon Austin TX. 78744			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/29/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alan + Teva Michalik	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code 8010 Cardin Dr. Austin, TX. 78759			
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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A: **17**

2 FILER NAME **Greg Hamilton**

3 ACCOUNT # (Ethics Commission files)

4 Date **1/15/04**
5 Full name of contributor out-of-state PAC (ID#)
Dessie Brown
6 Contributor address: City: State: Zip Code
**3103 June St.
Killeen, Tx. 76543**

7 Amount of contribution (\$) **100.00**
8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date **1/22/04**
Full name of contributor out-of-state PAC (ID#)
Dessie Brown
Contributor address: City: State: Zip Code
**3103 June St
Killeen, TX. 76543**

Amount of contribution (\$) **340.00**
In-kind contribution description (if applicable)
2 reclining chairs

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

Date **1/10/04**
Full name of contributor out-of-state PAC (ID#)
Essie Vernon
Contributor address: City: State: Zip Code
**3100 Zephyr Rd.
Killeen TX. 76543**

Amount of contribution (\$) **100.00**
In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions) **CATERER** Employer (See Instructions) **SELF**

Date **1/22/04**
Full name of contributor out-of-state PAC (ID#)
Essie Vernon
Contributor address: City: State: Zip Code
**3100 Zephyr Rd.
Killeen, TX. 76543**

Amount of contribution (\$) **250.00**
In-kind contribution description (if applicable)
coffee w/ office supplies

Principal occupation / Job title (See Instructions) **CATERER** Employer (See Instructions) **SELF**

Date **1/28/04**
Full name of contributor out-of-state PAC (ID#)
Essie Vernon
Contributor address: City: State: Zip Code
**3100 Zephyr Rd.
Killeen, TX. 76543**

Amount of contribution (\$) **180.00**
In-kind contribution description (if applicable)
Food for HQ opening

Principal occupation / Job title (See Instructions) **CATERER** Employer (See Instructions) **SELF**

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: 17	
2 FILER NAME Greg Hamilton		3 ACCOUNT # (Ethics Commission file)	
4 Date 1/28/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Abe + Adrienne Clay	7 Amount of contribution (\$) 568.00	8 In-kind contribution description (if applicable) Food for HQ event
6 Contributor address; City; State; Zip Code 209 E. Ben White # 112 Austin, TX. 78741			
9 Principal occupation / Job title (See instructions) owners		10 Employer (See instructions) An Affair to Remember	
Date 1/15/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Alfred Stanley	Amount of contribution (\$) 2200.00	In-kind contribution description (if applicable) office space
Contributor address; City; State; Zip Code 1409 Hardown Austin, TX. 78703			
Principal occupation / Job title (See instructions) owner		Employer (See instructions) Alfred Stanley and Associates	
Date 1/28/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Aisha Thompson	Amount of contribution (\$) 70.00	In-kind contribution description (if applicable) cake for HQ event
Contributor address; City; State; Zip Code 1117 Haverford Pflugerville, Tx. 78660			
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 1/28/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Alma Esquatin	Amount of contribution (\$) 63.00	In-kind contribution description (if applicable) plates napkins plasticware
Contributor address; City; State; Zip Code 15309 Ozone Austin TX. 78728			
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 1/28/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Alva Learmonth	Amount of contribution (\$) 48.00	In-kind contribution description (if applicable) food
Contributor address; City; State; Zip Code 808 Cactus Bend Pflugerville, TX. 78660			
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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

17

2 FILER NAME

Greg Hamilton

3 ACCOUNT # (Ethics Commission Bars)

4 Date

1/15/04

5 Full name of contributor out-of-state PAC (ID#)

Alysia Friday

6 Contributor address; City; State; Zip Code

17413 Tubermory
Pflugerville, TX 78660

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

office
Supplies

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date

1/28/04

Full name of contributor out-of-state PAC (ID#)

Alysia Friday

Contributor address; City; State; Zip Code

17413 Tubermory
Pflugerville, TX. 78660

Amount of contribution (\$)

102.00

In-kind contribution description (if applicable)

food and
decorations

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

1/22/04

Full name of contributor out-of-state PAC (ID#)

Armando Martinez

Contributor address; City; State; Zip Code

15243 Oak Springs
San Antonio, Tx. 78232

Amount of contribution (\$)

85.00

In-kind contribution description (if applicable)

desk
filing cabinet

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

1/28/04

Full name of contributor out-of-state PAC (ID#)

Cindy Gethers

Contributor address; City; State; Zip Code

3821 Epperson Trail
Austin, Tx. 78732

Amount of contribution (\$)

70.00

In-kind contribution description (if applicable)

Food

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

1/5/04

Full name of contributor out-of-state PAC (ID#)

Doyle Bridgeman

Contributor address; City; State; Zip Code

5312 Airport Blvd.
Austin Tx. 78751

Amount of contribution (\$)

40.00

In-kind contribution description (if applicable)

Pocket
pins

Principal occupation / Job title (See instructions)

Employer (See instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

17

2 FILER NAME

Greg Hamilton

3 ACCOUNT # (Ethics Commission files)

4 Date

1/22/04

5 Full name of contributor out-of-state PAC (ID# _____)

Gerard Esquitin

7 Amount of contribution (\$)

129.00

8 In-kind contribution description (if applicable)

desk

6 Contributor address: City: State: Zip Code

15309 Ozone
Austin Tx. 78728

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/28/04

Full name of contributor out-of-state PAC (ID# _____)

Gerard Esquitin

Amount of contribution (\$)

110.23

In-kind contribution description (if applicable)

Food & Supplies

Contributor address: City: State: Zip Code

15309 Ozone
Austin, Tx. 78728

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/28/04

Full name of contributor out-of-state PAC (ID# _____)

Jeanie Miller

Amount of contribution (\$)

52.00

In-kind contribution description (if applicable)

food

Contributor address: City: State: Zip Code

9913 Woodshire
Austin 78748

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/15/04

Full name of contributor out-of-state PAC (ID# _____)

Kenneth Thompson

Amount of contribution (\$)

60.00

In-kind contribution description (if applicable)

microwave

Contributor address: City: State: Zip Code

1117 Haverford
Pflugerville, Tx. 78660

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/26/04

Full name of contributor out-of-state PAC (ID# _____)

Laura Brown

Amount of contribution (\$)

159.20

In-kind contribution description (if applicable)

beer

Contributor address: City: State: Zip Code

8211 Johnny Morris Rd
Austin, Tx. 78724

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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:

17

2 FILER NAME

Greg Hamilton

3 ACCOUNT # (Ethics Commission files)

4 Date

1/15/04

5 Full name of contributor

 out-of-state PAC (ID# _____)

Mortezza Avash Saberi

6 Contributor address: City: State: Zip Code

7802 Persimmon Trail
Austin TX - 78745

7 Amount of contribution (\$)

338.00

8 In-kind contribution description (if applicable)

2 desks

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date

1/27/04

Full name of contributor

 out-of-state PAC (ID# _____)

Paul Whitmill

Contributor address: City: State: Zip Code

8508 Linden Loop
DelValle, TX - 78617

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

hang banner on bldg

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

1/28/04

Full name of contributor

 out-of-state PAC (ID# _____)

Roddy Hamilton

Contributor address: City: State: Zip Code

310 Holly st.
Killeen, TX - 76543

Amount of contribution (\$)

215.00

In-kind contribution description (if applicable)

Turkey for event

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

1/28/04

Full name of contributor

 out-of-state PAC (ID# _____)

Sharon Rhodes

Contributor address: City: State: Zip Code

1203 Noton
Pflugerville, TX - 78660

Amount of contribution (\$)

57.00

In-kind contribution description (if applicable)

food for event

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

1/15/04

Full name of contributor

 out-of-state PAC (ID# _____)

Tony Hampton

Contributor address: City: State: Zip Code

14713 Noy a Dr.
Austin, TX - 78758

Amount of contribution (\$)

154.00

In-kind contribution description (if applicable)

fax fridge

Principal occupation / Job title (See instructions)

Employer (See instructions)

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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: 17	
2 FILER NAME Greg Hamilton		3 ACCOUNT # (Ethics Commission files)	
4 Date 1/28/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Vivian Rowe 6 Contributor address: City: State: Zip Code 508 Regency Dr. Austin, Tx. 78724	7 Amount of contribution (\$) 142.00	8 In-kind contribution? description (if applicable) logo bottled water.
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/22/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Walter Wakefield Contributor address: City: State: Zip Code 2600 Clear Love Rd Austin, Tx. 78704	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable) fables + chairs
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/15/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Verita Shaw Contributor address: City: State: Zip Code 1003 Rocky Spring Rd. Austin, TX. 78753	Amount of contribution (\$) 299.00	In-kind contribution description (if applicable) color printer
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/28/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cheryl Jones Contributor address: City: State: Zip Code 5724 Signal Point Austin, TX 78724	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable) Decorations
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/22/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carlos Lowry Contributor address: City: State: Zip Code 1210 Norwood Rd. Austin, TX. 78722	Amount of contribution (\$) 1200.00	In-kind contribution description (if applicable) website design/startup
Principal occupation / Job title (See Instructions) web master		Employer (See Instructions) Austin Public Library	

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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: **17**

2 FILER NAME **Greg Hamilton**

3 ACCOUNT # (Ethics Commission files)

4 Date **1/28/04**

5 Full name of contributor out-of-state PAC (ID# _____)
Autra Lockett

7 Amount of contribution (\$) **150.00**

8 In-kind contribution description (if applicable)
decorations for HQ event

6 Contributor address; City; State; Zip Code
**6705 Carlbrooke Ln.
Austin, TX 78754**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)
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 out-of-state PAC (ID# _____)
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 out-of-state PAC (ID# _____)
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 out-of-state PAC (ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution 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.

LOANS		SCHEDULE E	
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <u>1</u>	
2 FILER NAME <u>Greg Hamilton</u>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: < < < < < <		\$	
5 Date of loan <u>1/2/04</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Greg Hamilton</u>	9 Loan Amount (\$) <u>1250.00</u>	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <u>713 cactus Bend Pflugerville, TX - 78660</u>	10 Interest rate	
12 Principal occupation / Job title (See Instructions) <u>Candidate for Sheriff</u>		13 Employer (See Instructions) <u>self</u>	
14 Description of Collateral <input checked="" type="checkbox"/> none			
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code		18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)	
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 4	
2 FILER NAME Greg Hamilton		3 ACCOUNT # (Ethics Commission files)	
4 Date 1/6/04	5 Payee name Scott Van Osdol	7 Amount (\$) 162.38	
6 Payee address: City: State: Zip Code 7908 Swinden Lane Austin, TX. 78745			
8 Purpose of payment (See instructions regarding type of information required.) Photo shoot.		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 1/11/04	Payee name Office Depot	Amount (\$) 116.56	
Payee address: City: State: Zip Code 816 Trivado Austin, Tx. 78752			
Purpose of payment (See instructions regarding type of information required.) Phones/office supplies		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 1/13/04	Payee name Sam's Club	Amount (\$) 41.70	
Payee address: City: State: Zip Code 5107 S. IH 35 Austin, TX. 78744			
Purpose of payment (See instructions regarding type of information required.) office supplies floor mats for chairs		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 1/13/04	Payee name Conn's	Amount (\$) 43.27	
Payee address: City: State: Zip Code 6425 S. IH 35 Austin, TX. 78744			
Purpose of payment (See instructions regarding type of information required.) Water cooler for office		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F 4	
2 FILER NAME Greg Hamilton		3 ACCOUNT # (Ethics Commission stamp)	
4 Date 1/15/04	5 Payee name Angelica McFarland	6 Payee address: City, State, Zip Code 1616 Sienna Dr. Cedar Park, TX. 78613	7 Amount (\$) 79.02
8 Purpose of payment (See instructions regarding type of information required.) office furniture		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officerholder name: Office sought: Office held:	
Date 1/17/04	Payee name Office Max	Payee address: City, State, Zip Code 907 W. 5th St. Austin TX. 78703	Amount (\$) 42.56
Purpose of payment (See instructions regarding type of information required.) office supplies books pens.		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officerholder name: Office sought: Office held:	
Date 1/22/04	Payee name Office Max	Payee address: City, State, Zip Code 907 W. 5th St. Austin, TX. 78703	Amount (\$) 10.81
Purpose of payment (See instructions regarding type of information required.) labels for post cards		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officerholder name: Office sought: Office held:	
Date 1/22/04	Payee name US Postal Service	Payee address: City, State, Zip Code 510 Guadalupe Austin TX. 78701	Amount (\$) 57.50
Purpose of payment (See instructions regarding type of information required.) stamps		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officerholder name: Office sought: Office held:	
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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: **4**

2 FILER NAME **Greg Hamilton**

3 ACCOUNT # (Ethics Commission files)

4 Date: **1/22/04**
 5 Payee name: **Compu Signs**
 6 Payee address: **632 N. Lamar Austin, TX. 78703**

7 Amount (\$): **102.84**

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

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

Date: **1/27/04**
 Payee name: **Kelly Graphics**
 Payee address: **1322 Lost Creek Blvd. Austin TX. 78746**

Amount (\$): **1466.40**

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

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

Date: **1/27/04**
 Payee name: **Kelly Graphics**
 Payee address: **1322 Lost Creek Blvd. Austin, TX. 78746**

Amount (\$): **2486.00**

Purpose of payment (See instructions regarding type of information required.)
40,000 push cards

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

Date: **1/15/04**
 Payee name: **Travis Co. Tax Assessor**
 Payee address: **5501 Airport. Austin TX 78751**

Amount (\$): **24.00**

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

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

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POLITICAL EXPENDITURES		SCHEDULE F
The instruction Guide explains how to complete this form.		1 Total pages Schedule F: 4
2 FILER NAME Greg Hamilton		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/27/04	5 Payee name Breed and Co. 6 Payee address; City; State; Zip Code 718 W 29th Austin TX. 78705	7 Amount (\$) 50.25
8 Purpose of payment (See instructions regarding type of information required.) wheels for chairs and casters casters for desks.		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 1/28/04	Payee name Office Max Payee address; City; State; Zip Code 907 W 5th St. Austin TX. 78703	Amount (\$) 16.20
Purpose of payment (See instructions regarding type of information required.) name tags		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 1/29/04	Payee name Office Max Payee address; City; State; Zip Code 907 W. 5th St Austin TX. 78703	Amount (\$) 34.62
Purpose of payment (See instructions regarding type of information required.) ink for printer.		-- 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

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