

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 5677

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: **18**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: *Mr.* FIRST: *Greg* MI: *M*

NICKNAME: *Hamilton* LAST: SUFFIX:

OFFICE USE ONLY

Date Received: *MAR - 1 PM: 18*

Date Hand Delivered or Date Postmarked:

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #: *707 Rio Grande St 1st Floor* CITY: *Austin Tx.* STATE: *78701* ZIP CODE

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: *(512)* PHONE NUMBER: *480-9552* EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: *Mr.* FIRST: *Greg* MI: *M*

NICKNAME: *Hamilton* LAST: SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: *713 Cactus Bend Rd.* CITY: *Pflugerville, TX* STATE: *78660* ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE: *(512)* PHONE NUMBER: *797-4992* EXTENSION:

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: *1 / 30 / 04* THROUGH Month Day Year: *2 / 28 / 04*

11 ELECTION

ELECTION DATE: Month Day Year: *3 / 9 / 04* ELECTION TYPE: Primary Runoff General 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

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> 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	\$ 1,312.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,486.55
--	--------------

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 252.23
--	-----------

4. TOTAL POLITICAL EXPENDITURES	\$ 17,358.52
---------------------------------	--------------

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 32,030.98
--	--------------

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1250.00
---	------------

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Gregory Hamilton
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Gregory Hamilton* this the 1st day of March, 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: 8	
2 FILER NAME Greg Hamilton				3 ACCOUNT # (Ethics Commission files)	
4 Date 1/30/04	5 Full name of contributor Bobby Heard	<input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City, State; Zip Code 5018 W. Amherst Ave. Dallas, TX. 75209					
9 Principal occupation / Job title (See Instructions) Marketing Director			10 Employer (See Instructions) MADD		
Date 2/9/04	Full name of contributor Allan Shivers Jr.	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)	
Contributor address; City, State; Zip Code 2905 San Gabriel #213 Austin TX. 78705					
Principal occupation / Job title (See Instructions) Investor			Employer (See Instructions) Shivers Group Inc.		
Date 1/31/04	Full name of contributor Diana F. Everett	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)	
Contributor address; City, State; Zip Code 3901 Kristencreek Lane Round Rock, TX. 78681					
Principal occupation / Job title (See Instructions) Paralegal			Employer (See Instructions) Andrews Kurth LLP		
Date 2/18/04	Full name of contributor Ronald P. Cheng	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)	
Contributor address; City, State; Zip Code 4701 Goldflower Austin TX. 78731					
Principal occupation / Job title (See Instructions) Manager/owner			Employer (See Instructions) Chinatown Restaurants		
Date 2/24/04	Full name of contributor Sylvia A Campbell Gomez	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)	
Contributor address; City, State; Zip Code 5610 N. IH 35 Austin TX 78751					
Principal occupation / Job title (See Instructions) Manager			Employer (See Instructions) Baby Acapulco		

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: 8	
2 FILER NAME Gres Hamilton		3 ACCOUNT # (Ethics Commission files)	
4 Date 2/24/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ramzi Nasser Al-Rashid	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5844 Van Winkle Ln. Austin, Tx. 78739			
9 Principal occupation / Job title (See Instructions) Property Mgr.		10 Employer (See Instructions) Limestone Springs Property	
Date 2/25/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Joe and Janis Pinnelli	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 50038 Austin, Tx. 78763			
Principal occupation / Job title (See Instructions) construction/owner		Employer (See Instructions) Pinnelli Construction	
Date 2/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Joseph Cipriano	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7903 Bracken Ct. Austin, Tx. 78731			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/18/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) M H CROCKETT JR.	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 2066 Austin, Tx. 78768			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/19/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Austin Bail Bonds	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 909 Nueces St. Austin, Tx. 78701			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8	
2 FILER NAME Greg Hamilton		3 ACCOUNT # (Ethics Commission files)	
4 Date 2/24/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Susan D. Story	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10804 Pinehurst Dr. Austin, TX. 78747			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/24/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elizabeth Christina & Bruce Todd	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7629 Rock Point Dr. Austin, TX. 78731			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/26/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim Nias	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1116 Reagan Terrace Austin, TX. 78704			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/26/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BMC PAC	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 111 Congress Ave # 1400 Austin, TX. 78701			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/30/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David M & Sylvia S. Jabour	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4702 Lookout Mtn. 6600 Cove Austin TX. 78731			
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: 8	
2 FILER NAME Greg Hamilton		3 ACCOUNT # (Ethics Commission files)	
4 Date 2/19/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ben F. Vaughn III	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Po Box 2233 Austin TX. 78768			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/22/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mary - Pearl Williams	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3503 Mt. Barker Dr. Austin TX. 78731			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/22/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Patricia K. Hicks	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8803 Meridian Circle Austin TX. 78754			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/24/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Fitzgerald + Meisner PC	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 812 San Antonio # 400 Austin TX 78701			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/25/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Russell Bridges	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6405 Cascada Dr. Pflugerville, TX. 78660			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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: <u>8</u>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>2/28/04</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Paul & Rita King</u>	7 Amount of contribution (\$) <u>112.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>1218 Rocky Creek Dr. Pflugerville, Tx. 78660</u>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>2/28/04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Walter Wakefield</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2800 Clear Cove Austin, Tx. 78704</u>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>2/28/04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Gayle Gardner</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2505 Inwood Pl. Austin Tx. 78703</u>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>2/1/04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Norma Martinez</u>	Amount of contribution (\$) <u>60.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>15243 Oak Spring San Antonio, Tx. 78232</u>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>2/17/04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Kenneth Greenwood</u>	Amount of contribution (\$) 1177.55 <u>1177.55</u>	In-kind contribution description (if applicable) <u>10,000 Grey Hamilton Buttons</u>
Contributor address; City; State; Zip Code <u>1999 McKinney Ave # 807 Dallas, Tx. 75201</u>			
Principal occupation / Job title (See Instructions) <u>Marketing/manufacturing</u>		Employer (See Instructions) <u>Prevention Partners</u>	

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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: 8
2 FILER NAME <i>Greg Hamilton</i>		3	ACCOUNT # (Ethics Commission files)
4 Date <i>2/28/04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Blanca Zamora-Garcia</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1715 S 1st St Austin, TX - 78704</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/28/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Karen T. Housewright</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9521 Lynnhaven St.</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/28/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>J. Michael Lewis</i>	Amount of contribution (\$) <i>1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11256 Russwood circle Dallas, TX - 75229</i>			
Principal occupation / Job title (See Instructions) <i>Real Estate Investor / Broker</i>		Employer (See Instructions) <i>JML Properties Inc.</i>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
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)
Contributor address; City; State; Zip Code			
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 EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **7**

2 FILER NAME **Gus Hamilton**

3 ACCOUNT # (Ethics Commission files)

4 Date **2/19/04**
 5 Payee name **Rindy Miller Bates**
 6 Payee address: **501 N IH 35**
 City: State: Zip Code **Austin TX. 78702**

7 Amount (\$) **3000.00**

8 Purpose of payment (See instructions regarding type of information required.) **installment for mass mailer**

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

Date **2/26/04**
 Payee name **Rindy Miller Bates**
 Payee address: **501 N. IH 35**
 City: State: Zip Code **Austin TX. 78702**

Amount (\$) **2000.00**

Purpose of payment (See instructions regarding type of information required.) **installment for MASS mailer**

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

Date **2/5/04**
 Payee name **Check Mark Typesetting**
 Payee address: **3217 N. IH 35**
 City: State: Zip Code **Austin TX. 78722**

Amount (\$) **3278.87**

Purpose of payment (See instructions regarding type of information required.) **stickers, design, yard signs**

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

Date **1/31/04**
 Payee name **Home Depot**
 Payee address: **7211 N. IH 35**
 City: State: Zip Code **Austin TX. 78752**

Amount (\$) **443.07**

Purpose of payment (See instructions regarding type of information required.) **T-Posts, nails, supplies**

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7

2 FILER NAME Greg Hamilton

3 ACCOUNT # (Ethics Commission files)

4 Date <u>2/9/04</u>	5 Payee name <u>Worley Printing</u>	7 Amount (\$) <u>1537.16</u>
6 Payee address; City; State; Zip Code <u>3217 N. IH35 Austin, TX. 78722</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>letterhead envelopes reply cards</u>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date <u>2/26/04</u>	Payee name <u>SBC</u>	Amount (\$) <u>322.07</u>
Payee address; City; State; Zip Code <u>Po Box 650661 Dallas, TX. 75265</u>		

Purpose of payment (See instructions regarding type of information required.) <u>phone svc.</u>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date <u>2/5/04</u>	Payee name <u>Office Max</u>	Amount (\$) <u>73.59</u>
Payee address; City; State; Zip Code <u>907 W 5th St Austin, TX. 78701</u>		

Purpose of payment (See instructions regarding type of information required.) <u>stapler, 3 hole punch, etc.</u>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date <u>2/21/04</u>	Payee name <u>Office Max</u>	Amount (\$) <u>84.18</u>
Payee address; City; State; Zip Code <u>907 W. 5th St. Austin, TX 78701</u>		

Purpose of payment (See instructions regarding type of information required.) <u>stapler, tape</u>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7

2 FILER NAME

Greg Hamilton

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

2/2/04

Opinion Analysts

92.93

6 Payee address; City; State; Zip Code

*908 Rio Grande
Austin, TX. 78701*

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

walk lists

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

2/5/04

Opinion Analysts

54.13

Payee address; City; State; Zip Code

*906 R. Grande
Austin, TX. 78701*

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

move lists

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

2/2/04

Scott Van Osdel

108.25

Payee address; City; State; Zip Code

*7908 Sunderland Ln.
Austin, TX. 78745*

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

photos for mailer

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

2/10/04

Jonathan Brown

80.00

Payee address; City; State; Zip Code

*919 Walter St.
Austin, TX. 78702*

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

sign distribution

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7

2 FILER NAME

Greg Hamilton

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/10/04

5 Payee name

Midas Networks

6 Payee address; City; State; Zip Code

Po Box 4230
Cedar Park, Tx - 78630

7 Amount (\$)

84.84

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

web services

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

2/7/04

Payee name

Mr Gattis

Payee address; City; State; Zip Code

701 W. 6th St.
Austin Tx 78701

Amount (\$)

31.50

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

pizza for volunteers

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

2/9/04

Payee name

Mr Gattis

Payee address; City; State; Zip Code

701 W. 6th St.
Austin Tx. 78701

Amount (\$)

31.09

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

pizza for volunteers

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

2/24/04

Payee name

Opinion Analysts

Payee address; City; State; Zip Code

908 Rio Grande
Austin, Tx. 78701

Amount (\$)

27.06

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

mover lists

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7

2 FILER NAME Greg Hamilton

3 ACCOUNT # (Ethics Commission filers)

4 Date 2/17/04 5 Payee name Office Max
 6 Payee address; City; State; Zip Code
907 W 5th St.
Austin Tx. 78701

7 Amount (\$)
38.95

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

9 -- 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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

Greg Hamilton

3 ACCOUNT # (Ethics Commission files)

4 Date

2/26/04

5 Payee name

NOKOA

6 Payee address: City: State: Zip Code

*1154 Angelina #B
Austin, TX. 78702*

8 Amount (\$)

100.00

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

Print Ad

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED