

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6694

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Files)
78000000

2 PAGE #
1 of 35

RECORD
JAN 15 5 PM 4:18
CLERK
TRAVIS COUNTY TEXAS

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR Hon. FIRST Gregory MI
NICKNAME LAST SUFFIX
Greg Hamilton

OFFICE USE ONLY

Date Received
Date Hand-delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE
PO Box 5674
Austin, TX 78763-5674

Change of Address

Date Hand-delivered or Date Postmarked

Receipt # Amount

5 CAMPAIGN TREASURER NAME

MS / MRS / MR Hon. FIRST Gregory MI
NICKNAME LAST SUFFIX
Greg Hamilton

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY: STATE: ZIP CODE
1605 Augusta Bend
Hutto, TX 78634-5387

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 797-4992

8 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)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
07/01/2007 12/31/2007

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11/04/2008
 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)
Travis County Sheriff

12 OFFICE SOUGHT (if known)
Travis County Sheriff

13 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

RECORD
JAN 15 5 PM 4:18
CLERK
TRAVIS COUNTY TEXAS

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

14 C/OH NAME Hamilton, Gregory (Hon.)

15 ACCOUNT # (Ethics Commission files)
78000000

16 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	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 \$ 60.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 16,515.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 232.45

4. TOTAL POLITICAL EXPENDITURES \$ 12,114.28

CONTRIBUTION BALANCE

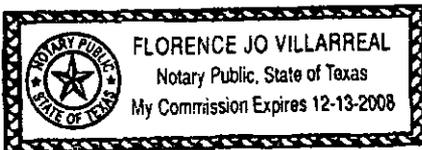
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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.



Greg Hamilton
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Greg Hamilton, this the 15th day of January, 2008, to certify which, witness my hand and seal of office.

Florence Jo Villarreal Florence Jo Villarreal Notary
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 1/11 Report: 3/35	
2 FILER NAME Hamilton, Gregory (Hon.)				3 ACCOUNT # (Ethics Commission filers) 78000000	
4 Date 11/19/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Balagia, David 6 Contributor address; City; State; Zip Code PO Box 1748 Austin, TX 78767	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 11/09/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beasley, Roger Contributor address; City; State; Zip Code PO Box 9366 Austin, TX 78766	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 11/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bennett, Gary Contributor address; City; State; Zip Code 1403 W Beach Rd Waukegan, IL 60087	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 11/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bennett, Ryan Contributor address; City; State; Zip Code 700 S Twilight Mesa Austin, TX 78737	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 11/08/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blackwell, Betty Contributor address; City; State; Zip Code 1306 Nueces St Austin, TX 78701	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/11 Report: 4/35	
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000	
4 Date 11/17/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Call Phonograph, LLC 6 Contributor address; City; State; Zip Code 905 E 7th St Austin, TX 78702	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 11/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cherico, Craig Contributor address; City; State; Zip Code PO Box 10173 Austin, TX 78766	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 11/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DeGado, Benjamin Contributor address; City; State; Zip Code 2403 Spring Wagon Ln Austin, TX 78728	Amount of contribution (\$) \$110.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 11/15/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DeRoeck, Walter Contributor address; City; State; Zip Code 3107 Above Strafford Pl Austin, TX 78746	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 11/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fresch, Deloris Contributor address; City; State; Zip Code 11205 Hidden Bluff Dr Austin, TX 78754	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/11 Report: 5/35

2 FILER NAME Hamilton, Gregory (Hon.)

3 ACCOUNT # (Ethics Commission filers)
78000000

4 Date
07/02/2007

5 Full name of contributor out-of-state PAC (ID# _____)
Fulbright & Jaworski LLP Texas Committee

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

6 Contributor address; City; State; Zip Code
1301 McKinney, Ste 5100
Houston, TX 77010

\$500.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
11/19/2007

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

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

Contributor address; City; State; Zip Code
4019 Amy Cr
Austin, TX 78759

\$110.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/15/2007

Full name of contributor out-of-state PAC (ID# _____)
Granger & Mueller, PC

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

Contributor address; City; State; Zip Code
605 W 10th St
Austin, TX 78701

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/19/2007

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

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

Contributor address; City; State; Zip Code
1718 E 38th St
Austin, TX 78722

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/19/2007

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

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

Contributor address; City; State; Zip Code
10201 Wind Cave Trl
Austin, TX 78748

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/11 Report: 6/35	
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000	
4 Date 11/19/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guerra, Raymond 6 Contributor address; City; State; Zip Code 1000-B Beaver Trl Austin, TX 78746	7 Amount of contribution (\$) \$120.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
11/06/2007	Hale, Roy Contributor address; City; State; Zip Code 8505-A Apple Carrie Cv Austin, TX 78745	\$125.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
11/19/2007	Hardge, Michael Contributor address; City; State; Zip Code 1816-B Prairie Knoll Ct Austin, TX 78758	\$110.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
11/19/2007	Hatton, Brad Contributor address; City; State; Zip Code 6801 Manzanita St Austin, TX 78759	\$100.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
11/19/2007	Havener, Gary Contributor address; City; State; Zip Code 1512 Santolina Ct Pflugerville, TX 78660	\$110.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 6/11 Report: 8/35	
2 FILER NAME Hamilton, Gregory (Hon.)			3 ACCOUNT # (Ethics Commission filers) 78000000	
4 Date 11/19/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Long, Darren 6 Contributor address; City; State; Zip Code PO Box 1748 Austin, TX 78767	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date 11/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mancias, Manny Contributor address; City; State; Zip Code 1305 Honey Suckle Cr Pflugerville, TX 78660	Amount of contribution (\$) \$60.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 11/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mancias, Mike Contributor address; City; State; Zip Code PO Box 2531 Pflugerville, TX 78691	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 11/09/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maud, Doug Contributor address; City; State; Zip Code PO Box 1608 Austin, TX 78767	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 11/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) May, Bill Contributor address; City; State; Zip Code 2309 Gatlin Gun Austin, TX 78739	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 7/11 Report: 9/35

2 FILER NAME Hamilton, Gregory (Hon.)

3 ACCOUNT # (Ethics Commission filers)
78000000

4 Date **5** Full name of contributor out-of-state PAC (ID# _____)
11/19/2007 McCurry, Oliver

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

11/19/2007

6 Contributor address; City; State; Zip Code
3400 Shoreline Dr Apt 234
Austin, TX 78728

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
11/19/2007 McKinney, Brian

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

11/19/2007

Contributor address; City; State; Zip Code
Kevin Ln
Austin, TX 78738

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
11/15/2007 Mercer, James

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

11/15/2007

Contributor address; City; State; Zip Code
15710 Voelker Lane
Elgin, TX 78621

\$125.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
11/19/2007 Michalik, Tava

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

11/19/2007

Contributor address; City; State; Zip Code
8010 Cardin Dr
Austin, TX 78759

\$120.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
11/19/2007 Miller, Keith

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

11/19/2007

Contributor address; City; State; Zip Code
109 E Nakoma
Round Rock, TX 78664

\$370.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/11 Report: 10/35	
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000	
4 Date 11/19/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mills, Tonya 6 Contributor address; City; State; Zip Code 1333 Boenig Dr New Braunfels, TX 78130	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/25/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mosher, James JD Contributor address; City; State; Zip Code 6062 Graham Hill Rd, Ste 8 Felton, CA 95018	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 11/10/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Munoz, Arthur Contributor address; City; State; Zip Code 1003 Fall Creek Austin, TX 78753	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 11/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Papst, Greg Contributor address; City; State; Zip Code 1504 Pagedale Dr Cedar Park, TX 78613	Amount of contribution (\$) \$120.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 11/22/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perez, Paul Contributor address; City; State; Zip Code 4917 Scottish Thistle Dr Austin, TX 78739	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/11 Report: 11/35	
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000	
4 Date 10/08/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perry, Edgar III 6 Contributor address; City; State; Zip Code 1114 Lost Creek Blvd, Ste 270 Austin, TX 78746-6376	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/22/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Preston, Dorothy Contributor address; City; State; Zip Code 1306 Jefferis Ave Killeen, TX 76543	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rhoades, Gabaral Contributor address; City; State; Zip Code 820 W 3rd St Eddy, TX 76524	Amount of contribution (\$) \$110.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/10/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rick Freeman, PC Contributor address; City; State; Zip Code 811 Barton Springs Rd, Ste 740 Austin, TX 78704-6111	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ringer, Frank Contributor address; City; State; Zip Code 11828 Shropshire Austin, TX 78753	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/11 Report: 12/35	
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000	
4 Date 11/24/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ringer, Frank 6 Contributor address; City; State; Zip Code 11828 Shropshire Austin, TX 78753	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 11/16/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sheehan, Michelle Contributor address; City; State; Zip Code PO Box 856 Pflugerville, TX 78691	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 11/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shelton, Sidney Contributor address; City; State; Zip Code 11811 Amhamn Ln Manor, TX 78653	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 11/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stanley, Alfred Contributor address; City; State; Zip Code 1409 Hardouin Ave Austin, TX 78703	Amount of contribution (\$) \$120.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 11/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tempieton, James Contributor address; City; State; Zip Code 8800 Spicewood Ct Austin, TX 78759	Amount of contribution (\$) \$220.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/11 Report: 13/35	
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000	
4 Date 11/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Travis County Sheriff's Law Enforcement Association PAC 6 Contributor address; City; State; Zip Code 8600 N FM 620 Austin, TX 78726	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Travis County Sheriff's Law Enforcement Association PAC Contributor address; City; State; Zip Code 8600 N FM 620 Austin, TX 78726	Amount of contribution (\$) \$2,250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Warren, Louis Contributor address; City; State; Zip Code 4731 Cat Mountain Dr Austin, TX 78731	Amount of contribution (\$) \$2,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wynn, John Contributor address; City; State; Zip Code 1940 Prairie Rock Way Round Rock, TX 78664	Amount of contribution (\$) \$110.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/16 Report: 14/35
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000
4 Date 11/21/2007	5 Payee name Accent Trophies & Awards 6 Payee address; City; State; Zip Code 1901 W William Cannon Austin, TX 78745	7 Amount (\$) \$187.16
8 Purpose of payment (See instructions regarding type of information required.) Trophies for fund-raising golf tournament (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/08/2007	Payee name Austin AFL-CIO Council Payee address; City; State; Zip Code PO Box 684644 Austin, TX 78768	Amount (\$) \$310.00
Purpose of payment (See instructions regarding type of information required.) Program ad (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/02/2007	Payee name Austin-Bergstrom International Airport Parking Payee address; City; State; Zip Code 3600 Presidential Blvd #411 Austin, TX 78759	Amount (\$) \$18.00
Purpose of payment (See instructions regarding type of information required.) LAPD Trip Parking (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/19/2007	Payee name Austinuts Payee address; City; State; Zip Code 2900 W Anderson Ln Austin, TX 78757	Amount (\$) \$129.87
Purpose of payment (See instructions regarding type of information required.) Secretary Christmas Gifts (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/16 Report: 15/35

2 FILER NAME Hamilton, Gregory (Hon.)

3 ACCOUNT # (Ethics Commission filers)
78000000

4 Date	5 Payee name Bells Int'l	7 Amount (\$)
10/23/2007 6 Payee address; City; State; Zip Code 109 Denson Dr Austin, TX 78752	\$307.80

8 Purpose of payment (See instructions regarding type of information required.) Sheriff's Office event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Bells Int'l	Amount (\$)
11/07/2007 Payee address; City; State; Zip Code 109 Denson Dr Austin, TX 78752	\$185.42

Purpose of payment (See instructions regarding type of information required.) Sheriff's Office event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Big Lots	Amount (\$)
11/14/2007 Payee address; City; State; Zip Code 6929 Airport Blvd #11 Austin, TX 78752	\$270.61

Purpose of payment (See instructions regarding type of information required.) Employee Candidate Appreciation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Burnt Road Self Storage	Amount (\$)
08/09/2007 Payee address; City; State; Zip Code 6400 Burnet Rd Austin, TX 78757	\$216.00

Purpose of payment (See instructions regarding type of information required.) Storage of signs (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** 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 PAGE #
Schedule: 3/16 Report: 16/35

2 FILER NAME Hamilton, Gregory (Hon.)

3 ACCOUNT # (Ethics Commission filers)
78000000

4 Date	5 Payee name Burnt Road Self Storage	7 Amount (\$)
11/26/2007	6 Payee address; City; State; Zip Code 6400 Burnet Rd Austin, TX 78757	\$98.00

8 Purpose of payment (See instructions regarding type of information required.) Storage for campaign signs	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Capital Area Democratic Women PAC	Amount (\$)
07/25/2007	6 Payee address; City; State; Zip Code P. O. Box 12962 Austin, TX 78711	\$250.00

Purpose of payment (See instructions regarding type of information required.) sponsorship of event	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Capital Rbber Stamp	Amount (\$)
12/13/2007	6 Payee address; City; State; Zip Code 3314 S Congress Austin, TX 78704	\$20.57

Purpose of payment (See instructions regarding type of information required.) endorsement stamp	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Carrabas Grill	Amount (\$)
11/19/2007	6 Payee address; City; State; Zip Code 11590 Research Blvd Austin, TX 78759	\$300.00

Purpose of payment (See instructions regarding type of information required.) Food for players at fund-raising golf tournament	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/16 Report: 17/35
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000
4 Date 11/02/2007	5 Payee name Central Market #/061 6 Payee address; City; State; Zip Code 4001 N Lamar Blvd Austin, TX 78756	7 Amount (\$) \$26.99
8 Purpose of payment (See instructions regarding type of information required.) Employee Birthday Cake (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/19/2007	Payee name FedEx Kinko's Payee address; City; State; Zip Code 2901-C Medical Arts Austin, TX 78705	Amount (\$) \$130.72
Purpose of payment (See instructions regarding type of information required.) Hole sponsor signs at golf tournament (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/06/2007	Payee name Fiesta Mart #64 Payee address; City; State; Zip Code 5510 S IH 35 Austin, TX 78745	Amount (\$) \$99.15
Purpose of payment (See instructions regarding type of information required.) TCSO Fish/ Gumbo Cook-Off Fundraiser (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/04/2007	Payee name Garden Ridge Payee address; City; State; Zip Code 19411 Atrium Place, Ste 170 Houston, TX 77084	Amount (\$) \$162.36
Purpose of payment (See instructions regarding type of information required.) Office Christmas Tree (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/13 Report: 18/35
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000
4 Date 12/05/2007	5 Payee name Hamilton, Greg (Sheriff) 6 Payee address; City; State; Zip Code 1605 Augusta Bend Hutto, TX 78634	7 Amount (S) \$500.00
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for out-of-pocket expenditures (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/31/2007	Payee name HEB #03/425 Payee address; City; State; Zip Code 1000 E 41st St Austin, TX 78751	Amount (S) \$60.77
Purpose of payment (See instructions regarding type of information required.) Items for Sheriff's Office event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/31/2007	Payee name HEB #03/425 Payee address; City; State; Zip Code 1000 E 41st St Austin, TX 78751	Amount (S) \$2.90
Purpose of payment (See instructions regarding type of information required.) Items for Sheriff's Office event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/17/2007	Payee name HEB #03/425 Payee address; City; State; Zip Code 1000 E 41st St Austin, TX 78751	Amount (S) \$7.29
Purpose of payment (See instructions regarding type of information required.) Breakfast with the Sheriff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/16 Report: 19/35

2 FILER NAME Hamilton, Gregory (Hon.)

3 ACCOUNT # (Ethics-Commission filers)
78000000

4 Date	5 Payee name HEB #9/202	7 Amount (\$)
07/12/2007	6 Payee address; City; State; Zip Code 5808 Burnet Rd Austin, TX 78756	\$34.50

8 Purpose of payment (See instructions regarding type of information required.) Food/Refreshments for Mobile Mammography event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Hobby Lobby	Amount (\$)
10/08/2007	Payee address; City; State; Zip Code 7950 Research Blvd Austin, TX 78750	\$94.69

Purpose of payment (See instructions regarding type of information required.) Artwork for Campaign (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Hobby Lobby	Amount (\$)
10/18/2007	Payee address; City; State; Zip Code 7950 Research Blvd Austin, TX 78750	\$22.64

Purpose of payment (See instructions regarding type of information required.) Building Decorations Reception Decor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Hobby Lobby	Amount (\$)
10/18/2007	Payee address; City; State; Zip Code 7950 Research Blvd Austin, TX 78750	\$14.05

Purpose of payment (See instructions regarding type of information required.) Building Decorations Framed Poster (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** 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 PAGE #
Schedule: 7/16 Report: 20/35**2** FILER NAME Hamilton, Gregory (Hon.)**3** ACCOUNT # (Ethics Commission filers)
78000000

4 Date 11/26/2007	5 Payee name Hobby Lobby	7 Amount (\$) \$79.56
6 Payee address; City; State; Zip Code 7950 Research Blvd Austin, TX 78750		

8 Purpose of payment (See instructions regarding type of information required.) Sheriff's Office materials for office (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 12/21/2007	Payee name Hobby Lobby	Amount (\$) \$84.98
Payee address; City; State; Zip Code 7950 Research Blvd Austin, TX 78750		

Purpose of payment (See instructions regarding type of information required.) Framing for Office (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 09/11/2007	Payee name Houston's	Amount (\$) \$55.77
Payee address; City; State; Zip Code 2408 W Anderson Ln Austin, TX 78757		

Purpose of payment (See instructions regarding type of information required.) Lunch with employee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 11/07/2007	Payee name Jerry's Artarama Custom Framing Store:007	Amount (\$) \$75.00
Payee address; City; State; Zip Code 6010 Interstate Hwy 35 Austin, TX 78752		

Purpose of payment (See instructions regarding type of information required.) Framing for office (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** 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 PAGE #
Schedule: 8/16 Report: 21/35

2 FILER NAME Hamilton, Gregory (Hon.)

3 ACCOUNT # (Ethics Commission filers) -
78000000

4 Date	5 Payee name LA Concinita Restaurant	7 Amount (\$)
10/12/2007	6 Payee address: City: State; Zip Code 4140 East 12th St Austin, TX 78721	\$14.02

8 Purpose of payment (See instructions regarding type of information required.) Lunch with Employee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name LA Concinita Restaurant	Amount (\$)
10/30/2007	Payee address: City: State; Zip Code 4140 East 12th St Austin, TX 78721	\$25.11

Purpose of payment (See instructions regarding type of information required.) Lunch with Employee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name LAPRAAC	Amount (\$)
10/03/2007	Payee address: City: State; Zip Code PO Box 861148 Los Angeles, CA 90086-1148	\$17.31

Purpose of payment (See instructions regarding type of information required.) Travel to conference (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Longhorn Meat Company	Amount (\$)
12/10/2007	Payee address: City: State; Zip Code 2411 E MLK Blvd Austin, TX 78702	\$151.88

Purpose of payment (See instructions regarding type of information required.) Office Christmas Hams (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** 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 PAGE # Schedule: 9/16 Report: 22/35
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000
4 Date 10/17/2007	5 Payee name Lost Creek Country Club 6 Payee address; City; State; Zip Code 2612 Lost Creek Blvd Austin, TX 78746	7 Amount (\$) \$250.00
8 Purpose of payment (See instructions regarding type of information required.) Round of golf with staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/19/2007	Payee name Lost Creek Country Club Payee address; City; State; Zip Code 2612 Lost Creek Blvd Austin, TX 78746	Amount (\$) \$332.00
Purpose of payment (See instructions regarding type of information required.) Drinks and gratuities at golf tournament (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/15/2007	Payee name Marshalls Payee address; City; State; Zip Code The Shops at Arborwalk 10515 N Mopac Expressway Blge F Austin, TX 78759	Amount (\$) \$89.85
Purpose of payment (See instructions regarding type of information required.) Sheet Drive Fundraiser for Austin Childrens Shelter (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/26/2007	Payee name Maurice's Real Pit Payee address; City; State; Zip Code 129 W Vet Mem. Blvd Killeen, TX 76541	Amount (\$) \$256.50
Purpose of payment (See instructions regarding type of information required.) Fundraiser for World Children (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/16 Report: 23/35
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000
4 Date 10/17/2007	5 Payee name Mrs. Johnson's Bakery 6 Payee address; City; State; Zip Code 4909 Airport Blvd Austin, TX 78751	7 Amount (\$) \$10.00
8 Purpose of payment (See instructions regarding type of information required.) Breakfast with the Sheriff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/02/2007	Payee name Nick's Stefs Steakhouse Payee address; City; State; Zip Code 339 S Hope St Los Angeles, CA 90071	Amount (\$) \$257.64
Purpose of payment (See instructions regarding type of information required.) ComStat Meeting LAPD (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/09/2007	Payee name Office Depot Payee address; City; State; Zip Code 816 Tirado St Austin, TX 78752	Amount (\$) \$7.57
Purpose of payment (See instructions regarding type of information required.) Envelopes for Ramadan Dinner @ Sheriff's Office (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/04/2007	Payee name OMNI Los Angeles Hotel Payee address; City; State; Zip Code 251 South Olive St Los Angeles, CA 90012	Amount (\$) \$258.02
Purpose of payment (See instructions regarding type of information required.) Hotel for LA Trip (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #
Schedule: 11/16 Report: 24/35**2** FILER NAME Hamilton, Gregory (Hon.)**3** ACCOUNT # (Ethics Commission filers)
78000000

4 Date 12/14/2007	5 Payee name Pizza Hut 6 Payee address; City; State; Zip Code 717 Ben White Austin, TX 78704	7 Amount (\$) \$110.00
8 Purpose of payment (See instructions regarding type of information required.) Dawson Elementary A Work for Reading 3 Books (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/08/2007	Payee name Rockfish Payee address; City; State; Zip Code 1201 Lake Woodlands Dr Woodlands, TX 77380	Amount (\$) \$208.16
Purpose of payment (See instructions regarding type of information required.) Harris County Jail Visit (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/11/2007	Payee name Sam's Club Payee address; City; State; Zip Code 130 Sundance Parkway Ste 300 Round Rock, TX 78681	Amount (\$) \$115.20
Purpose of payment (See instructions regarding type of information required.) Employee Appreciation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/13/2007	Payee name Sam's Club Payee address; City; State; Zip Code 130 Sundance Parkway Ste 300 Round Rock, TX 78681	Amount (\$) \$122.98
Purpose of payment (See instructions regarding type of information required.) Employee Candidate Appreciation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/16 Report: 25/35
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000
4 Date 10/02/2007	5 Payee name Schlotzsky's Deli 6 Payee address; City; State; Zip Code Austin-Bergstrom International Airport Austin, TX 78759	7 Amount (\$) \$8.42
8 Purpose of payment (See instructions regarding type of information required.) Lunch for LA Trip (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/14/2007	Payee name Shell Payee address; City; State; Zip Code 2500 FM 1431 Round Rock, TX 78681	Amount (\$) \$20.00
Purpose of payment (See instructions regarding type of information required.) Gas for County Vehicle (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/07/2007	Payee name Springhill Restaurants Payee address; City; State; Zip Code 1144 Airport Blvd #270 Austin, TX 78704	Amount (\$) \$19.87
Purpose of payment (See instructions regarding type of information required.) Lunch with Jennie & Grey (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/25/2007	Payee name Stanley-Garrison & Associates Payee address; City; State; Zip Code 812 San Antonio St, Ste G 23 Austin, TX 78701	Amount (\$) \$450.00
Purpose of payment (See instructions regarding type of information required.) fund-raising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/16 Report: 26/35
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000
4 Date 10/08/2007	5 Payee name Stanley-Garrison & Associates 6 Payee address; City; State; Zip Code 812 San Antonio St, Ste G 23 Austin, TX 78701	7 Amount (\$) \$203.32
8 Purpose of payment (See instructions regarding type of information required.) fund-raising (\$165.00) plus expense reimbursement (\$38.22) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/14/2007	Payee name Stanley-Garrison & Associates Payee address; City; State; Zip Code 812 San Antonio St, Ste G 23 Austin, TX 78701	Amount (\$) \$482.03
Purpose of payment (See instructions regarding type of information required.) fund-raising (\$315) plus expense reimbursement (\$167.03) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/21/2007	Payee name Stanley-Garrison & Associates Payee address; City; State; Zip Code 812 San Antonio St, Ste G 23 Austin, TX 78701	Amount (\$) \$1,500.00
Purpose of payment (See instructions regarding type of information required.) fund-raising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/21/2007	Payee name Texas Land and Cattle Payee address; City; State; Zip Code 1101 S Mopac Austin, TX 78746	Amount (\$) \$23.55
Purpose of payment (See instructions regarding type of information required.) Lunch (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 14/16 Report: 27/35

2 FILER NAME Hamilton, Gregory (Hon.)

3 ACCOUNT # (Ethics Commission filers)
78000000

4 Date	5 Payee name Texas Land and Cattle	7 Amount (\$)
08/23/2007	6 Payee address; City; State; Zip Code 6007 N IH 35 Austin, TX 78752	\$31.04

8 Purpose of payment (See instructions regarding type of information required.) Possible New Hire Lunch (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Texas Land and Cattle	Amount (\$)
08/23/2007	Payee address; City; State; Zip Code 6007 N IH 35 Austin, TX 78752	\$50.70

Purpose of payment (See instructions regarding type of information required.) Traffic Officers Lunch (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Texas Land and Cattle	Amount (\$)
09/04/2007	Payee address; City; State; Zip Code 6007 N IH 35 Austin, TX 78752	\$150.38

Purpose of payment (See instructions regarding type of information required.) Lunch Meeting with Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Texas Land and Cattle	Amount (\$)
10/25/2007	Payee address; City; State; Zip Code 1101 S Mopac Austin, TX 78746	\$31.28

Purpose of payment (See instructions regarding type of information required.) Lunch with staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** 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 PAGE # Schedule: 15/16 Report: 28/35
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000
4 Date 12/05/2007	5 Payee name The Ambassadors 6 Payee address; City; State; Zip Code 6929 Airport Blvd Austin, TX 78752	7 Amount (\$) \$700.00
8 Purpose of payment (See instructions regarding type of information required.) Annual Christmas party of black elected officials (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/31/2007	Payee name Travis County Democratic Party Payee address; City; State; Zip Code 1311 E. Sixth St Austin, TX 78702	Amount (\$) \$1,250.00
Purpose of payment (See instructions regarding type of information required.) filing fee for place on March 4 primary ballot (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/17/2007	Payee name Wal-Mart Payee address; City; State; Zip Code 702 SW 8th St Bentonville, AR 72716	Amount (\$) \$62.98
Purpose of payment (See instructions regarding type of information required.) Sheriff's Assoc. of Texas Hospitality Room (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/10/2007	Payee name Wal-Mart Store # 1185 Payee address; City; State; Zip Code 1030 Norwood Park Austin, TX 78753	Amount (\$) \$95.53
Purpose of payment (See instructions regarding type of information required.) Items for Juneteenth Celebration (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 16/16 Report: 29/35

2 FILER NAME Hamilton, Gregory (Hon.)

3 ACCOUNT # (Ethics Commission filers)
78000000

4 Date

12/18/2007

5 Payee name
Wal-Mart Store # 1185

.....
6 Payee address; City; State; Zip Code
1030 Norwood Park
Austin, TX 78753

7 Amount
(\$)

\$53.09

8 Purpose of payment (See instructions regarding type of information required.)
Items for Supervisor Incident Command Training

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:
Office held:

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/5 Report: 30/35
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000
4 Date 09/11/2007	5 Payee name 823 Congress Garage 6 Payee address; City; State; Zip Code 823 Congress Austin, TX 78701 7 Purpose of expenditure (See instructions regarding type of information required.) Greater Austin Crime Commission Breakfast (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$8.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 07/16/2007	Payee name Austin Convention Center Payee address; City; State; Zip Code 500 E Ceasar Chavez Austin, TX 78701 Purpose of expenditure (See instructions regarding type of information required.) Mexican Consulate (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$7.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 11/01/2007	Payee name Austin Convention Center Payee address; City; State; Zip Code 500 E Ceasar Chavez Austin, TX 78701 Purpose of expenditure (See instructions regarding type of information required.) Parking for Alpha Kappa Alpha Event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$7.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 11/09/2007	Payee name Bentley's Family Restaurant Payee address; City; State; Zip Code 6654 Arlington Blvd Falls Church, VA 22042 Purpose of expenditure (See instructions regarding type of information required.) Meal while at conference (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$20.32 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 09/17/2007	Payee name Four Seasons Hotel Payee address; City; State; Zip Code 98 San Antonio Blvd Austin, TX 78701 Purpose of expenditure (See instructions regarding type of information required.) Parking for Mexican Consul Independence of Mexico (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$8.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/5 Report: 31/35

2 FILER NAME Hamilton, Gregory (Hon.)

3 ACCOUNT #

(Ethics Commission filers)

78000000

4 Date	5 Payee name HEB #03/425	8 Amount (\$)
08/27/2007	<p>6 Payee address; City; State; Zip Code 1000 E 41st St Austin, TX 78751</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.) Breakfast meeting with Cheif Acevedo (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>\$18.31</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
09/27/2007	<p>Payee name HEB #03/425</p> <p>Payee address; City; State; Zip Code 1000 E 41st St Austin, TX 78751</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Promotion Ceremony (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$) \$33.94</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
12/06/2007	<p>Payee name HEB #03/425</p> <p>Payee address; City; State; Zip Code 1000 E 41st St Austin, TX 78751</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Promotion Ceremony (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$) \$40.31</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
07/26/2007	<p>Payee name HEB #8/045</p> <p>Payee address; City; State; Zip Code 2400 S Congress Ave Austin, TX 78704</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Sheriff's Office Promotion Ceremony (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$) \$62.98</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
08/14/2007	<p>Payee name Hilton Austin Airport</p> <p>Payee address; City; State; Zip Code 9515 New Airport Dr Austin, TX 78719</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Sheriff's Office event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$) \$62.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/5 Report: 32/35
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000
4 Date 10/09/2007	5 Payee name LA Quinta Inn & Suites 6 Payee address; City; State; Zip Code 5555 Airport Blvd Austin, TX 78752	8 Amount (\$) \$85.00
	7 Purpose of expenditure (See instructions regarding type of information required.) Entertainment in conjunction with Sheriff's Office event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/03/2007	Payee name Noe Bar Payee address; City; State; Zip Code Omni Los Angeles Hotel 251 South Olive St Los Angeles, CA 90012	Amount (\$) \$24.36
	Purpose of expenditure (See instructions regarding type of information required.) LAPD ComStat (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/05/2007	Payee name Office Depot Payee address; City; State; Zip Code 816 Tirado St Austin, TX 78752	Amount (\$) \$14.06
	Purpose of expenditure (See instructions regarding type of information required.) Envelopes for Sheriff's Christmas Cards (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/08/2007	Payee name Sambuca Payee address; City; State; Zip Code 909 Texas Ave #F Houston, TX 77002	Amount (\$) \$13.25
	Purpose of expenditure (See instructions regarding type of information required.) LAPD ComStat (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/08/2007	Payee name Sambuca Payee address; City; State; Zip Code 909 Texas Ave #F Houston, TX 77002	Amount (\$) \$27.25
	Purpose of expenditure (See instructions regarding type of information required.) Houston Harris County Jail Tour (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/5 Report: 33/35
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000
4 Date 09/25/2007	5 Payee name Shell 6 Payee address; City; State; Zip Code 9704 Giles Austin, TX 78754 7 Purpose of expenditure (See instructions regarding type of information required.) Gas for Patrol Car (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$10.02 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 09/26/2007	Payee name Snappy Mart Payee address; City; State; Zip Code 500 E 51st St Austin, TX 78751 Purpose of expenditure (See instructions regarding type of information required.) Gas for Patrol Car (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$5.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/17/2007	Payee name Tacqueria Jefe Payee address; City; State; Zip Code 6300 N Lamar Blvd Austin, TX 78752 Purpose of expenditure (See instructions regarding type of information required.) Breakfast with Sheriff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$31.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 07/13/2007	Payee name University of Texas Club Payee address; City; State; Zip Code 2108 Robert Dedman Dr Austin, TX 78712 Purpose of expenditure (See instructions regarding type of information required.) Lunch (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$57.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 07/19/2007	Payee name University of Texas Club Payee address; City; State; Zip Code 2108 Robert Dedman Dr Austin, TX 78712 Purpose of expenditure (See instructions regarding type of information required.) Health & Human Services Lunch (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$30.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/5 Report: 34/35
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000
4 Date 08/13/2007	5 Payee name University of Texas Club 6 Payee address; City; State; Zip Code 2108 Robert Dedman Dr Austin, TX 78712 7 Purpose of expenditure (See instructions regarding type of information required.) Lunch (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$45.89 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 09/06/2007	Payee name University of Texas Club Payee address; City; State; Zip Code 2108 Robert Dedman Dr Austin, TX 78712 Purpose of expenditure (See instructions regarding type of information required.) Lunch (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$62.62 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 09/18/2007	Payee name University of Texas Club Payee address; City; State; Zip Code 2108 Robert Dedman Dr Austin, TX 78712 Purpose of expenditure (See instructions regarding type of information required.) Lunch with School Official Law Enforcement Academy (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$64.52 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 09/20/2007	Payee name University of Texas Club Payee address; City; State; Zip Code 2108 Robert Dedman Dr Austin, TX 78712 Purpose of expenditure (See instructions regarding type of information required.) Lunch with Brett Spicer (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$35.54 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 09/18/2007	Payee name UT Manor St Garage Payee address; City; State; Zip Code PO Box 7546 Austin, TX 78713 Purpose of expenditure (See instructions regarding type of information required.) Lunch with Patrick Patterson LBJ Principal (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$4.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 35/35

2 FILER NAME Hamilton, Gregory (Hon.)

3 ACCOUNT # (Ethics Commission filers)
78000000

4 Date	5 Payee name	8 Amount (\$)
11/24/2007	<p>NAACP-AUSTIN</p> <hr/> <p>6 Payee address; City; State; Zip Code 1704 E 12th St Austin, TX 78702</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.) Charitable donation: table for 42nd Annual DeWitty-Overton Freedom Fund Banquet</p>	\$500.00
09/14/2007	<p>Payee name National Latino Peace Officers' Association of Central Texas</p> <hr/> <p>Payee address; City; State; Zip Code PO Box 685153 Austin, TX 78768</p> <p>Purpose of expenditure (See instructions regarding type of information required.) charitable donation</p>	\$320.00
08/10/2007	<p>Payee name Sheriff's Memorial Benevolent Society of Travis County</p> <hr/> <p>Payee address; City; State; Zip Code PO Box 252 Del Valle, TX 78617</p> <p>Purpose of expenditure (See instructions regarding type of information required.) charitable donation</p>	\$1,000.00