

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6958

FORM C/OH COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission filers)
78000000

2 PAGE #
1 of 15

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

Change of Address

5 CAMPAIGN TREASURER NAME

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

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
07/01/2008 09/25/2008

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any)
Sheriff, Travis County

12 OFFICE SOUGHT (if known)
Sheriff, Travis County

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

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 filers)
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. ..

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	60.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,885.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	173.67
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4. TOTAL POLITICAL EXPENDITURES	\$	16,341.10
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CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	28,442.36
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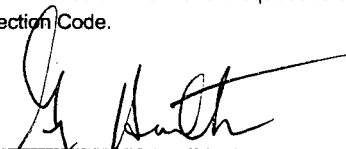
OUTSTANDING LOAN TOTALS

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

Gregory Hamilton 

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gregory Hamilton, this the 6 day of October, 2008, to certify which, witness my hand and seal of office.

Linda Villanueva
Signature of officer administering oath

Linda Villanueva
Print name of officer administering oath

Tax Specialist II
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: 1/4 Report: 3/15	
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000	
4 Date 07/25/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aune, Jon 6 Contributor address; City; State; Zip Code 374 King Arthur Ct Austin, TX 78746	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 07/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bacon, Jack Contributor address; City; State; Zip Code 1505 W Koenig Ln Austin, TX 78756	Amount of contribution (\$) \$200.00	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 07/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Balagia, Jamie Contributor address; City; State; Zip Code PO Box 360 Manor, TX 78653	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 07/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chavez, Laura Contributor address; City; State; Zip Code 9601 Demona Cv Austin, TX 78733	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 09/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Falkenberg, Howard Contributor address; City; State; Zip Code PO Box 123 Austin, TX 78767	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: 2/4 Report: 4/15	
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000	
4 Date 09/20/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hale, Roy 6 Contributor address; City; State; Zip Code 8505A Apple Carrie Cv Austin, TX 78745	7 Amount of contribution (\$) \$125.00	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 07/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Helmcamp, Carrie Contributor address; City; State; Zip Code 1604 Ben Crenshaw Way Austin, TX 78746	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 09/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henderson, Thomas Contributor address; City; State; Zip Code PO Box 1415 Austin, TX 78767	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 08/04/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hopke, Kathleen Contributor address; City; State; Zip Code 2007 Port Royal Dr Austin, TX 78746	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 07/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Irion, Terrence Contributor address; City; State; Zip Code 301 N Weston Ln Austin, TX 78733	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: 3/4 Report: 5/15	
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000	
4 Date 09/11/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Keel & Nassour LLP 6 Contributor address; City; State; Zip Code 508 W 14th St Austin, TX 78705	7 Amount of contribution (\$) \$5,000.00	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 07/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nicol, Patricia Contributor address; City; State; Zip Code 1905 Real Catorce Austin, TX 78746	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 08/01/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Piazza, Linda Contributor address; City; State; Zip Code 1150 Lakeway Dr #202 Austin, TX 78736	Amount of contribution (\$) \$200.00	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 09/20/2008	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	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 09/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ron Davis Campaign Contributor address; City; State; Zip Code PO Box 16665 Austin, TX 78761	Amount of contribution (\$) \$200.00	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: 4/4 Report: 6/15	
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000	
4 Date 07/25/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Slade, George 6 Contributor address; City; State; Zip Code 2224 Walsh Tarlton Ln Ste 210 Austin, TX 78746	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 07/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spicer, Heather Contributor address; City; State; Zip Code 8600 FM 620 N Apt 210 Austin, TX 78726	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 07/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sustaita, James Contributor address; City; State; Zip Code 2803 Lothian Dr Cedar Park, TX 78613	Amount of contribution (\$) \$200.00	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 07/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Taylor, Joe Contributor address; City; State; Zip Code PO Box 1521 Austin, TX 78767	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)	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/7 Report: 7/15
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000
4 Date 08/27/2008	5 Payee name Austin AFL-CIO Council 6 Payee address; City; State; Zip Code PO Box 684644 Austin, TX 78768	7 Amount (\$) \$310.00
8 Purpose of payment (See instructions regarding type of information required.) 2008 Labor Day Celebratin ad booklet. (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 07/30/2008	Payee name Burnet Road Self Storage Payee address; City; State; Zip Code 6400 Burnet Rd Austin, TX 78757	Amount (\$) \$56.00
Purpose of payment (See instructions regarding type of information required.) Storage for campaign 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:
Date 08/29/2008	Payee name Burnet Road Self Storage Payee address; City; State; Zip Code 6400 Burnet Rd Austin, TX 78757	Amount (\$) \$56.00
Purpose of payment (See instructions regarding type of information required.) Storage for campaign 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:
Date 07/28/2008	Payee name Fogo de Chao Payee address; City; State; Zip Code 309 East 3rd St Austin, TX 78701	Amount (\$) \$186.58
Purpose of payment (See instructions regarding type of information required.) Dinner with TABC 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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/7 Report: 8/15

2 FILER NAME Hamilton, Gregory (Hon.)

3 ACCOUNT # (Ethics Commission filers)
78000000

4 Date	5 Payee name Hamilton, Greg (Sheriff)	7 Amount (\$)
07/11/2008	6 Payee address; City; State; Zip Code 1605 Augusta Bend Hutto, TX 78634	\$356.00

8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for out-of-pocket expenditures listed on previous report (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 Hamilton, Greg (Sheriff)	Amount (\$)
08/27/2008	Payee address; City; State; Zip Code 1605 Augusta Bend Hutto, TX 78634	\$9.00

Purpose of payment (See instructions regarding type of information required.) Partial reimbursement for out-of-pocket expenditures listed on this report (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 Herndon Panoramics	Amount (\$)
07/21/2008	Payee address; City; State; Zip Code 14931 Oak Summit San Antonio, TX 78232	\$100.00

Purpose of payment (See instructions regarding type of information required.) pictures of sheriffs at 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 Hoovers Cooking	Amount (\$)
07/09/2008	Payee address; City; State; Zip Code 2002 Manor Rd Austin, TX 78722	\$162.38

Purpose of payment (See instructions regarding type of information required.) Lunch with staff, discuss budget (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: 3/7 Report: 9/15
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000
4 Date 09/25/2008	5 Payee name Malveaux, Rudy 6 Payee address; City; State; Zip Code 2703 Manor Rd #101 Austin, TX 78722	7 Amount (\$) \$900.00
8 Purpose of payment (See instructions regarding type of information required.) Sign supplies (\$674.18) and labor (\$225.80) (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 07/31/2008	Payee name Ms Bs Authentic Creole Payee address; City; State; Zip Code 1050 East 11th St Austin, TX 78702	Amount (\$) \$86.45
Purpose of payment (See instructions regarding type of information required.) Lunch with A.G 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:
Date 09/04/2008	Payee name Pizza Hut Payee address; City; State; Zip Code 6307-A Cameron Austin, TX 78723	Amount (\$) \$113.25
Purpose of payment (See instructions regarding type of information required.) Employee Pizza Luncheon (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 09/12/2008	Payee name Pizza Hut Payee address; City; State; Zip Code 1811 Guadalupe Austin, TX 78701	Amount (\$) \$66.30
Purpose of payment (See instructions regarding type of information required.) Pet 5 JP Appreciation luncheon with Judge Evans and 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:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/7 Report: 10/15
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000
4 Date 09/24/2008	5 Payee name Pizza Hut 6 Payee address; City; State; Zip Code 8500 N Lamar Austin, TX 78753	7 Amount (\$) \$37.35
8 Purpose of payment (See instructions regarding type of information required.) Americorp Employees at Walnut Creek Elementary (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 08/06/2008	Payee name Quality Seafood Payee address; City; State; Zip Code 5621 Airport Blvd Austin, TX 78751	Amount (\$) \$89.86
Purpose of payment (See instructions regarding type of information required.) Lunch with supervisors leadership training (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 08/18/2008	Payee name Sarah Eckhardt Campaign Payee address; City; State; Zip Code Po Box 301586 Austin, TX 78703	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Political Donation (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 07/18/2008	Payee name Sheriff's Association of Texas Payee address; City; State; Zip Code 1601 South IH 35 Austin, TX 78741	Amount (\$) \$160.00
Purpose of payment (See instructions regarding type of information required.) Award banquet table (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: 5/7 Report: 11/15

2 FILER NAME Hamilton, Gregory (Hon.)

3 ACCOUNT # (Ethics Commission filers)
78000000

4 Date	5 Payee name Sheriff's Association of Texas	7 Amount (\$)
07/31/2008	6 Payee address; City; State; Zip Code 1601 South IH 35 Austin, TX 78741	\$80.00

8 Purpose of payment (See instructions regarding type of information required.) Award banquet table (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 Soulciti.com	Amount (\$)
09/24/2008	Payee address; City; State; Zip Code 815 Brazos Ste 546 Austin, TX 78701	\$250.00

Purpose of payment (See instructions regarding type of information required.) Promote golf tournament 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:
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Date	Payee name Stanley-Garrison & Associates	Amount (\$)
07/08/2008	Payee address; City; State; Zip Code 812 San Antonio St, Ste G 23 Austin, TX 78701	\$256.91

Purpose of payment (See instructions regarding type of information required.) Postage + Misc Expenses (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 Stanley-Garrison & Associates	Amount (\$)
07/08/2008	Payee address; City; State; Zip Code 812 San Antonio St, Ste G 23 Austin, TX 78701	\$513.00

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:
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/7 Report: 12/15
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000
4 Date 07/08/2008	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 (\$) \$500.00
8 Purpose of payment (See instructions regarding type of information required.) Report Preparation. (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 09/12/2008	Payee name Stanley-Garrison & Associates Payee address; City; State; Zip Code 812 San Antonio St, Ste G 23 Austin, TX 78701	Amount (\$) \$1,215.00
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 08/07/2008	Payee name Tacqueria Jefes Payee address; City; State; Zip Code 720 Lamar Place Ste B Austin, TX 78752	Amount (\$) \$67.66
Purpose of payment (See instructions regarding type of information required.) Supervisors leadership training breakfast tacos (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 07/08/2008	Payee name Travis County Democratic Party Payee address; City; State; Zip Code PO Box 684263 Austin, TX 78768	Amount (\$) \$2,500.00
Purpose of payment (See instructions regarding type of information required.) Donation to Coordinated 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:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 7/7 Report: 13/15**2** FILER NAME Hamilton, Gregory (Hon.)**3** ACCOUNT # (Ethics Commission filers)
78000000**4** Date**5** Payee name

Travis County Democratic Party

7

Amount

(\$)

08/27/2008

6 Payee address; City; State; Zip CodePO Box 684263
Austin, TX 78768

\$5,000.00

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

Donation to Coordinated Campaign

(If travel outside of Texas, complete Schedule T) **9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name

Travis County Democratic Party

Amount

(\$)

08/31/2008

Payee address; City; State; Zip Code

PO Box 684263
Austin, TX 78768

\$2,500.00

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

Donation to Coordinated Campaign

(If travel outside of Texas, complete Schedule T) ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name

US Postmaster

Amount

(\$)

09/12/2008

Payee address; City; State; Zip Code

510 Guadalupe
Austin, TX 78701

\$420.00

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

Stamps for golf tournament mailing

(If travel outside of Texas, complete Schedule T) ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 15/15
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000
4 Date	5 Payee name Council on At-Risk Youth	8 Amount (\$)
09/24/2008	6 Payee address; City; State; Zip Code 3710 Cedar St Ste 220 Box 23 Austin, TX 78705	\$650.00
	7 Purpose of expenditure (See instructions regarding type of information required.) Table at Leonard Pitts Luncheon	
Date	Payee name People to People World Leadership Forum	Amount (\$)
07/18/2008	Payee address; City; State; Zip Code PO Box 140311 Austin, TX 78714	\$100.00
	Purpose of expenditure (See instructions regarding type of information required.) Sponsor Youth Delegate	
Date	Payee name Soulciti.com	Amount (\$)
09/24/2008	Payee address; City; State; Zip Code 815 Brazos Ste 546 Austin, TX 78701	\$250.00
	Purpose of expenditure (See instructions regarding type of information required.) In-kind contribution to council on at risk youth, promote Pitts luncheon.	
Date	Payee name Travis County Sheriff's Office Explorer Post #1099	Amount (\$)
08/18/2008	Payee address; City; State; Zip Code PO Box 1748 Austin, TX 78767	\$120.00
	Purpose of expenditure (See instructions regarding type of information required.) Sponsor Explorer	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 14/15

2 FILER NAME Hamilton, Gregory (Hon.)

3 ACCOUNT # (Ethics Commission filers)
78000000

4 Date

07/29/2008

5 Payee name
World Liquor & Tobacco
.....
6 Payee address; City; State; Zip Code
805 E Sixth St
Austin, TX 78702

8 Amount
(\$)

\$75.69

7 Purpose of expenditure (See instructions regarding type of information required.)
Gift of cigars to thank host of fund-raiser

(If travel outside of Texas, complete Schedule T)

Reimbursement
from political
contributions
intended