

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7240

FORM C/OH
COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission filers)
09999901

2 PAGE #
1 of 22

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Sheriff 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

Change of Address

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Sheriff 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

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 854-9770

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
07/01/2009 12/31/2009

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)
Sheriff, Travis County

12 OFFICE SOUGHT (if known)

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 (Sheriff)

15 ACCOUNT # (Ethics Commission filers)
09999901

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 <input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

17 CONTRIBUTION TOTALS

| | |
|---|---------|
| 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0.00 |
|---|---------|

| | |
|--|-------------|
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1,250.00 |
|--|-------------|

EXPENDITURE TOTALS

| | |
|--|-----------|
| 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ 224.35 |
|--|-----------|

| | |
|---------------------------------|-------------|
| 4. TOTAL POLITICAL EXPENDITURES | \$ 7,024.75 |
|---------------------------------|-------------|

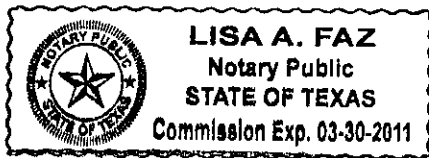
CONTRIBUTION BALANCE

| | |
|--|-------------|
| 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 2,381.90 |
|--|-------------|

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.

[Handwritten Signature]

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gregory Hamilton, this the 15 day of January, 2010, to certify which, witness my hand and seal of office.

[Handwritten Signature] Lisa A. Faz Admin Secretary
 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: 1/1 Report: 3/22

2 FILER NAME Hamilton, Gregory (Sheriff)

3 ACCOUNT # (Ethics Commission filers)
09999901

4 Date
07/09/2009

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

6 Contributor address; City; State; Zip Code
4509 City Park Rd
Austin, TX 78730

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)
\$250.00 |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
12/03/2009

Full name of contributor out-of-state PAC (ID# _____)
Wholesale Beer Distributors of Texas PAC

Contributor address; City; State; Zip Code
823 Congress Ave Ste 1313
Austin, TX 78701

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$1,000.00 |

(If travel outside of Texas, complete Schedule T)

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: 1/12 Report: 4/22

2 FILER NAME Hamilton, Gregory (Sheriff)

3 ACCOUNT # (Ethics Commission filers)
09999901

| | | |
|---------------|---|----------------------|
| 4 Date | 5 Payee name Associated Security Services & Investigators of the State of Texas | 7 Amount (\$) |
| 09/01/2009 | 6 Payee address; City; State; Zip Code 1106 Clayton Ln Ste 217E Austin, TX 78723 | \$250.00 |

| | |
|--|---|
| 8 Purpose of payment (See instructions regarding type of information required.) Convention Fee (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 | Payee name China Star Restaurant | Amount (\$) |
| 09/15/2009 | Payee address; City; State; Zip Code 6134 Hwy 290 East Austin, TX 78723 | \$65.21 |

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) Counseling Staff Appreciation 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: |
|---|---|

| | | |
|-------------|---|--------------------|
| Date | Payee name Cook Advertising Specialties | Amount (\$) |
| 10/29/2009 | Payee address; City; State; Zip Code 5908 Aurora Dr Austin, TX 78757 | \$142.85 |

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) Tees for Charity Golf Tournaments (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 | Payee name Eddie V's | Amount (\$) |
| 12/22/2009 | Payee address; City; State; Zip Code 301 E 5th St Austin, TX 78701 | \$50.00 |

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) Employee Christmas Gift (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: 2/12 Report: 5/22

2 FILER NAME Hamilton, Gregory (Sheriff)

3 ACCOUNT # (Ethics Commission filers)
09999901

| | | |
|---------------|---|----------------------|
| 4 Date | 5 Payee name El Pollo Rico | 7 Amount (\$) |
| 09/16/2009 | 6 Payee address; City; State; Zip Code 9437 N IH 35 Austin, TX 78753 | \$59.48 |

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

| | | |
|------------|---|-------------|
| Date | Payee name Fuddruckers | Amount (\$) |
| 12/23/2009 | Payee address; City; State; Zip Code 6607 I-35 North Austin, TX 78752 | \$60.00 |

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

| | | |
|------------|--|-------------|
| Date | Payee name HEB #03/425 | Amount (\$) |
| 07/14/2009 | Payee address; City; State; Zip Code 1000 E 41st St Austin, TX 78751 | \$97.24 |

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

| | | |
|------------|--|-------------|
| Date | Payee name HEB #03/425 | Amount (\$) |
| 08/13/2009 | Payee address; City; State; Zip Code 1000 E 41st St Austin, TX 78751 | \$30.77 |

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

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #
Schedule: 3/12 Report: 6/22**2** FILER NAME Hamilton, Gregory (Sheriff)**3** ACCOUNT # (Ethics Commission filers)
09999901

| 4 Date | 5 Payee name | 7 Amount (\$) |
|---------------|---|----------------------|
| 12/07/2009 | Hilton Austin | \$208.56 |
| | 6 Payee address; City; State; Zip Code 500 E 4th St Austin, TX 78719 | |

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

Dancing with the Stars Overnight Stay

(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 | Amount (\$) |
|------------|---|-------------|
| 08/10/2009 | Joy East Chinese Buffet | \$58.53 |
| | Payee address; City; State; Zip Code 2410 E Riverside Dr Austin, TX 78741 | |

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

Lunch for Employees at Inservice

(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 | Amount (\$) |
|------------|---|-------------|
| 08/10/2009 | Joy East Chinese Buffet | \$68.89 |
| | Payee address; City; State; Zip Code 2410 E Riverside Dr Austin, TX 78741 | |

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

Lunch for Employees at Inservice

(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 | Amount (\$) |
|------------|--|-------------|
| 09/22/2009 | LAke Travis Democrats | \$250.00 |
| | Payee address; City; State; Zip Code 605 Peterson Ln Lakeway, TX 78734 | |

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

Contribution at event with Congressman Lloyd Doggett

(If travel outside of Texas, complete Schedule T) ** 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: 4/12 Report: 7/22**2** FILER NAME Hamilton, Gregory (Sheriff)**3** ACCOUNT # (Ethics Commission filers)
09999901

| 4 Date | 5 Payee name | 7 Amount (\$) |
|---|------------------------|---------------|
| 12/22/2009 | LeBlanc, Lindsay (Ms.) | |
| 6 Payee address; City; State; Zip Code | | |
| 6612 Sitio Del Rio Blvd Austin, TX 78730 | | \$302.50 |

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

Dance Lessons for charity event

(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 | Amount (\$) |
|---|-------------|-------------|
| 10/30/2009 | Movin' Easy | |
| Payee address; City; State; Zip Code | | |
| 404 W 30th St Ste D Austin, TX 78705 | | \$86.71 |

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

Shoes for Dancing with the Stars Austin (to be donated to charity)

(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 | Amount (\$) |
|--------------------------------------|--------------|-------------|
| 11/10/2009 | NAACP-AUSTIN | |
| Payee address; City; State; Zip Code | | |
| 1704 E 12th St Austin, TX 78702 | | \$255.00 |

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

Program Advertisement

(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 | Amount (\$) |
|--|-------------------------|-------------|
| 07/21/2009 | Newport Dunes Golf Club | |
| Payee address; City; State; Zip Code | | |
| 265 Home Island Dr Port Aransas, TX 78373 | | \$175.37 |

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

Golf with Sheriff's Association and vendors

(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

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 5/12 Report: 8/22

2 FILER NAME Hamilton, Gregory (Sheriff)

3 ACCOUNT # (Ethics Commission filers)
09999901

4 Date

07/21/2009

5 Payee name
Newport Dunes Golf Club

.....
6 Payee address; City; State; Zip Code
265 Home Island Dr
Port Aransas, TX 78373

7 Amount (\$)

\$18.00

8 Purpose of payment (See instructions regarding type of information required.)
Lunch with Sheriff's Association and vendors

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

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

Date

08/19/2009

Payee name
Oasis

.....
Payee address; City; State; Zip Code
6550 Comanche Tr
Austin, TX 78732

Amount (\$)

\$130.98

Purpose of payment (See instructions regarding type of information required.)
Dinner with Vera Institute of Washington DC

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

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

Date

08/13/2009

Payee name
Papa Johns Pizza

.....
Payee address; City; State; Zip Code
1201 Barbara Jordan Blvd Ste 1280
Austin, TX 78723

Amount (\$)

\$82.33

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

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

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

Date

12/23/2009

Payee name
Pappadeaux Seafood

.....
Payee address; City; State; Zip Code
6319 N I H 35
Austin, TX 78752

Amount (\$)

\$50.00

Purpose of payment (See instructions regarding type of information required.)
Christmas Gift for Employee

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

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 6/12 Report: 9/22

2 FILER NAME Hamilton, Gregory (Sheriff)

3 ACCOUNT # (Ethics Commission filers)
09999901

| | | |
|---------------|---|----------------------|
| 4 Date | 5 Payee name Pappadeaux Seafood | 7 Amount (\$) |
| 12/23/2009 | 6 Payee address; City; State; Zip Code 6319 N IH 35 Austin, TX 78752 | \$50.00 |

| | |
|---|---|
| 8 Purpose of payment (See instructions regarding type of information required.) Christmas Gift for 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: |
|---|---|

| | | |
|-------------|--|--------------------|
| Date | Payee name Paradigm Shift | Amount (\$) |
| 08/24/2009 | Payee address; City; State; Zip Code 1309 Rosewood Ave Austin, TX 78722 | \$500.00 |

| | |
|--|---|
| Purpose of payment (See instructions regarding type of information required.) Program Advertisement for jazz concert (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 | Payee name Public Storage | Amount (\$) |
| 07/03/2009 | Payee address; City; State; Zip Code 8101 N Lamar Blvd Austin, TX 78753 | \$48.45 |

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) Storage Costs (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 | Payee name Public Storage | Amount (\$) |
| 08/03/2009 | Payee address; City; State; Zip Code 8101 N Lamar Blvd Austin, TX 78753 | \$48.45 |

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) Storage Costs (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: 7/12 Report: 10/22

2 FILER NAME Hamilton, Gregory (Sheriff)

3 ACCOUNT # (Ethics Commission filers)
09999901

| | | |
|---------------|--|----------------------|
| 4 Date | 5 Payee name Public Storage | 7 Amount (\$) |
| 09/03/2009 | 6 Payee address; City; State; Zip Code 8101 N Lamar Blvd Austin, TX 78753 | \$48.45 |

| | |
|---|---|
| 8 Purpose of payment (See instructions regarding type of information required.) Storage Costs (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 | Payee name Public Storage | Amount (\$) |
| 10/05/2009 | Payee address; City; State; Zip Code 8101 N Lamar Blvd Austin, TX 78753 | \$48.45 |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) Storage Costs (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 | Payee name Public Storage | Amount (\$) |
| 11/03/2009 | Payee address; City; State; Zip Code 8101 N Lamar Blvd Austin, TX 78753 | \$48.45 |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) Storage Costs (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 | Payee name Public Storage | Amount (\$) |
| 12/03/2009 | Payee address; City; State; Zip Code 8101 N Lamar Blvd Austin, TX 78753 | \$48.45 |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) Storage Costs (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: 8/12 Report: 11/22

2 FILER NAME Hamilton, Gregory (Sheriff)

3 ACCOUNT # (Ethics Commission filers)
09999901

| | | |
|---------------|--|----------------------|
| 4 Date | 5 Payee name Roy's | 7 Amount (\$) |
| 12/15/2009 | 6 Payee address; City; State; Zip Code 340 E Second St Austin, TX 78702 | \$75.00 |

| | |
|---|---|
| 8 Purpose of payment (See instructions regarding type of information required.) Gift Card for Employee Appreciation (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 | Payee name She, Etc. | Amount (\$) |
| 12/05/2009 | Payee address; City; State; Zip Code 1208 S Main St Georgetown, TX 78626 | \$275.00 |

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) Gift Card for 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 | Payee name Stanley-Garrison & Associates | Amount (\$) |
| 07/08/2009 | Payee address; City; State; Zip Code 812 San Antonio St Ste G23 Austin, TX 78701 | \$500.44 |

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) Fundraising consultants (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 | Payee name Stanley-Garrison & Associates | Amount (\$) |
| 08/27/2009 | Payee address; City; State; Zip Code 812 San Antonio St Ste G23 Austin, TX 78701 | \$37.50 |

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) Fundraising consultants (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: 9/12 Report: 12/22 |
| 2 FILER NAME Hamilton, Gregory (Sheriff) | | 3 ACCOUNT # (Ethics Commission filers) 09999901 |
| 4 Date 08/27/2009 | 5 Payee name Stanley-Garrison & Associates 6 Payee address; City; State; Zip Code 812 San Antonio St Ste G23 Austin, TX 78701 | 7 Amount (\$) \$40.59 |
| 8 Purpose of payment (See instructions regarding type of information required.) Fundraising expenses (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 09/11/2009 | Payee name Stanley-Garrison & Associates Payee address; City; State; Zip Code 812 San Antonio St Ste G23 Austin, TX 78701 | Amount (\$) \$11.76 |
| Purpose of payment (See instructions regarding type of information required.) Fundraising 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: |
| Date 11/30/2009 | Payee name Stanley-Garrison & Associates Payee address; City; State; Zip Code 812 San Antonio St Ste G23 Austin, TX 78701 | Amount (\$) \$537.00 |
| Purpose of payment (See instructions regarding type of information required.) Fundraising 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: |
| Date 10/09/2009 | Payee name Sylvester, James (Mr.) Payee address; City; State; Zip Code PO Box 80455 Austin, TX 78708 | Amount (\$) \$150.00 |
| Purpose of payment (See instructions regarding type of information required.) Sponsor Future Farmers of America contestant (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: 10/12 Report: 13/22

2 FILER NAME Hamilton, Gregory (Sheriff)

3 ACCOUNT # (Ethics Commission filers)
09999901

| | | |
|---------------------------------|--|--------------------------------------|
| 4 Date 12/08/2009 | 5 Payee name Tacqueria Jefe 6 Payee address; City; State; Zip Code 720 Lamar Pl Ste B Austin, TX 78752 | 7 Amount (\$) \$107.43 |
|---------------------------------|--|--------------------------------------|

| | |
|---|---|
| 8 Purpose of payment (See instructions regarding type of information required.) Lunch for Law Enforcement Executive Development Association (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 09/29/2009 | Payee name Texas Land & Cattle #7102 Payee address; City; State; Zip Code 6007 N IH 35 Austin, TX 78723 | Amount (\$) \$66.33 |
|------------------------|---|----------------------------|

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) Lunch meeting with Rudy Malveaux, Robin Shivers (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 09/29/2009 | Payee name Texas Land & Cattle #7102 Payee address; City; State; Zip Code 6007 N IH 35 Austin, TX 78723 | Amount (\$) \$24.82 |
|------------------------|---|----------------------------|

| | |
|---|--|
| Purpose of payment (See instructions regarding type of information required.) Lunch with Albert Black and another deacon from Mt. Zion (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 12/22/2009 | Payee name The Ambassadors Payee address; City; State; Zip Code 6929 Airport Blvd Austin, TX 78752 | Amount (\$) \$700.00 |
|------------------------|--|-----------------------------|

| | |
|---|--|
| Purpose of payment (See instructions regarding type of information required.) Holiday Party given by elected officials (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: 11/12 Report: 14/22**2** FILER NAME Hamilton, Gregory (Sheriff)**3** ACCOUNT # (Ethics Commission filers)
09999901

| 4 Date | 5 Payee name Title Boxing | 7 Amount (\$) |
|---------------|---|-------------------------|
| 07/10/2009 | 6 Payee address; City; State; Zip Code 14711 W 112th St Lenexa, KS 66218 | \$221.87 |

8 Purpose of payment (See instructions regarding type of information required.)
Boxing equipment for youth boxing program**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

| Date | Payee name Truluck's | Amount (\$) |
|------------|--|----------------|
| 12/22/2009 | Payee address; City; State; Zip Code 10225 Research Blvd Ste 4000 Austin, TX 78759 | \$50.00 |

Purpose of payment (See instructions regarding type of information required.)
Employee Christmas Gift** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

| Date | Payee name Twin Peaks Restaurant | Amount (\$) |
|------------|---|----------------|
| 12/10/2009 | Payee address; City; State; Zip Code 701 E Stassney Ln Ste D Austin, TX 78745 | \$67.48 |

Purpose of payment (See instructions regarding type of information required.)
Lunch for attendees of FBI Law Enforcement Executive Leadership Training** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

| Date | Payee name Twin Peaks Restaurant | Amount (\$) |
|------------|---|----------------|
| 12/10/2009 | Payee address; City; State; Zip Code 701 E Stassney Ln Ste D Austin, TX 78745 | \$38.68 |

Purpose of payment (See instructions regarding type of information required.)
Lunch for attendees of FBI Leadership Training** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 12/12 Report: 15/22

2 FILER NAME Hamilton, Gregory (Sheriff)

3 ACCOUNT # (Ethics Commission filers)
09999901

| 4 Date | 5 Payee name | 7 Amount (\$) |
|------------|---|---------------|
| 10/06/2009 | United East Austin Coalition <hr/> 6 Payee address; City; State; Zip Code 1511 Haskell St Austin, TX 78702 | \$100.00 |

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

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

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

| Date | Payee name | Amount (\$) |
|------------|--|-------------|
| 07/04/2009 | Walmart <hr/> Payee address; City; State; Zip Code 1548 FM 685 Pflugerville, TX 78660 | \$65.78 |

Purpose of payment (See instructions regarding type of information required.)
candy for July 4 Wells Branch Parade

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

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 1/4 Report: 16/22

2 FILER NAME Hamilton, Gregory (Sheriff)

3 ACCOUNT # (Ethics Commission filers)
09999901

| 4 Date | 5 Payee name | 8 Amount (\$) |
|------------|--|--|
| 09/02/2009 | 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.) Parking for Austin Club meeting with Yellow Club owner. (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | \$6.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| 09/24/2009 | 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 Council for At Risk Youth Banquet (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | \$7.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| 11/30/2009 | Austin-Bergstrom International Airport Parking Payee address; City; State; Zip Code 3600 Presidential Blvd #411 Austin, TX 78759 Purpose of expenditure (See instructions regarding type of information required.) Parking for Site Visit of Armor Vehicle (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | \$7.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| 12/21/2009 | Blue Bell Creameries, L.P. Payee address; City; State; Zip Code P.O. Box 1807 Brenham, TX 77834 Purpose of expenditure (See instructions regarding type of information required.) Sherriff's Office Ice Cream Social (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | \$62.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| 09/17/2009 | Chase Tower Payee address; City; State; Zip Code 221 W 6th St Austin, TX 78701 Purpose of expenditure (See instructions regarding type of information required.) Parking for Palmer Drug Abuse Program Fundraiser (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | \$7.00 <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: 2/4 Report: 17/22

2 FILER NAME Hamilton, Gregory (Sheriff)

3 ACCOUNT # (Ethics Commission filers)
09999901

| 4 Date | 5 Payee name County Line | 8 Amount (\$) |
|------------|--|---|
| 07/28/2009 | <p>6 Payee address; City; State; Zip Code 5204 FM 2222 Austin, TX 78731</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.) Lunch with vendor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p> | <p>\$28.57</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p> |
| 11/04/2009 | <p>Payee name Four Seasons Hotel</p> <p>Payee address; City; State; Zip Code 98 San Antonio Blvd Austin, TX 78701</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Parking Austin Community Foundation Banquet (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p> | <p>\$8.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p> |
| 11/14/2009 | <p>Payee name Four Seasons Hotel</p> <p>Payee address; City; State; Zip Code 98 San Antonio Blvd Austin, TX 78701</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Parking for World for Children Out of the Darkness Gala (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p> | <p>\$7.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p> |
| 09/02/2009 | <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.) Administrative Assistant Florence Briceno's Birthday (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p> | <p>\$12.17</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p> |
| 10/29/2009 | <p>Payee name Hoovers Cooking</p> <p>Payee address; City; State; Zip Code 2002 Manor Rd Austin, TX 78722</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Lunch with Constable Pct 6 Jefferson Co. and two colleagues. (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p> | <p>\$68.16</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: 3/4 Report: 18/22

2 FILER NAME Hamilton, Gregory (Sheriff)

3 ACCOUNT # (Ethics Commission filers)
09999901

| 4 Date | 5 Payee name | 8 Amount (\$) |
|------------|--|--|
| 07/21/2009 | Newport Dunes Golf Club <hr/> Payee address; City; State; Zip Code 265 Home Island Dr Port Aransas, TX 78373 Purpose of expenditure (See instructions regarding type of information required.) Lunch with vender (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | \$43.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| 09/04/2009 | Quality Seafood <hr/> Payee address; City; State; Zip Code 5621 Airport Blvd Austin, TX 78751 Purpose of expenditure (See instructions regarding type of information required.) Lunch with Chuck Jones of Concerned Citizen (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | \$25.71 <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| 09/17/2009 | Ranch 616 <hr/> Payee address; City; State; Zip Code 616 Nueces Austin, TX 78701 Purpose of expenditure (See instructions regarding type of information required.) Lunch with Paul Jones (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | \$27.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| 11/03/2009 | Round Rock Bakery <hr/> Payee address; City; State; Zip Code PO Box 1583 Round Rock, TX 78680 Purpose of expenditure (See instructions regarding type of information required.) Birthday Cake for Secretary Jeannie Maldonado (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | \$58.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| 11/10/2009 | Texas Sausage Co <hr/> Payee address; City; State; Zip Code 2915 E 12th St Austin, TX 78702 Purpose of expenditure (See instructions regarding type of information required.) Shoot at the firing range with security companies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | \$21.13 <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: 4/4 Report: 19/22

2 FILER NAME Hamilton, Gregory (Sheriff)

3 ACCOUNT # (Ethics Commission filers)
09999901

4 Date

11/16/2009

5 Payee name
University of Texas Club

8 Amount (\$)

\$58.08

6 Payee address; City; State; Zip Code
PO Box 7788
Austin, TX 78713

7 Purpose of expenditure (See instructions regarding type of information required.)
Lunch with Manor High School Principal and Manor Superintendent

(If travel outside of Texas, complete Schedule T)

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: 1/3 Report: 20/22

2 FILER NAME Hamilton, Gregory (Sheriff)

3 ACCOUNT #

(Ethics Commission filers)

09999901

| 4 Date | 5 Payee name | 8 Amount (\$) |
|------------|---|---------------|
| 09/09/2009 | A World for Children 6 Payee address; City; State; Zip Code 1516 E Palm Valley Blvd Round Rock, TX 78664 | \$1,200.00 |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) Table at charity gala | |
| 08/04/2009 | Payee name Abiding Love Lutheran Church Payee address; City; State; Zip Code 7210 Brush Country Rd Austin, TX 78749 | \$500.00 |
| | Purpose of expenditure (See instructions regarding type of information required.) Team Sponsorship of charity golf tournament | |
| 11/24/2009 | Payee name Center for Child Protection Payee address; City; State; Zip Code 8509 FM 969 Austin, TX 78724 | \$1,500.00 |
| | Purpose of expenditure (See instructions regarding type of information required.) Table at Dancing with the Stars event | |
| 10/05/2009 | Payee name Council on at risk youth Payee address; City; State; Zip Code 3710 Cedar St Ste 220 Box 23 Austin, TX 78705 | \$1,000.00 |
| | Purpose of expenditure (See instructions regarding type of information required.) Table at charity event | |
| 11/10/2009 | Payee name NAACP-AUSTIN Payee address; City; State; Zip Code 1704 E 12th St Austin, TX 78702 | \$650.00 |
| | Purpose of expenditure (See instructions regarding type of information required.) Table at banquet | |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/3 Report: 21/22

2 FILER NAME Hamilton, Gregory (Sheriff)

3 ACCOUNT # (Ethics Commission filers)
09999901

| 4 Date | 5 Payee name | 8 Amount (\$) |
|------------|---|---------------|
| 09/09/2009 | Pflugerville Education Foundation 6 Payee address; City; State; Zip Code PO Box 773 Pflugerville, TX 78691 7 Purpose of expenditure (See instructions regarding type of information required.) Charity Golf Tournament sponsorship | \$400.00 |
| 07/30/2009 | Payee name River City Scholarship Foundation Payee address; City; State; Zip Code 6900 FM 620 N Austin, TX 78732 Purpose of expenditure (See instructions regarding type of information required.) Charity golf tournament sponsorship | \$500.00 |
| 09/11/2009 | Payee name Save the Firehall Fund Payee address; City; State; Zip Code PO Box 1451 Manchaca, TX 78652 Purpose of expenditure (See instructions regarding type of information required.) charitable contribution to save the Firehall | \$250.00 |
| 09/30/2009 | Payee name Sheriff's Memorial Benevolent Society of Travis County Payee address; City; State; Zip Code PO Box 252 Del Valle, TX 78617 Purpose of expenditure (See instructions regarding type of information required.) Charitable contribution | \$400.00 |
| 10/09/2009 | Payee name Travis County Combined Charities Payee address; City; State; Zip Code 5555 Airport Blvd Austin, TX 78751 Purpose of expenditure (See instructions regarding type of information required.) Team sponsorship of golf tournament | \$300.00 |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/3 Report: 22/22

2 FILER NAME Hamilton, Gregory (Sheriff)

3 ACCOUNT # (Ethics Commission filers)
09999901

| 4 Date | 5 Payee name Travis County Sheriff's Honor Guard | 8 Amount (\$) |
|---|--|-------------------------|
| 11/10/2009 | 6 Payee address; City; State; Zip Code 5555 Airport Blvd Austin, TX 78751 | \$125.00 |
| 7 Purpose of expenditure (See instructions regarding type of information required.) Bowling tournament fundraiser | | |