

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7985

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 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Hon. Gregory	<div style="border: 2px solid black; padding: 5px;"> <p>OFFICE USE ONLY</p> <p>Date Received</p> <p style="font-size: 2em; transform: rotate(-90deg);">FILED FOR RECORD</p> <p style="font-size: 2em; transform: rotate(-90deg);">2012 OCT 29 PM 4:44</p> <p style="font-size: 2em; transform: rotate(-90deg);">Dana DeBeauvoir County Clerk Travis County Texas</p> <p>Date Hand Delivered or Date Postmarked</p> <p>Receipt # Amount</p> <p>Date Processed</p> <p>Date Imaged</p> </div>	
	NICKNAME LAST SUFFIX Greg Hamilton		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 301866 Austin, TX 78703		
	MS / MRS / MR FIRST MI Hon. Gregory		
	NICKNAME LAST SUFFIX Greg Hamilton		
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	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year Month Day Year 09/28/2012 THROUGH 10/27/2012		
10 ELECTION	ELECTION DATE Month Day Year 11/06/2012	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Sheriff	12 OFFICE SOUGHT (if known) Sheriff	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

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

14 ACCOUNT # (Ethics Commission filers)
78000000

15 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

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,000.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	131.37
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4. TOTAL POLITICAL EXPENDITURES	\$	1,468.65
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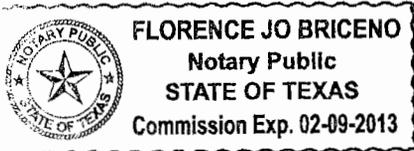
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,940.16
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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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17 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 _____, this the 29th day of October, 20 12, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Florence Jo Briceno
Print name of officer administering oath

[Handwritten Title]
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: 3/6	
2 FILER NAME Hamilton, Gregory (Hon.)		3 ACCOUNT # (Ethics Commission filers) 78000000	
4 Date 10/18/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Franklin, Barry 6 Contributor address; City; State; Zip Code 15000 Hogeye Rd. Manor, TX 78653	7 Amount of contribution (\$) \$500.00	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 09/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Korzilius, Paul Contributor address; City; State; Zip Code 4918 Ranchers Ridge San Antonio, TX 78251	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 10/18/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saber, Morteza Contributor address; City; State; Zip Code 7802 Persimmon Trail Austin, TX 78745	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)	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/2 Report: 4/6	2 FILER NAME Hamilton, Gregory (Hon.)	3 ACCOUNT # (TEC filers) 78000000
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4 Date 10/27/2012	5 Payee name Austinitier Magazine
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6 Amount (\$) \$200.00	7 Payee address City; State; Zip Code 1712 Riverside, Ste. 219 Austin, TX 78741
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political advertising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/10/2012	Payee name Clear Wireless
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Amount (\$) \$52.05	Payee address City; State; Zip Code Dept. CH 14365 Palatine, IL 60055
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> internet
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/18/2012	Payee name Clear Wireless
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Amount (\$) \$52.06	Payee address City; State; Zip Code Dept. CH 14365 Palatine, IL 60055
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Internet
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/15/2012	Payee name Great American Grill
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Amount (\$) \$133.07	Payee address City; State; Zip Code 12400 N IH35 Building C Austin, TX 78753
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Lunch meeting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/2 Report: 5/6	2 FILER NAME Hamilton, Gregory (Hon.)	3 ACCOUNT # (TEC filers) 78000000
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4 Date 10/07/2012	5 Payee name Hamilton, Greg
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6 Amount (\$) \$542.56	7 Payee address City; State; Zip Code 1605 Augusta Bend Hutto, TX 78634
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Schedule G reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for expenditures previously reported on Schedule G
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/05/2012	Payee name Omni Hotel
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Amount (\$) \$291.54	Payee address City; State; Zip Code 555 S. Lamar Dallas, TX 75202
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out Of District	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> hotel for attendance to conference
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/03/2012	Payee name Public Storage
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Amount (\$) \$66.00	Payee address City; State; Zip Code 907 West 5th St. Austin, TX 78703
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> storage unit
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/2 Report: 6/6	2 FILER NAME Hamilton, Gregory (Hon.)	3 ACCOUNT # (TEC filers) 78000000
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4 Date 10/16/2012	5 Payee name The Group
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6 Amount (\$) \$1,000.00	7 Payee address City; State; Zip Code 11109 Bleich Lane Austin, TX 78754
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) Donation