

Jan O'SA

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

5587

**FORM C/OH
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR. NICKNAME GREG	FIRST GREGORY LAST PAPST	MI J. SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 1307 AGLIE LANE	APT / SUITE #: AUSTIN, TX	CITY: STATE: ZIP CODE 78757
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 785-4663	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS NICKNAME	FIRST SKIPPER LAST RICHEY	MI SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 6900 RANCH ROAD 602 NORTH	APT / SUITE #: AUSTIN, TX	CITY: STATE: ZIP CODE 78732
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 336-9800	EXTENSION 103
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 7 / 1 / 03	THROUGH	Month Day Year 12 / 31 / 03
11 ELECTION	ELECTION DATE Month Day Year 3 / 9 / 04	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) TRAVIS COUNTY CONSTABLE PCT 5	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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		

OFFICE USE ONLY

Date Received: **RECEIVED**
JAN 15 2004
Texas Ethics Commission

Date Hand-delivered or Date Postmarked:
1/14/04

Receipt # Amount

Date Processed: 2004 JAN 21 PM 5:05
Date Imaged: TRAVIS COUNTY TEXAS

FILED FOR RECORD

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

GREGORY J. PAST

16 ACCOUNT # (Ethics Commission Users)

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

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

\$ 405.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,983.10

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 3,908.77

CONTRIBUTION BALANCE

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

\$ 3,090.00

OUTSTANDING LOAN TOTALS

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

\$ 0

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CANDIDATE this the 12th day of January, 2004, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

LUANNE RICHEY
Printed name of officer administering oath

NOTARY
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 3	
2 FILER NAME GREGORY J. PARST		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12.5.03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRAD BOYETT	7 Amount of contribution (\$) \$100.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3109 STANWOOD DR AUSTIN, TX 78757			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 12.5.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JIM ERDELJAC	Amount of contribution (\$) \$100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5112 KITE TAIL AUSTIN, TX 78730			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 12.5.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARIO ALLA	Amount of contribution (\$) \$1,000.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7119 CHIMNEY CORNERS AUSTIN, TX 78731			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 12.5.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: COLE ERWIN	Amount of contribution (\$) \$ 75.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8800 SIGNAL CREEK BLVD AUSTIN, TX 78757			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 12.5.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TINA WOOD	Amount of contribution (\$) \$ 300.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5300 BULL RUN AUSTIN, TX 78727			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 3	
2 FILER NAME GREGORY J. PAPST		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12.5.03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEBBIE PARPOUNAS 6 Contributor address; City; State; Zip Code 7094 COMANCHE TRAIL AUSTIN, TX 78732	7 Amount of contribution (\$) \$ 200.-	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 12.5.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RILEY MASTERSON Contributor address; City; State; Zip Code 1100 BRIGHTON BEND CEDAR PARK, TX 78613	Amount of contribution (\$) \$ 200.-	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 12.5.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOLLIE WELCH Contributor address; City; State; Zip Code 2210 HATT FORD ROAD AUSTIN, TX 78703	Amount of contribution (\$) \$ 100.-	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 12.5.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT CROSSETT Contributor address; City; State; Zip Code 7200 N. MO PAC # 430 AUSTIN, TX 78731	Amount of contribution (\$) \$ 75.-	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 12.5.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SELMA D. BERLET Contributor address; City; State; Zip Code 6517 CORPUS CHRISTI AUSTIN, TX 78729	Amount of contribution (\$) \$ 100.-	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 3	
2 FILER NAME GREGORY J. PAPST		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12.5.03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHELLE BRULL	7 Amount of contribution (\$) \$ 150.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4000 Hwy 183 LEANDER, TX 78641			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 12.5.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BANNER SIGN GRAPHICS	Amount of contribution (\$) \$ 343.¹⁰	In-kind contribution description (if applicable) SCREEN PRINTED PAPST CAMPAIGN T-SHIRTS
Contributor address; City; State; Zip Code 630 CANYON ST AUSTIN, TX 78752			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 11.9.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SMOKY J BBQ	Amount of contribution (\$) \$ 240.-	In-kind contribution description (if applicable) BAR-B-QUE FOR KICKOFF FUND RAISER
Contributor address; City; State; Zip Code 624 RR 620 RD AUSTIN, TX 78732			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 1

2 FILER NAME **GREGORY J. PAPST** 3 ACCOUNT # (Ethics Commission filers)

4 Date 10-21-03	5 Payee name SKIPPER RICHLEY	7 Amount (\$) 215.00
6 Payee address; City; State; Zip Code 6900 RANCH ROAD 620 NO. AUSTIN, TX 78732		REIMBURSE: OFFICE SUPPLIES, POSTAGE

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 2
2 FILER NAME GREGORY J. PAPST		3 ACCOUNT # (Ethics Commission filers)
4 Date 10-20-03	5 Payee name AUSTIN SAENGERRUNDE HALL 6 Payee address; City; State; Zip Code 1107 SAN JACINTO BLVD AUSTIN, TX 78701	8 Amount (\$) \$ 700.- <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) RENTAL OF HALL FOR CAMPAIGN KICKOFF FUND RAISER	
Date 11-5-03	Payee name BANNER SIGN GRAPHICS Payee address; City; State; Zip Code 630 CANYON ST. AUSTIN, TX 78752	Amount (\$) \$ 173.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) PAPST CAMPAIGN VINYL BANNER FUND RAISER	
Date 11-7-03	Payee name DUWK PRINT Payee address; City; State; Zip Code 8311 SHOAL CREEK BLVD AUSTIN, TX 78757	Amount (\$) \$ 119.62 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) REMITTANCE ENVELOPES FOR CONTRIBUTIONS	
Date 11-9-03	Payee name SPEEDY STOP Payee address; City; State; Zip Code 6922 RR 620 NORTH AUSTIN, TX 78732	Amount (\$) \$ 160.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) DRINKS, ICE, FOOD FOR KICKOFF FUND RAISER	
Date 11-20-03	Payee name BANNER SIGN GRAPHICS Payee address; City; State; Zip Code 630 CANYON ST AUSTIN, TX 78752	Amount (\$) \$ 378.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) PAPST CAMPAIGN SCREEN PRINTED CAR DECALS	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <u>2</u>
2 FILER NAME <u>GREGORY J. PAPST</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>12.9.03</u>	5 Payee name <u>BANNER SIGN GRAPHICS</u> 6 Payee address; City; State; Zip Code <u>630 CANYON ST. AUSTIN, TX 78752</u>	8 Amount (\$) <u>\$1,162.06</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <u>PAPST CAMPAIGN SCREEN PRINTED YARD SIGNS</u>		
Date <u>12.30.03</u>	Payee name <u>TRAVIS COUNTY REPUBLICAN PARTY</u> Payee address; City; State; Zip Code <u>N. LAMAR AUSTIN, TX</u>	Amount (\$) <u>\$1,000.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <u>CANDIDATE FILING FEE</u>		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		

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