

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Gregory J. Papst

16 ACCOUNT # (Ethics Commission filers)

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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

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

\$ 0

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

\$ 5,840.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 3,127.96

CONTRIBUTION BALANCE

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

\$ 5,338.50

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Gregory J. Papst
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said CANDIDATE, this the 14th day of July, 2004, to certify which, witness my hand and seal of office.

Luanne Richey
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 Schedule A:	
2 FILER NAME Gregory J. Papst			3 ACCOUNT # (Ethics Commission filers)	
4 Date 5.26.04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN DONOVAN	7 Amount of contribution (\$) \$75.	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 4907 WESTVIEW AUSTIN, TX 78731				
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date 5.26.04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVEN MOORE	Amount of contribution (\$) \$120.	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1305 AGLIE LANE AUSTIN, TX 78757				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 5.26.04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLES GREEN	Amount of contribution (\$) \$400.	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 13202 MANSFIELD AUSTIN, TX 78732				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 5.26.04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAY JOHNSON	Amount of contribution (\$) \$110.	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 17000 TRAIL OF THE WOODS AUSTIN, TX 78734				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 5.26.04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STANLEY MATKIS	Amount of contribution (\$) \$110.	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code PO BOX 341450 AUSTIN, TX 78734				
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 Schedule A:	
2 FILER NAME Gregory J. Papst			3 ACCOUNT # (Ethics Commission filers)	
4 Date 5.26.04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT CLOUD	7 Amount of contribution (\$) \$120.	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 8007 DAVIS MOUNTAIN PASS AUSTIN, TX 78726				
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date 5.26.04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES ELLISON	Amount of contribution (\$) \$120.	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 8013 ELKHORN MOUNTAIN AUSTIN, TX 78729				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 5.26.04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL JERGENSON	Amount of contribution (\$) \$120.	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 8600 RE 620 No #1437 AUSTIN, TX 78734				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 5.26.04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAMMY TEMPLIN	Amount of contribution (\$) \$140.	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 121 FIREBIRD AUSTIN, TX 78734				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 5.26.04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM ERDELJAC	Amount of contribution (\$) \$120.	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)		

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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 Schedule A:	
2 FILER NAME Gregory J. Papst				3 ACCOUNT # (Ethics Commission filers)	
4 Date 5.26.04	5 Full name of contributor DAVID THATZ <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$120.	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code 17208 PONCHO SPRINGS AUSTIN, TX 78717					
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 5.26.04	Full name of contributor GAYLE BERKBIGLER <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$140.	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 106 CROSS CREEK AUSTIN, TX 78734					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 5.26.04	Full name of contributor THOMAS MCCONNELL <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$120.	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code PO Box 2194 AUSTIN, TX 78768					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 5.26.04	Full name of contributor COLE ERWIN <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$120.	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 8800 SHOAL CREEK BLVD AUSTIN, TX 78757					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 5.26.04	Full name of contributor PAULA MOORE <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$260.	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 5604 SPURFLOWER AUSTIN, TX 78759					
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 Schedule A:	
2 FILER NAME Gregory J. Papst			3 ACCOUNT # (Ethics Commission filers)	
4 Date 5.26.04	5 Full name of contributor ANTHONY GAGE <input type="checkbox"/> out-of-state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code PO BOX 177 THRALL, TX 76578	7 Amount of contribution (\$) \$200.	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date 5.26.04	Full name of contributor TIM WILLIAMS <input type="checkbox"/> out-of-state PAC (ID#: _____)	Contributor address; City; State; Zip Code 303 SOUTHWIND LEANDER, TX 78645	Amount of contribution (\$) \$200.	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 5.26.04	Full name of contributor DAVID McMILLAN <input type="checkbox"/> out-of-state PAC (ID#: _____)	Contributor address; City; State; Zip Code 9309 SLATE CREEK AUSTIN, TX 78717	Amount of contribution (\$) \$340.	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 5.26.04	Full name of contributor TOM LEW <input type="checkbox"/> out-of-state PAC (ID#: _____)	Contributor address; City; State; Zip Code 9814 LONSDALE AUSTIN, TX 78729	Amount of contribution (\$) \$120.	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 5.26.04	Full name of contributor HAROLD CALDWELL <input type="checkbox"/> out-of-state PAC (ID#: _____)	Contributor address; City; State; Zip Code 306 TARBET BRIARCLIFF, TX 78669	Amount of contribution (\$) \$125.	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 Schedule A:	
2 FILER NAME Gregory J. Papst		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5.26.04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOMMY HOLMES	7 Amount of contribution (\$) \$120.	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6618 CANDLE RIDGE CV AUSTIN, TX 78731			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5.26.04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARM GILYS	Amount of contribution (\$) \$300.	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 310 E. 1 st STREET AUSTIN, TX 78701			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5.26.04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYNTHIA MEYER	Amount of contribution (\$) \$120.	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 703 WESTBROOK AUSTIN, TX 78746			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5.26.04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAN SEEDS	Amount of contribution (\$) \$120.	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 27686 AUSTIN, TX 78755			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5.26.04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRAIG CAERICO	Amount of contribution (\$) \$120.	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1313 RICHCREEK AUSTIN, TX 78757			
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 Schedule A:	
2 FILER NAME Gregory J. Papst				3 ACCOUNT # (Ethics Commission files)	
4 Date 5.26.04	5 Full name of contributor BRAD HATTON <input type="checkbox"/> out-of-state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code 11904 ELFCROFT AUSTIN, TX 78758	7 Amount of contribution (\$) \$ 120.	8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 5.26.04	Full name of contributor JIM COTTON <input type="checkbox"/> out-of-state PAC (ID#: _____)	Contributor address; City; State; Zip Code 11000 SPICEWOOD PKWAY AUSTIN, TX 78750	Amount of contribution (\$) \$ 120.	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 5.26.04	Full name of contributor DAVID HARTZBERG <input type="checkbox"/> out-of-state PAC (ID#: _____)	Contributor address; City; State; Zip Code 3401 BEE CREEK SPICEWOOD, TX 78669	Amount of contribution (\$) \$ 120.	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 5.26.04	Full name of contributor STORMY JOHNSON <input type="checkbox"/> out-of-state PAC (ID#: _____)	Contributor address; City; State; Zip Code 14748 OLIVE HILL AUSTIN, TX 78717	Amount of contribution (\$) \$ 120.	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 5.26.04	Full name of contributor KEITH ESTES <input type="checkbox"/> out-of-state PAC (ID#: _____)	Contributor address; City; State; Zip Code 10105 INSHORE AUSTIN, TX 78730	Amount of contribution (\$) \$ 120.	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 Schedule A:	
2 FILER NAME Gregory J. Papst		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5.26.04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TONY SLOWIK	7 Amount of contribution (\$) \$ 120.	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 608 LAKE ESTATES AUSTIN, TX 78734			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5.26.04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS STATE RIFLE ASSN. PAC	Amount of contribution (\$) \$ 250.	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P BOX 413 GOLDTHWAITE, TX 76844			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5.26.04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRAVIS COUNTY SHERIFF'S OFFICERS ASSN. PAC	Amount of contribution (\$) \$ 250.	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 400 W. 14TH ST., #220 AUSTIN, TX 78761			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5.26.04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ED TALLEY	Amount of contribution (\$) \$ 120.	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10209 TENARA CT. AUSTIN, TX 78726			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5.26.04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOM CHILDERS	Amount of contribution (\$) \$ 120.	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 15114 FLAMINGO DR. AUSTIN, TX 78734			
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 Schedule A:	
2 FILER NAME Gregory J. Papst		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5.26.04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANK PAPST	7 Amount of contribution (\$) \$120.	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1504 PAGEDALE CEDAR PARK, TX 78613			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5.26.04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE McBRIDE	Amount of contribution (\$) \$300.	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6202 SHOAL CREEK WEST AUSTIN, TX 78757			
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)	
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:
2 FILER NAME Gregory J. Papst		3 ACCOUNT # (Ethics Commission files)
4 Date 5.5.04	5 Payee name SKIPPER RICHEY 6 Payee address; City; State; Zip Code 6900 RR 620 Nc. AUSTIN, TX 78732	7 Amount (\$) \$ 108.49
8 Purpose of payment (See instructions regarding type of information required.) REIMBURSE OFFICE SUPPLIES, POSTAGE		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5.25.04	Payee name SKIPPER RICHEY Payee address; City; State; Zip Code 6900 RR 620 Nc. AUSTIN, TX 78732	Amount (\$) \$ 200.00
Purpose of payment (See instructions regarding type of information required.) REIMBURSE FOOD - GOLF FUND RAISER		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5.26.04	Payee name GOLFSMITH Payee address; City; State; Zip Code 10001 RESEARCH BLVD AUSTIN, TX 78759	Amount (\$) \$ 75.75
Purpose of payment (See instructions regarding type of information required.) SUPPLIES GOLF FUND RAISER		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5.26.04	Payee name THE HILLS OF FLINT ROCK COUNTRY CLUB Payee address; City; State; Zip Code	Amount (\$) \$ 2,726.00
Purpose of payment (See instructions regarding type of information required.) COURSE FEES GOLF FUND RAISER		** Complete if direct expenditure to benefit C/OH ** 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 Total pages Schedule F:
2 FILER NAME <p style="text-align: center;">Gregory J. Papst</p>		3 ACCOUNT # (Ethics Commission filers)
4 Date <p style="text-align: center;">6.30.04</p>	5 Payee name <p style="text-align: center;">SKIPPER RICHNEY</p>	7 Amount (\$) <p style="text-align: center;">\$17.72</p>
6 Payee address; City; State; Zip Code <p style="text-align: center;">6900 RR 620 NC AUSTIN, TX 78732</p>		
8 Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center;">REIMBURSE SUPPLIES GOLF FUND RAISER</p>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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