

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5847

**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: <div style="text-align: center; font-size: 2em;">4</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Gregory J. NICKNAME LAST SUFFIX Greg Papst	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1307 Aggie Lane Austin, TX 78757		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 785-4663		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Skipper NICKNAME LAST SUFFIX Richey		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 6900 Ranch Road 620 North Austin, TX 78732		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 336-9800 103		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 THROUGH Month Day Year 7 / 1 / 04 9 / 23 / 04		
11 ELECTION	ELECTION DATE Month Day Year 11 / 2 / 04	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" 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		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME <p style="text-align:center">Gregory J. Papst</p>	16 ACCOUNT # (Ethics Commission Form)
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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. ***

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

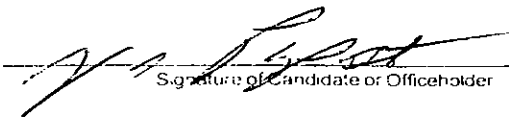
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 750. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 429. ⁰⁶
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,785. ¹⁹
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT



LUANNE RICHEY
 MY COMMISSION EXPIRES
 December 30, 2007

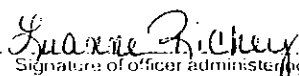
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CANDIDATE this the 4th day of OCTOBER 2004 to certify which, witness my hand and seal of office

 _____ Signature of officer administering oath	<u>LUANNE RICHEY</u> _____ Printed name of officer administering oath	<u>NOTARY</u> _____ Title of officer administering oath
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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: 1

2 FILER NAME **Gregory J. Papst** 3 ACCOUNT # (Ethics Commission filers)

4 Date 7.13.04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMIE BALAGIA	7 Amount of contribution (\$) \$250.	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 310 MURRAY AVE. MANOR, TX 78653			

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 7.14.04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LLOYD MCCARLEY	Amount of contribution (\$) \$250.	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 10002 PARLIAMENT HOUSE #A AUSTIN, TX 78729			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 8.16.04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THERESA WILCOX	Amount of contribution (\$) \$250.	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 17002 CACTUS BLOSSOM PLUGERVILLE, TX 78666			

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)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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 7.14.04	5 Payee name LONE STAR AWARDS & TROPHIES	7 Amount (\$) \$429.00
6 Payee address: City: State: Zip Code 5212 N. LAMAR AUSTIN, TX 78751		

8 Purpose of payment (See instructions regarding type of information required.) TROPHIES - GOLF FUND RAISER	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.)	-- 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.)	-- 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.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED