

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5938

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;">5</div>												
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Gregory J. NICKNAME LAST SUFFIX Greg Papst	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td style="width:50%;">Date Received:</td> <td style="width:50%; text-align: right;">NOV 11 11 07 AM '07</td> </tr> <tr> <td>Date Hand-delivered or Date Postmarked:</td> <td style="text-align: right;">NOV 11 11 07 AM '07</td> </tr> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> </table>		OFFICE USE ONLY		Date Received:	NOV 11 11 07 AM '07	Date Hand-delivered or Date Postmarked:	NOV 11 11 07 AM '07	Receipt #	Amount	Date Processed		Date Imaged	
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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	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input checked="" type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input checked="" type="checkbox"/> Final report (Attach C/OH - FR)				
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10 / 24 / 04 THROUGH 1 / 15 / 05														
11 ELECTION	ELECTION DATE Month Day Year / / /	ELECTION TYPE <input 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														

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

1 C/OH NAME

GREGORY J. PAPST

2 ACCOUNT # (Ethics Commission Users)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below *only* if you are not an officeholder. ****

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

**** Complete this section *only* if you are an officeholder ****

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1 of 2
2 FILER NAME Gregory J. Papst		3 ACCOUNT # (Ethics Commission filers)
4 Date 10.24.04	5 Payee name BOBBY GUTIERREZ	7 Amount (\$) \$ 360.00
6 Payee address: City; State; Zip Code P.O. Box 13522 Austin, TX 78711		
8 Purpose of payment (See instructions regarding type of information required.) PLACING SIGNS		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10.25.04	Payee name ALL AUSTIN ADVERTISING	Amount (\$) \$ 400.00
Payee address: City; State; Zip Code 500 SAN JOSE AUSTIN, TX 78753		
Purpose of payment (See instructions regarding type of information required.) FLYER DISTRIBUTION		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11.2.04	Payee name HARBOR FREIGHT TOOLS	Amount (\$) \$ 17.31
Payee address: City; State; Zip Code 4001 S. LAMAR AUSTIN, TX 78742		
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 10.25.04	Payee name LOWE'S	Amount (\$) \$ 100.50
Payee address: City; State; Zip Code 8000 SIGNAL CREEK BLVD AUSTIN, TX 78757		
Purpose of payment (See instructions regarding type of information required.) LUMBER FOR SIGNS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
2 of 2

2 FILER NAME
Gregory J. Papst

3 ACCOUNT # (Ethics Commission filers)

4 Date
11.4.04

5 Payee name
SKIPPER RICHEY

7 Amount (\$)
\$ 29.86

6 Payee address; City; State; Zip Code
6900 RR 620 NO. AUSTIN, TX 78732

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

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
12.21.04

Payee name
SKIPPER RICHEY

Amount (\$)
\$ 700.00

Payee address; City; State; Zip Code
6900 RR 620 NO. AUSTIN, TX 78732

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
12.21.04

Payee name
GREGG PAPST

Amount (\$)
\$ 2,000.00

Payee address; City; State; Zip Code
1307 AGGIE LANE. AUSTIN, TX 78757

Purpose of payment (See instructions regarding type of information required.)
HALL RENTAL /
SIGNS / FILING FEE

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
1.15.05

Payee name
RIVER CITY SCHOLARSHIP FOUNDATION

Amount (\$)
\$ 40.29

Payee address; City; State; Zip Code
6900 RR 620 NO. AUSTIN, TX 78732

Purpose of payment (See instructions regarding type of information required.)
DONATION OF
UNEXPENDED CONTRIBUTIONS

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED