

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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="font-size: 2em; text-align: center;">2</div>																								
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 0.8em;">TITLE</td> <td style="width:35%;">Mr.</td> <td style="width:35%; font-size: 0.8em;">FIRST</td> <td style="width:15%;">William</td> <td style="width:5%; font-size: 0.8em;">MI</td> <td style="width:10%;">M.</td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td>Bill</td> <td style="font-size: 0.8em;">LAST</td> <td>Eplen</td> <td style="font-size: 0.8em;">SUFFIX</td> <td></td> </tr> </table>	TITLE	Mr.	FIRST	William	MI	M.	NICKNAME	Bill	LAST	Eplen	SUFFIX		<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></td> </tr> <tr> <td>Date Hand-delivered or Date Postmarked</td> <td style="text-align: center;">1-18-00 <i>[Signature]</i></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		Date Hand-delivered or Date Postmarked	1-18-00 <i>[Signature]</i>	Receipt #	Amount	Date Processed		Date Imaged	
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4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">ADDRESS / PO BOX:</td> <td style="width:20%;">Route 3, Box 95A, Brumlow Road at Betka</td> <td style="width:10%; font-size: 0.8em;">APT / SUITE #:</td> <td style="width:10%;"></td> <td style="width:10%; font-size: 0.8em;">CITY:</td> <td style="width:10%;">Hempstead, TX</td> <td style="width:10%; font-size: 0.8em;">STATE:</td> <td style="width:10%;">77445</td> <td style="width:10%; font-size: 0.8em;">ZIP CODE</td> </tr> </table>			ADDRESS / PO BOX:	Route 3, Box 95A, Brumlow Road at Betka	APT / SUITE #:		CITY:	Hempstead, TX	STATE:	77445	ZIP CODE															
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9 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 0.8em;">Month</td> <td style="width:5%;">Day</td> <td style="width:15%;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:5%;">Month</td> <td style="width:5%;">Day</td> <td style="width:15%;">Year</td> </tr> <tr> <td>10</td> <td>11</td> <td>99</td> <td></td> <td>12</td> <td>31</td> <td>99</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	10	11	99		12	31	99										
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13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p>.. 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. ..</p> <p>Name</p> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>																										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2


14 C/OH NAME William M. (Bill) Eplen	15 ACCOUNT # (Ethics Commission filers)
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16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This listing includes 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS		

17 NO REPORTABLE ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

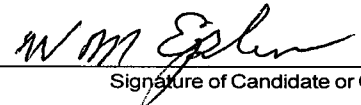
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES <i>Filing fee</i>	\$ 600. ⁰⁰
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

19 AFFIDAVIT



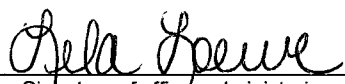
AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said W. M. Eplen, this the 18th day of JANUARY, 20 00, to certify which, witness my hand and seal of office.

 _____ Signature of officer administering oath	<u>Lela Loewe</u> _____ Printed name of officer administering oath	<u>Election Administrator</u> _____ Title of officer administering oath
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