

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="text-align: center; font-size: 2em;">7</div>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE: Mr. FIRST: William MI: M. NICKNAME: Bill LAST: Eplen SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE Route 3, Box 95A, Hempstead, TX 77445 Brumlow Road @ Betka Road	Date Received Date Hand-delivered or Date Postmarked <div style="text-align: center; font-size: 1.5em;">7-13-00 <i>lgl</i></div>	
5 CAMPAIGN TREASURER NAME	TITLE: Mrs. FIRST: Carol MI: A. Maiden Name: Chamberland LAST: Eplen SUFFIX:	Receipt #	Amount
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE Rt. 3, Box 95A, Hempstead, TX 77445 Brumlow Road @ Betka Road		
7 CAMPAIGN TREASURER PHONE	AREA CODE (979)	PHONE NUMBER 826-8809	EXTENSION
8 REPORT TYPE	<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 2001 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 01 / 00 06 / 30 / 00		
10 ELECTION	ELECTION DATE Month Day Year 11 / 07 / 00	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Waller County Commissioner Precinct 1	
13 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		

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME William M. (Bill) Eplen

15 ACCOUNT #(Ethics Commission files)

16 SUPPORTING POLITICAL COMMITTEE(S)

** 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 <input type="checkbox"/> additional pages	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) \$ 100.00

EXPENDITURE TOTALS

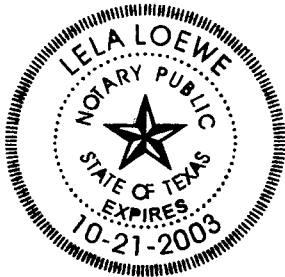
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ - 0 -

4. TOTAL POLITICAL EXPENDITURES \$ 4598.11

OUTSTANDING LOAN TOTALS

5. 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.

William M. Eplen
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William M. Eplen, this the 13th day of July, 20 00, to certify which, witness my hand and seal of office.

Lela Loewe
Signature of officer administering oath

Lela Loewe
Printed name of officer administering oath

Election Administrator
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 1	
2 FILER NAME William M. "Bill" Eplen		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6-30-00	5 Full name of contributor Art and Ann Davis <input type="checkbox"/> out-of-state PAC	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 451, Katy, TX 77492			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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 MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

4

2 FILER NAME

William M, "Bill" Eplen

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Waller Times

6 Payee address; City; State; Zip Code

PO Box 509, Waller, TX 77484

8 Amount (\$)

\$39.00

7 Purpose of expenditure (See instructions regarding type of information required.)

Political Ad

 Reimbursement from political contributions intended

Date

Payee name

Price Rite Co.

Payee address; City; State; Zip Code

8400 N. University Dr., Tamaree, FL 33321

Amount (\$)

\$333.84

Purpose of expenditure (See instructions regarding type of information required.)

Ballpoint pens for campaign

 Reimbursement from political contributions intended

Date

Payee name

Southwest Teachers Supply

Payee address; City; State; Zip Code

Amount (\$)

\$27.30

Purpose of expenditure (See instructions regarding type of information required.)

Parade supplies

 Reimbursement from political contributions intended

Date

Payee name

Arnie's Wholesale Warehouse

Payee address; City; State; Zip Code

Studemont, Houston, TX

Amount (\$)

\$12.50

Purpose of expenditure (See instructions regarding type of information required.)

Parade supplies

 Reimbursement from political contributions intended

Date

Payee name

Upfront Silkscreening

Payee address; City; State; Zip Code

108 S. Main, Bryan, TX 77803

Amount (\$)

\$242.33

Purpose of expenditure (See instructions regarding type of information required.)

Balloons for campaign

 Reimbursement from political contributions intended

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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:

4

2 FILER NAME

William M. "Bill" Epler

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-5-00

5 Payee name

Hometown Hardware

6 Payee address; City; State; Zip Code

2205 13th Street, Hempstead, TX 77445

8 Amount (\$)

\$48.32

7 Purpose of expenditure (See instructions regarding type of information required.)

Posts for signs

 Reimbursement from political contributions intended

Date

2-5-00

Payee name

Republican Party of Waller County

Payee address; City; State; Zip Code

PO Box 451, Katy, TX 77492

Amount (\$)

\$50.00

Purpose of expenditure (See instructions regarding type of information required.)

 Reimbursement from political contributions intended

Date

2-26-00

Payee name

Frank Levandowski

Payee address; City; State; Zip Code

Rt. 3, Box 96, Hempstead, TX 77445

Amount (\$)

\$38.00

Purpose of expenditure (See instructions regarding type of information required.)

Sign materials

 Reimbursement from political contributions intended

Date

2-29-00

Payee name

Waller County News Citizen

Payee address; City; State; Zip Code

705 12th Street, Hempstead, TX 77445

Amount (\$)

\$68.46

Purpose of expenditure (See instructions regarding type of information required.)

Political Ad

 Reimbursement from political contributions intended

Date

2-29-00

Payee name

Hotline

Payee address; City; State; Zip Code

1116 Austin St., Hempstead, TX 77445

Amount (\$)

\$87.75

Purpose of expenditure (See instructions regarding type of information required.)

Political Ad

 Reimbursement from political contributions intended

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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:

4

2 FILER NAME

William M. "Bill" Eplen

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount
(\$)

1-5-00

Walker Advertising Specialties

6 Payee address; City; State; Zip Code

505 Jewel Street, Conroe, TX 77301

\$985.00

7 Purpose of expenditure (See instructions regarding type of information required.)

Campaign signs

Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

1-13-00

Newman Printing Co.

Payee address; City; State; Zip Code

1300 East 29th Street, Bryan, TX 77802

\$1150.70

Purpose of expenditure (See instructions regarding type of information required.)

Campaign Materials - pushcards, postcards, door
hangers

Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

1-20-00

Waller County Fair Association

Payee address; City; State; Zip Code

P.O. Box 911, Hempstead, TX 77445

\$350.00

Purpose of expenditure (See instructions regarding type of information required.)

Pink Ribbon Sponsorship - program advertising

Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

1-22-00

Walker Advertising Specialties

Payee address; City; State; Zip Code

505 Jewel Street, Conroe, TX 77301

\$984.34

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

2-2-00

Republican Party of Waller County

Payee address; City; State; Zip Code

P.O. Box 451, Katy, TX 77492

\$100.00

Purpose of expenditure (See instructions regarding type of information required.)

Lincoln Day Dinner Tickets

Reimbursement
from political
contributions
intended

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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:

4

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date 6-19-00	5 Payee name Hempstead High School	8 Amount (\$) \$50.00
	6 Payee address; City; State; Zip Code Hempstead 150, Hempstead, TX 77445	
7 Purpose of expenditure (See instructions regarding type of information required.) Football Program Ad		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 6-24-00	Payee name Hometown Hardware	Amount (\$) \$14.54
	Payee address; City; State; Zip Code 2205 13th Street, Hempstead, TX 77445	
Purpose of expenditure (See instructions regarding type of information required.) Decking for Parade sign		<input type="checkbox"/> Reimbursement from political contributions intended

Date 6-24-00	Payee name Hometown Hardware	Amount (\$) \$2.90
	Payee address; City; State; Zip Code 2205 13th Street, Hempstead, TX 77445	
Purpose of expenditure (See instructions regarding type of information required.) Supplies for Parade decorations		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 6-22-00	Payee name Walmart	Amount (\$) \$13.13
	Payee address; City; State; Zip Code Business 290 E, Hempstead, TX 77445	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

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FORM AS NEEDED