

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: \$6		
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX			
Mr. William		M.				
Bill Eplen						
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	
	Rt. 3, Box 95A, Hempstead, TX 77445 37184 Brumlow Road					
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Date Received		
	NICKNAME	LAST	SUFFIX			
Mrs. Carol		A				
Maiden Name Chamberland Eplen						
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 37184 Brumlow Road					
CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(979) 826-8809					
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	<input checked="" 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	Month	Day	Year
	9 / 30 / 00		THROUGH	10 / 30 / 00		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General
11 OFFICE			12 OFFICE SOUGHT (if known)			
OFFICE HELD (if any)			Waller County Commission 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					

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

4 C/OH NAME

William M. "Bill" Eplen

15 ACCOUNT #(Ethics Commission filers)

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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)

\$ # 450⁰⁰

EXPENDITURE
TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

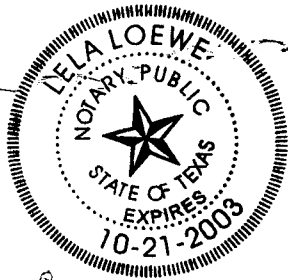
\$ 1128.18

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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.

W M Eplen
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said W.M. Eplen, this the 30th day of OCTOBER, 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 ADMIN.
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS CIOH & 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

10-12-80

5 Full name of contributor

Roy W. Wiesner

out-of-state PAC

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

**737 12th Street
Hempstead, TX 77445**

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10-12-00

Full name of contributor

Beverly Kaufman

out-of-state PAC

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

**6820 Redding Rd
Houston, TX 77036-4729**

Principal occupation (Optional)

Employer (Optional)

Date

10-13-00

Full name of contributor

Mike Krusee

out-of-state PAC

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

**13231 Briar Hollow
Austin, TX 78729**

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out-of-state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out-of-state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

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: **3**

2 FILER NAME

William M. "Bill" Eplen

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-25-00

5 Payee name

Waller County News-Citizen

6 Payee address; City; State; Zip Code

705 12th Street, Hempstead, TX 77445

8 Amount (\$)

\$133.57

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

Ad for election

Reimbursement from political contributions intended

Date

10-29-00

Payee name

First Methodist Church

Payee address; City; State; Zip Code

Hempstead, TX 77445

Amount (\$)

\$20.00

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

Pancake Supper

Reimbursement from political contributions intended

Date

10-12-00

Payee name

Day's Texaco

Payee address; City; State; Zip Code

946 Austin, Hempstead, TX 77445

Amount (\$)

\$28.00

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

Gas for campaign truck

Reimbursement from political contributions intended

Date

10-23-00

Payee name

Day's Texaco

Payee address; City; State; Zip Code

946 Texaco, Hempstead, TX 77445

Amount (\$)

\$25.00

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

Gas for campaign truck

Reimbursement from political contributions intended

Date

10-28-00

Payee name

Frank Levandoski

Payee address; City; State; Zip Code

Rt. 3, Box 96A, Hempstead, TX 77445

Amount (\$)

\$75.00

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

Helium tanks for balloons

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: **3**

2 FILER NAME **William M. "Bill" Eplen**

3 ACCOUNT # (Ethics Commission filers)

<p>4 Date 10-9-00</p>	<p>5 Payee name Walmart</p> <p>6 Payee address; City; State; Zip Code Bus. 290 East, Hempstead, Tx 77445</p>	<p>8 Amount (\$) \$4.61</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
	<p>7 Purpose of expenditure (See instructions regarding type of information required.) Pictures for Ads developing</p>	
<p>Date 10-11-00</p>	<p>Payee name Waller Times</p> <p>Payee address; City; State; Zip Code P.O. Box 509, Waller, TX 77484</p>	<p>Amount (\$) \$96.90</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
	<p>Purpose of expenditure (See instructions regarding type of information required.) Ads for election</p>	
<p>Date 10-11-00</p>	<p>Payee name Hotline</p> <p>Payee address; City; State; Zip Code 1116 Austin, Hempstead, Tx 77445</p>	<p>Amount (\$) \$87.75</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
	<p>Purpose of expenditure (See instructions regarding type of information required.) Ads for election</p>	
<p>Date 10-11-00</p>	<p>Payee name Waller County News-Citizen</p> <p>Payee address; City; State; Zip Code 705 12th Street, Hempstead, Tx 77445</p>	<p>Amount (\$) \$102.75</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date 10-16-00</p>	<p>Payee name U.S. Post Office</p> <p>Payee address; City; State; Zip Code Hempstead, Tx 77445</p>	<p>Amount (\$) \$120.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
	<p>Purpose of expenditure (See instructions regarding type of information required.) Stamps for mail outs</p>	

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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: **3**

2 FILER NAME **William M. "Bill" Eplen** 3 ACCOUNT # (Ethics Commission filers)

4 Date 10-18-00	5 Payee name Waller Times 6 Payee address; City; State; Zip Code P.O. Box 509, Waller, Tx 77484	8 Amount (\$) \$ 91.20
7 Purpose of expenditure (See instructions regarding type of information required.) Ads for election		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 10-18-00	Payee name Hotline Payee address; City; State; Zip Code 1116 Austin, Hempstead, TX 77445	Amount (\$) \$ 68.25
Purpose of expenditure (See instructions regarding type of information required.) Ads for election		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 10-18-00	Payee name Waller County News-Citizen Payee address; City; State; Zip Code 705 12th Street, Hempstead, TX 77445	Amount (\$) \$ 61.25
Purpose of expenditure (See instructions regarding type of information required.) Ad for election		<input type="checkbox"/> Reimbursement from political contributions intended

Date 10-25-00	Payee name Waller Times Payee address; City; State; Zip Code P.O. Box 509, Waller, TX 77484	Amount (\$) \$ 105.90
Purpose of expenditure (See instructions regarding type of information required.) Ad for election		<input type="checkbox"/> Reimbursement from political contributions intended

Date 10-25-00	Payee name Hotline Payee address; City; State; Zip Code 1116 Austin, Hempstead, TX 77445	Amount (\$) \$ 108.00
Purpose of expenditure (See instructions regarding type of information required.) Ad for election		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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