

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: 4
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI William M. NICKNAME LAST SUFFIX Bill Eplen	OFFICE USE ONLY
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 37184 Brumlow Road, Hempstead, Tx 77445	RECEIVED WALLER COUNTY CLERK ELECTIONS DIVISION 2008 JAN 14 AM 9:06
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 826-8809	Date Received
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Carol A. NICKNAME LAST SUFFIX Chamberland Eplen	Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
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7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 37184 Brumlow Road, Hempstead, Tx 77445
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 826-8809
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9 REPORT TYPE	<input checked="" 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 type="checkbox"/> Final report (Attach C/OH - FR)
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 2007 THROUGH 01 / 01 / 2008
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11 ELECTION	ELECTION DATE Month Day Year 03 / 04 / 2008	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE OFFICE HELD (if any) Waller County Commissioner, Pct. 1	13 OFFICE SOUGHT (if known) Waller County Commissioner, Pct. 1
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14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** 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 <input type="checkbox"/> additional pages
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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME W.M. "Bill" Eplen 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

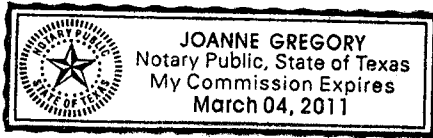
additional pages

-- 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. --

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

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	\$ 2826. ⁸⁷
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ - 0 -
OUTSTANDING LOAN TOTALS	6. 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.

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 14th day of January, 2008, to certify which, witness my hand and seal of office.

Joanne Gregory Joanne Gregory Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <u>2</u>
2 FILER NAME <u>W.M. "Bill" Eplen</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>12-19-07</u>	5 Payee name <u>Waller County Tax office, Ellen C. Shelburne</u> 6 Payee address; City; State; Zip Code <u>730 9th Street, Hempstead, TX 77445</u>	8 Amount (\$) <u>\$ 7.60</u>
7 Purpose of expenditure (See instructions regarding type of information required.) <u>List of Voters that registered from 01/01/07 to 12/19/07</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>12-18-07</u>	Payee name <u>Voter Unlimited</u> Payee address; City; State; Zip Code <u>P.O. Box 188, Ferndale, NY 12734</u>	Amount (\$) <u>\$ 141.70</u>
Purpose of expenditure (See instructions regarding type of information required.) <u>Ballpoint Pens</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>12-19-07</u>	Payee name <u>U.S. Post Office</u> Payee address; City; State; Zip Code <u>Hempstead, TX 77445</u>	Amount (\$) <u>16.25</u>
Purpose of expenditure (See instructions regarding type of information required.) <u>Express Mail for pushcard proof</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>12-12-07</u>	Payee name <u>Sam's Club</u> Payee address; City; State; Zip Code <u>Highway 6, College Station, TX</u>	Amount (\$) <u>41.46</u>
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>12-5-07</u>	Payee name <u>Standley Enterprises</u> Payee address; City; State; Zip Code <u>54171 Highway 290 West, Hempstead, TX 77445</u>	Amount (\$) <u>\$ 1098.74</u>
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <u>2</u>
2 FILER NAME <u>W.M. "Bill" Eplen</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <u>Sav-on Office Supply</u> 6 Payee address; City: State; Zip Code <u>2009 South Texas Ave., Bryan, TX 77802</u>	8 Amount (\$) <u>\$196.00</u>
	7 Purpose of expenditure (See instructions regarding type of information required.) <u>Letter head flag paper</u> (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <u>Office Max</u> Payee address; City: State; Zip Code <u>410 Harvey Road, College Station, TX</u>	Amount (\$) <u>\$42.36</u>
	Purpose of expenditure (See instructions regarding type of information required.) <u>Printer Paper and Office Supplies</u> (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <u>Tops Printing</u> Payee address; City: State; Zip Code <u>2023 S. Texas Avenue, Bryan, TX 77802</u>	Amount (\$) <u>\$391.87</u>
	Purpose of expenditure (See instructions regarding type of information required.) <u>Door to Door Hang tags</u> (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <u>Votes Unlimited</u> Payee address; City: State; Zip Code <u>P.O. Box 188, Ferndale, NY 12734</u>	Amount (\$) <u>\$240.89</u>
	Purpose of expenditure (See instructions regarding type of information required.) <u>Hangtag push cards</u> (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <u>Republican Party of Waller County</u> Payee address; City: State; Zip Code <u>Ann Davis, County Chairman 1015 Aster, Katy, TX 77493</u>	Amount (\$) <u>\$750.00</u>
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		