

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ 3335.⁰⁰

EXPENDITURE TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 1815.53

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.

William 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 27th day of October, 20 00, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS CI0H & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 3	
2 FILER NAME William M. "Bill" Eplen		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9-6-00	5 Full name of contributor Oliver Kitzman <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 Rt. 1, Box 92, Brookshire, TX 77423			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 9-13-00	Full name of contributor Hal Black <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code P.O. Box 95, Hempstead, TX 77445			
Principal occupation (Optional)		Employer (Optional)	
Date 9-12-00	Full name of contributor Mr. & Mrs. William Kitzman <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code P.O. Box 162, Pattison, TX 77466			
Principal occupation (Optional)		Employer (Optional)	
Date 9-12-00	Full name of contributor David & Audrey Luther <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 3 FM 1488, Hempstead, TX 77445			
Principal occupation (Optional)		Employer (Optional)	
Date 9-12-00	Full name of contributor Tom & Sandra Brown <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code Route 1, Box 29, Hempstead, TX 77445			
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 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: 3	
2 FILER NAME William M. "Bill" Eplen		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8-15-00	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Republican Party of Texas	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 211 East 7th Street, Suite 620 Austin, TX 78701			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 7-15-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Louis Canales	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 51, Brookshire, TX 77423			
Principal occupation (Optional)		Employer (Optional)	
Date 7-15-00	Full name of contributor <input type="checkbox"/> out-of-state PAC B.K. Watson	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Rt. 3, Box 51-M, Brookshire, TX 77423			
Principal occupation (Optional)		Employer (Optional)	
Date 8-2-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Roger Shaper	Amount of contribution (\$) \$1500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 550, Pattison, TX 77466			
Principal occupation (Optional)		Employer (Optional)	
Date 8-24-00	Full name of contributor <input type="checkbox"/> out-of-state PAC John Isom	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 38, Waller, TX 77484			
Principal occupation (Optional)		Employer (Optional)	

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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: **3**

2 FILER NAME

William M. "Bill" Eplen

3 ACCOUNT # (Ethics Commission filers)

4 Date

08-25-00

5 Full name of contributor

Ann & Art Davis

out-of-state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

Mailing labels for postcards

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

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)

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)

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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: **5**

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

3 ACCOUNT # (Ethics Commission filers)

4 Date 8-29-00	5 Payee name Hometown Hardware 6 Payee address: City: State: Zip Code 2205 13th Street, Hempstead, TX 77445	8 Amount (\$) \$26.04
7 Purpose of expenditure (See instructions regarding type of information required.)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 8-29-00	Payee name U.S. Post Office Payee address: City: State: Zip Code Hempstead, TX 77445	Amount (\$) \$33.00
Purpose of expenditure (See instructions regarding type of information required.) Postage for reception flyers		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 7-19-00	Payee name Walmart Payee address: City: State: Zip Code Bus. 290 East, Hempstead, TX 77445	Amount (\$) \$23.19
Purpose of expenditure (See instructions regarding type of information required.) Binders for Poll list		<input type="checkbox"/> Reimbursement from political contributions intended

Date 7-15-00	Payee name H.D. Rental Payee address: City: State: Zip Code 425 Bus. 290 East, Hempstead, TX 77445	Amount (\$) \$28.95
Purpose of expenditure (See instructions regarding type of information required.) helium tank for parade balloons		<input type="checkbox"/> Reimbursement from political contributions intended

Date 8-30-00	Payee name Hometown Hardware Payee address: City: State: Zip Code 2205 13th Street, Hempstead, TX 77445	Amount (\$) \$2.89
Purpose of expenditure (See instructions regarding type of information required.) Screws for signs		<input checked="" type="checkbox"/> 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: 5
2 FILER NAME William M. "Bill" Eplen		3 ACCOUNT # (Ethics Commission filers)
4 Date 9-9-00	5 Payee name Republican Party of Waller County 6 Payee address; City; State; Zip Code P.O. Box 451, Katy, TX 77492	8 Amount (\$) \$30.00 <input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) District 5 luncheon	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 9-22-00	Payee name U.S. Post Office Payee address; City; State; Zip Code Waller, TX 77484	Amount (\$) \$280.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) stamps for postcards	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 9-16-00	Payee name U.S. Post Office Payee address; City; State; Zip Code Hempstead, TX 77445	Amount (\$) \$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) stamps for postcards	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 9-23-00	Payee name Cedar Creek Cafe Payee address; City; State; Zip Code Highway 6 N, Hempstead, TX 77445	Amount (\$) \$85.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Lunch for Fair parade volunteers	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 7-15-00	Payee name Star Rental Payee address; City; State; Zip Code 2314 S. Market, Brenham, TX 77833	Amount (\$) \$68.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Helium for balloons	<input checked="" type="checkbox"/> 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: **5**

2 FILER NAME

William M. "Bill" Eplen

3 ACCOUNT # (Ethics Commission filers)

4 Date

9-5-00

5 Payee name

Eckerds

6 Payee address; City; State; Zip Code

31315 FM 2920, Waller, TX 77484

8 Amount (\$)

\$23.66

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

Film & Picture Developing from Reception

Reimbursement from political contributions intended

Date

10-2-00

Payee name

Kinko's

Payee address; City; State; Zip Code

7700 Highway 6, Suite 103, Houston, TX 77095

Amount (\$)

\$9.61

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

Copies of phone list

Reimbursement from political contributions intended

Date

8-24-00

Payee name

Waller County News Citizen

Payee address; City; State; Zip Code

705 12 Street, Hempstead, TX 77445

Amount (\$)

\$130.40

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

Ads for reception

Reimbursement from political contributions intended

Date

8-24-00

Payee name

Waller Times

Payee address; City; State; Zip Code

P.O. Box 509, Waller, TX 77484

Amount (\$)

\$114.00

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

Ads for reception

Reimbursement from political contributions intended

Date

7-12-00

Payee name

Walmart

Payee address; City; State; Zip Code

Bus 290 East, Hempstead, TX 77445

Amount (\$)

\$4.80

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

Supplies for Watermelon parade

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: 5
2 FILER NAME William M. "Bill" Eplen		3 ACCOUNT # (Ethics Commission filers)
4 Date 7-19-00	5 Payee name Kinko's	8 Amount (\$) \$ 18.40
6 Payee address: City: State: Zip Code 7700 Highway 6, Suite 103, Houston, TX 77095		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) Stationery ; Copies of Poll List		
Date 7-22-00	Payee name Sam's Club	Amount (\$) \$ 41.19
Payee address: City: State: Zip Code Highway 290, Houston, TX		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Supplies for reception		
Date 7-22-00	Payee name Arnies	Amount (\$) \$ 68.44
Payee address: City: State: Zip Code 2830 Hicks, Houston, TX 77007		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Paper goods for Reception		
Date 8-24-00	Payee name Hotline	Amount (\$) \$ 144.00
Payee address: City: State: Zip Code 1116 Austin, Hempstead, TX 77445		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Ads for reception		
Date 8-24-00	Payee name Marshall Family Recreation Center	Amount (\$) \$ 175.00
Payee address: City: State: Zip Code P.O. Box 964, Hempstead, TX 77445		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Deposit & rental of room for reception		

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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: **5**

2 FILER NAME
William M. "Bill" Eplen

3 ACCOUNT # (Ethics Commission filers)

<p>4 Date <i>8-24-00</i></p>	<p>5 Payee name <i>Hempstead, I.S.D.</i></p> <p>6 Payee address; City; State; Zip Code <i>Hempstead, TX 77445</i></p>	<p>8 Amount (\$) <i>\$50.00</i></p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date <i>9-11-00</i></p>	<p>Payee name <i>Sam's Club</i></p> <p>Payee address; City; State; Zip Code <i>Highway 290, Houston, TX</i></p>	<p>Amount (\$) <i>\$172.76</i></p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date <i>9-24-00</i></p>	<p>Payee name <i>Rebecca Eplen</i></p> <p>Payee address; City; State; Zip Code <i>4402 Winchester Drive, Bryan, TX</i></p>	<p>Amount (\$) <i>\$85.52</i></p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date <i>9-29-00</i></p>	<p>Payee name <i>Waller County Fair Assoc.</i></p> <p>Payee address; City; State; Zip Code <i>P.O. Box 911, Hempstead, TX 77445</i></p>	<p>Amount (\$) <i>\$100.00</i></p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p>	<p>Amount (\$)</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>7 Purpose of expenditure (See instructions regarding type of information required.) <i>Season football tickets</i></p>		
<p>7 Purpose of expenditure (See instructions regarding type of information required.) <i>Cakes & cookies for reception</i></p>		
<p>7 Purpose of expenditure (See instructions regarding type of information required.) <i>"\$100" Club</i></p>		

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