

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:

7

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Mr. FIRST: William MI: M
NICKNAME: Bill LAST: Eplen SUFFIX:

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
37184 Bramlow Road, Hempstead, TX 77445

Change of Address

Date Hand-delivered or Date Postmarked

10.4.04

5 CAMPAIGN TREASURER NAME

TITLE: Mrs. FIRST: Carol MI: A.
NICKNAME: Chamberland LAST: Eplen SUFFIX:

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
37184 Bramlow Road, Hempstead, TX 77445

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(979) 826-8809

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
07 / 15 / 04 THROUGH 10 / 04 / 04

10 ELECTION

ELECTION DATE: Month Day Year: 11 / 02 / 04
ELECTION TYPE: Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

County Commissioner - Precinct 1

13 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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME W. M. "Bill" Eplen

15 ACCOUNT # (Ethics Commission files)

16 NOTICE FROM POLITICAL COMMITTEE(S)

-- 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 <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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 108.⁰⁰

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2909.⁹³

OUTSTANDING LOAN TOTALS

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

\$

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.

W.M. Eplen
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said W.M. Eplen, this the 4th day of October, 20 04, 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 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 W. M. "Bill" Eplen		3 ACCOUNT # (Ethics Commission filers)
4 Date 7-16-04	5 Payee name Waller County Fair Association 6 Payee address; City; State; Zip Code PO Box 911 Hempstead, TX 77445	8 Amount (\$) \$250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Sponsor of Sportsman Extravaganza	
Date 7-16-04	Payee name Waller County Fair Association Payee address; City; State; Zip Code P.O. Box 911 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.) 2 garbage cans with logo for Fairgrounds	
Date 7-24-04	Payee name Rebecca Eplen Payee address; City; State; Zip Code 401 Sapphire Drive College Station, TX	Amount (\$) 200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for 1500 postcards - Newman's 99s, Pictures	
Date 8-3-04	Payee name Newman Printing Co. Payee address; City; State; Zip Code 1300 E. 29th St Bryan, TX 77802	Amount (\$) 154.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Remaining 1500 postcards	
Date 8-28-04	Payee name Waller County Fair Association Payee address; City; State; Zip Code P.O. Box 911 Hempstead, TX 77445	Amount (\$) \$54.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Three Fair Passes	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
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SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 4
2 FILER NAME W. M. "Bill" Eplen		3 ACCOUNT # (Ethics Commission filers)
4 Date 9-2-04	5 Payee name Hempstead Ministerial Alliance 6 Payee address; City; State; Zip Code Hempstead, TX 77445	8 Amount (\$) \$12.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) 2 Tickets for luncheon at Methodist church	
Date 9-8-04	Payee name Hotline Payee address; City; State; Zip Code 1116 Austin St. Hempstead, TX 77445	Amount (\$) \$117.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Political Ads	
Date 9-8-04	Payee name Waller County News-Citizen Payee address; City; State; Zip Code PO Box 556 Hempstead, TX 77445	Amount (\$) \$264.63 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Political Ads	
Date 9-8-04	Payee name Waller Times Payee address; City; State; Zip Code P.O. Box 509 Waller, Texas 77484	Amount (\$) \$215.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Political Ads	
Date 9-8-04	Payee name New Voice Ministerial Alliance Payee address; City; State; Zip Code 576 Dr. Walter Pendleton Hempstead, TX 77445	Amount (\$) \$62.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Ad in Economic Summit program	

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**POLITICAL EXPENDITURES
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SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 4
2 FILER NAME W. M. "Bill" Eplen		3 ACCOUNT # (Ethics Commission filers)
4 Date 9-10-04	5 Payee name Republican Party of Waller County	8 Amount (\$) \$100.00
	6 Payee address; City; State; Zip Code Ann Davis, County Chairman PO Box 451 Raty, TX 77492	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Patriot Day Essay Scholarship	
Date 9-15-04	Payee name Waller County News-Citizen	Amount (\$) \$244.80
	Payee address; City; State; Zip Code PO Box 556 Hempstead, TX 77445	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	
Date 9-21-04	Payee name Waller County Fair Association	Amount (\$) \$100.00
	Payee address; City; State; Zip Code 100 Club 24824 FM362 Waller, TX 77484	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) 2004 "100" Club	
Date 9-30-04	Payee name Hotline Press	Amount (\$) \$45.00
	Payee address; City; State; Zip Code 1116 Austin St. Hempstead, TX 77445	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Political Ad	
Date 9-30-04	Payee name Waller Times	Amount (\$) \$63.20
	Payee address; City; State; Zip Code PO Box 509 Waller, TX 77484	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	

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**POLITICAL EXPENDITURES
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SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: 4
2 FILER NAME W.M. "Bill" Eplen		3 ACCOUNT # (Ethics Commission filers)
4 Date 7-20-04	5 Payee name Price-Rite Company 6 Payee address; City; State; Zip Code 8400 University Drive Tamarac, FL 33321	8 Amount (\$) \$372.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Campaign ball points	
7-30-04	Payee name Votes Unlimited Payee address; City; State; Zip Code PO Box 188 Ferndale, NY 12734-0188	Amount (\$) \$412.02 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Hand Cards and Walletsize Hand Cards	
9-18-04	Payee name League of Black Voters of Waller County Payee address; City; State; Zip Code Andrus Multi-Purpose Center 48061 Hwy 290 Hempstead, TX 77445	Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) To purchase history literature for use by Waller County students	
10-3-04	Payee name Office Depot Payee address; City; State; Zip Code 715 Texas Avenue South College Station, TX 77840	Amount (\$) \$116.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Campaign stationery Toner cartridge for printer	
	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule A: 1

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

4 Date <u>9-1-04</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Republican Party of Waller County</u>	7 Amount of contribution (\$) <u>108⁰⁰</u>	8 In-kind contribution description (if applicable) <u>Voter list from Republican Party of Texas</u>
6 Contributor address: City: State: Zip Code <u>AnnPauis, County Chairman PO Box 451 Katy, TX 77492</u>			

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.