

# 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;">4</div>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE: Mr.      FIRST: William      MI: M. NICKNAME: Bill      LAST: Eplen      SUFFIX:	<b>OFFICE USE ONLY</b> Date Received: <b>10/29/04</b> Date: <input type="checkbox"/> Hand-delivered or <input type="checkbox"/> Date Postmarked	
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:    APT / SUITE #:    CITY:    STATE:    ZIP CODE 37184 Brumlow Road, Hempstead, TX 77445	Receipt #      Amount Date Processed Date Imaged	
5 CAMPAIGN TREASURER NAME	TITLE: Mrs.      FIRST: Carol      MI: A. Maiden name: Chamberland      LAST: Eplen      SUFFIX:	STREET ADDRESS (NO PO BOX PLEASE):    APT / SUITE #:    CITY:    STATE:    ZIP CODE 37184 Brumlow Road, Hempstead, TX 77445	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	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)	
7 CAMPAIGN TREASURER PHONE	9 PERIOD COVERED Month    Day    Year      THROUGH      Month    Day    Year 10 / 04 / 04      10 / 25 / 04		
10 ELECTION	ELECTION DATE Month    Day    Year 11 / 02 / 04	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) County Commissioner - Precinct 1	
13 NOTICE OF 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

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)

\$ -

EXPENDITURE TOTALS

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

\$ -

4. TOTAL POLITICAL EXPENDITURES

\$ 1880.<sup>78</sup>

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.

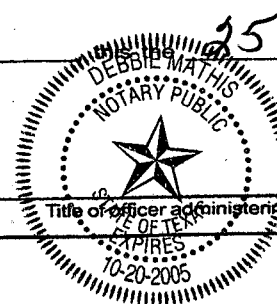
*W M Eplen*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said W M Eplen of October, 20 04, to certify which, witness my hand and seal of office. 25 day

*Debbie Mathis*  
Signature of officer administering oath

Debbie Mathis  
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: <b>2</b>
2 FILER NAME <b>W.M. "Bill" Eplen</b>		3 ACCOUNT # (Ethics Commission file #)
4 Date <b>Oct. 7 Oct. 14 Oct. 21 2004</b>	5 Payee name <b>Hotline Press</b> 6 Payee address; City; State; Zip Code <b>1116 Austin st, Hempstead, TX 77445</b>	8 Amount (\$) <b>\$ 304.50</b>  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <b>Newspaper Ads</b>	
Date <b>Oct. 7 Oct. 14 Oct. 21 2004</b>	Payee name <b>Johnson Graphics</b> Payee address; City; State; Zip Code <b>P.O. Box 509, Waller, TX 77484</b>	Amount (\$) <b>\$ 573.45</b>  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>Newspaper Ads</b>	
Date <b>Oct. 7 2004</b>	Payee name <b>Johnson Graphics</b> Payee address; City; State; Zip Code <b>P.O. Box 509, Waller, TX 77484</b>	Amount (\$) <b>\$ 32.48</b>  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>colored copies of hang tag</b>	
Date <b>Oct. 6 2004</b>	Payee name <b>Walker Advertising Specialities</b> Payee address; City; State; Zip Code <b>505 Jewel St., Conroe, TX 77301</b>	Amount (\$) <b>\$ 81.19</b>  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>campaign buttons</b>	
Date <b>10-4-04 10-7-04 10-12-04</b>	Payee name <b>United States Postal Service</b> Payee address; City; State; Zip Code <b>Hempstead, TX 77445</b>	Amount (\$) <b>\$ 695.00</b>  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>Postage Stamps</b>	

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: **2**

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

3 ACCOUNT # (Ethics Commission file)

4 Date  
**10-23-04**

5 Payee name  
**Waller County Sports Association**  
6 Payee address; City; State; Zip Code  
**P.O. Box 1435, Waller, TX 77484**

8 Amount (\$)  
**\$ 125.00**

7 Purpose of expenditure (See instructions regarding type of information required.)  
**Sponsorship of hole in Golf Tournament**

Reimbursement from political contributions intended

Date  
**10-12-04**

Payee name  
**Waller County Elections Administrator**  
Payee address; City; State; Zip Code  
**Hempstead, TX 77445**

Amount (\$)  
**\$ 2.80**

Purpose of expenditure (See instructions regarding type of information required.)  
**List of registered voters since August 8**

Reimbursement from political contributions intended

Date  
**10-23-04**

Payee name  
**Carol Eplen**  
Payee address; City; State; Zip Code  
**37184 Brumlow Road, Hempstead, TX 77445**

Amount (\$)  
**\$ 66.36**

Purpose of expenditure (See instructions regarding type of information required.)  
**Stamps & Office Supplies from Walmart and Office Max**

Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED