

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 | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:35%;">FIRST</td> <td style="width:10%;">MI</td> </tr> <tr> <td>Mr.</td> <td>William</td> <td>M</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td>Bill</td> <td>Eplen</td> <td></td> </tr> </table> | TITLE | FIRST | MI | Mr. | William | M | NICKNAME | LAST | SUFFIX | Bill | Eplen | | OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked <div style="text-align: center; font-size: 1.5em;">1.14.05</div> Receipt # Amount Date Processed Date Imaged | | | |
| TITLE | FIRST | MI | | | | | | | | | | | | | | | |
| Mr. | William | M | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | |
| Bill | Eplen | | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ADDRESS / PO BOX:</td> <td style="width:15%;">APT / SUITE #:</td> <td style="width:15%;">CITY:</td> <td style="width:10%;">STATE:</td> <td style="width:30%;">ZIP CODE</td> </tr> <tr> <td colspan="5">37184 Brumlow Road, Hempstead, TX 77445</td> </tr> </table> | ADDRESS / PO BOX: | APT / SUITE #: | CITY: | STATE: | ZIP CODE | 37184 Brumlow Road, Hempstead, TX 77445 | | | | | | | | | | |
| ADDRESS / PO BOX: | APT / SUITE #: | CITY: | STATE: | ZIP CODE | | | | | | | | | | | | | |
| 37184 Brumlow Road, Hempstead, TX 77445 | | | | | | | | | | | | | | | | | |
| 5 CAMPAIGN TREASURER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:35%;">FIRST</td> <td style="width:10%;">MI</td> </tr> <tr> <td>Mrs.</td> <td>Carol</td> <td>A.</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td>maiden Name Chamberland</td> <td>Eplen</td> <td></td> </tr> </table> | TITLE | FIRST | MI | Mrs. | Carol | A. | NICKNAME | LAST | SUFFIX | maiden Name Chamberland | Eplen | | | | | |
| TITLE | FIRST | MI | | | | | | | | | | | | | | | |
| Mrs. | Carol | A. | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | |
| maiden Name Chamberland | Eplen | | | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">STREET ADDRESS (NO PO BOX PLEASE):</td> <td style="width:15%;">APT / SUITE #:</td> <td style="width:15%;">CITY:</td> <td style="width:10%;">STATE:</td> <td style="width:30%;">ZIP CODE</td> </tr> <tr> <td colspan="5">37184 Brumlow Road, Hempstead, TX 77445</td> </tr> </table> | | | STREET ADDRESS (NO PO BOX PLEASE): | APT / SUITE #: | CITY: | STATE: | ZIP CODE | 37184 Brumlow Road, Hempstead, TX 77445 | | | | | | | | |
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| 37184 Brumlow Road, Hempstead, TX 77445 | | | | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER PHONE | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">AREA CODE</td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:35%;">EXTENSION</td> </tr> <tr> <td>(979)</td> <td>826-8809</td> <td></td> </tr> </table> | | | AREA CODE | PHONE NUMBER | EXTENSION | (979) | 826-8809 | | | | | | | | | |
| AREA CODE | PHONE NUMBER | EXTENSION | | | | | | | | | | | | | | | |
| (979) | 826-8809 | | | | | | | | | | | | | | | | |
| 8 REPORT TYPE | <table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table> | | | <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) | | | | | | |
| <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) | | | | | | | | | | | | | | |
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| 9 PERIOD COVERED | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:15%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> </tr> <tr> <td>10</td> <td>25</td> <td>04</td> <td></td> <td>1</td> <td>14</td> <td>05</td> </tr> </table> | | | Month | Day | Year | THROUGH | Month | Day | Year | 10 | 25 | 04 | | 1 | 14 | 05 |
| Month | Day | Year | THROUGH | Month | Day | Year | | | | | | | | | | | |
| 10 | 25 | 04 | | 1 | 14 | 05 | | | | | | | | | | | |
| 10 ELECTION. | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">ELECTION DATE</td> </tr> <tr> <td>Month Day Year</td> </tr> <tr> <td>11 / 02 / 04</td> </tr> </table> | ELECTION DATE | Month Day Year | 11 / 02 / 04 | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ELECTION TYPE</td> </tr> <tr> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table> | | | ELECTION TYPE | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | |
| 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 filers)

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) | \$ 300.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 784.39 |
| 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 14th day of January, 20 05, to certify which, witness my hand and seal of office.

Leif Loewe LEIF LOEWE ELECTIONS Admin.
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

11/02/04

5 Full name of contributor out-of-state PAC (ID# _____)

Charles E. Powell

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

P.O. Box 1205, Brookshire, TX 77423

9 Principal occupation / Job title (See Instructions)

Banker / Senior Vice President

10 Employer (See Instructions)

Texas Premier Bank, N.A.

Date

11/12/04

Full name of contributor out-of-state PAC (ID# _____)

L.C. Eakin Jr.

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

P.O. Box 611, Hempstead, TX 77445

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

self-employed

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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: 1

2 FILER NAME W.M. "Bill" Eplen

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name 6 Payee address; City; State; Zip Code | 8 Amount (\$) |
|----------|---|---|
| 11/10/04 | Houston Community Newspapers P.O. Box 556, Hempstead, TX 77445 | \$ 30.00 |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) Thank you ad | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| 11/10/04 | Waller Times P.O. Box 509, Waller, TX 77484 | \$ 25.50 |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) Thank you ad | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| 11/10/04 | Hotline 1116 Austin St., Hempstead, TX 77445 | \$ 12.00 |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) Thank you ad | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| 11/19/04 | Carol Ann Eplen 37184 Brumlow Road, Hempstead, TX 77445 | \$ 591.89 |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) reimbursement for campaign expenses gas, office supplies etc. | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| 12/2/04 | Republican Women of Waller County 29175 Highway 6, Hempstead, TX 77445 | \$ 125.00 |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) Dictionaries for 3rd graders at Roberts Road Elem. | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED