

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: **73**

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR FIRST MI
 William M.
 NICKNAME LAST SUFFIX
 Bill Eplen

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 37184 Brumlow Road, Hempstead, TX 77445
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (979) 826-8809

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR FIRST MI
 Carol A.
 NICKNAME LAST SUFFIX
 Chamberland Eplen

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

8 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (979) 826-8809

9 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)

10 PERIOD COVERED
 Month Day Year Month Day Year
 02 / 26 / 2008 THROUGH 6 / 30 / 2008

11 ELECTION
 ELECTION DATE ELECTION TYPE
 Month Day Year
 03 / 04 / 2008 Primary Runoff General Special

12 OFFICE OFFICE HELD (if any) **Waller County County Commissioner, Pct. 1** **13** OFFICE SOUGHT (if known) **Waller County County Commissioner, Pct. 1**

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
 additional pages

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

FILED
WALLER COUNTY CLERK
ELECTIONS DIVISION
2008 JUL 15 AM 8:41

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

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

17 NOTICE FROM POLITICAL COMMITTEE(S)

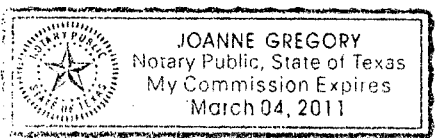
 additional pages

** 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	\$ <u>\$133.32</u>
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 15 day of July, 2008, to certify which, witness my hand and seal of office.

Joanne Gregory Signature of officer administering oath
Joanne Gregory Printed name of officer administering oath
Notary Public 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:
1

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

4 Date 3/6/2008	5 Payee name Waller Times 6 Payee address; City; State; Zip Code 31315 FM 2920, Waller, Tx 77484 7 Purpose of expenditure (See instructions regarding type of information required.) Thank you ad to Precinct 1 voters. (If travel outside of Texas, complete Schedule T)	8 Amount (\$) \$ 35.58 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
---------------------------	--	---

Date 3/6/2008	Payee name Waller County News-Citizen Payee address; City; State; Zip Code 705 12th Street, Hempstead, TX 77445 Purpose of expenditure (See instructions regarding type of information required.) Thank you ad to Precinct 1 voters (If travel outside of Texas, complete Schedule T)	Amount (\$) \$ 68.49 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
-------------------------	--	---

Date 3/6/2008	Payee name Hotline Press Payee address; City; State; Zip Code 1116 Austin Street, Hempstead, TX 77445 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) \$ 29.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
-------------------------	--	---

Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
------	--	---

Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
------	--	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED