CANDIDATE / OFFIG _ HOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		······································		
The C/OH INSTRUCTION this form.	N GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	Mr. William	M.	OFFICE USE ONLY	
NAME	NICKNAME LAST	SUFFIX '	Date Received	
	Bill Eplen			
4 CANDIDATE / OFFICEHOLDER		CITY: STATE: ZIP CODE		
ADDRESS	Route 3, Box 95A, H 37184 Brumlow Roe	empsieud) 1 x / 1945	Date Hand-delivered or Date Postmarked	
Change of Address			10-10-00	
5 CAMPAIGN TREASURER	Mrs. Carol	MI ·	" ed	
NAME	Maiden Name	A	Receipt # Amount	
	Chamberland Eplen	SUFFIX	Date Processed	
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	ITE#; CITY: STATE;	Date Imaged ZIP CODE	
TREASURER ADDRESS (Residence or business)	Rt.3, BOX 95A, Hen 37184 Brumlow Roa	nostead, Tx 77449	ZIF CODE	
CAMPAIGN TRÉASURER	AREA CODE PHONE NUMBER	EXTENSION		
PHONE	(979) 826-8809			
8 REPORT TYPE	January 15 30th day before election	on Runoff	15th day after campaign treasurer appointment (officeholder only)	
:	July 15 8th day before election	Exceeded \$500 fimit	Final report (Attach C/OH - FR)	
9 PERIOD COVERED	Month: Day Year THRO	Month Day	Year	
	07/01/00	09/29/	00	
10 ELECTION	ELECTION DATE ELECTION TY: Month Day Year	PE		
	.11 /07/00 Primary	Runoff	General Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Waller County C Pre	ommissioner cinct 1	
13 DIRECT CAMPAIGN EXPENDITURE	 Direct campaign expenditures are campaign expen Candidates are required to disclose this information or 	nditures made by others without the candid	ate's prior consent or approval.	
BY OTHER INDIVIDUALS	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

C/OH NAME W	illiam M	, "Bill" Eplen	15 ACCOUNT #(Ethics Commission filers)	
16 SUPPORTING POLITICAL COMMITTEE(S)	 have been made with 	les political expenditures by political committees to support the candidate out the candidate's or officeholder's knowledge or consent. Candidates an ey receive notice of such expenditures.	/ officeholder. These expenditures may dofficeholders are required to report this	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 NO REPORTABLE ACTIVITY	Check here if r	to reportable activity occurred during this reporting period. (Sign affidavit belo	w and submit pages 1 and 2 only.)	
18 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3335.00	
EXPENDITURE TOTALS (3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ -0-	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1815,53	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$	
19 AFFIDAVIT				
	LOEWE PUBLIC	I swear, or affirm, under penalty of period is true and correct and includes all informe under Title 15, Election Code.		
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. Signature of Candidate or Officeholder AFELY NOTARY STAMP (SEAL AROVE				
10-21-20 V				
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

Texas Ethics Commission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS CIOH & SPAC)

The INSTRUCTION GUIDE explains how to complete thi	s form.	1 Total pages this Schedule A1: 3	,
TILER NAME William M, "B		3 ACCOUNT # (Ethics Commission filers)	
Date 5 Full name of contributor	out-of-state PAC	7 Amount of 8 In-kind contribution (\$) description (if application)	n ble)
Date 5 Full name of contributor OILVE V Kitz Contributor address: City: Rt. 1, Box 92, L	state:-Zip Code Brookshire, TX 7742	13 4100.00	
Principal occupation (Optional)	10 Employer (Op	otional)	
Date Full name of contributor Hal Black	Out-of-state PAC	Amount of In-kind contribution (\$) description (if application)	on able)
1-13-00 Hal Black Contributor address; City; P.O. BOX 95, H	state: Zip Code lempstead, TX 7744	15 \$60.00	·
Principal occupation (Optional)	Employer (O	ptional) Amount of In-kind contribut	
Date Full name of contributor Mr. 4. Mrs. William 7:12-00 Contributor address: City: P.O. BOX 162, Pa	out-of-state PAC Kitzman State: Zip Code attison, TX 77466	Amount of contribution (\$) description (if applied 425,00	cable
Principal occupation (Optional)	Employer (C	Optional)	
Date Full name of contributor David 4 Audrey L Contributor address: City: 3 FM 148	out-of-state PAC uther state: Zip Code 88, Hempstead, TX 774	Amount of contribution (\$) In-kind contribution (if appl	ition licabl
Principal occupation (Optional)	Employer (
	out-of-state PAC	Amount of In-kind contribution (\$) description (if app	oution
Date Full name of contributor Tom & Sandra Q-12-00 Contributor address: City Route 1, Box29,		\$500.00	

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:	
2 FILER NAME			3 ACCOUNT # (EI	nics Commission filers)
Wi	Iliam M. "Bill" Eplen			
4 Date 8-15-00	Republican farty of Texas	out-of-state PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address: City: State: Zip Code 211 East 7th Street, Suite 6 Austin, TX 78701	20	\$500.°°	i -
9 Principal occu	pation (Optional)	10 Employer (Option	nal)	
Date	Full name of contributor	out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
7-15-00	Louis Canales			
	Contributor address; City; State; Zip Code P.O. Box 51, Brookshire,	TX 71423	#200°0	
Principal occup	pation (Optional)	Employer (Option	nai)	
Date	Full name of contributor	out-of-state PAC	Amount of	In-kind contribution
	B.K. Watson Contributor address: City: State: Zip Code		contribution (\$)	description (if applicable)
. /- 15 -00	Contributor address: City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	\$100.00	
	Rt.3, Box 51-M, Brooksh	77423	, , ,	,
Principal occup	pation (Optional)	Employer (Option	nal)	
Date	Full name of contributor	out-of-state PAC	Amount of	In-kind contribution
Ø 2	Roger Shaper		contribution (\$)	description (if applicable)
8-2-00	Contributor address; City; State; Zip Code	・デナル	#1500.00	
	P.O. Box 550, Pattison	77466		
Principal occup	pation (Optional)	Employer (Option	nal)	
Date	Full name of contributor I SO m	out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
8-24-00	Contributor address; City; State; Zip Code P.O. BOY 38, Waller,	Tx77484	¶100.00	
Principal occup	pation (Optional)	Employer (Option	nai)	
		·	······································	

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 CIOH & SPAC)

			1 Total pages this Sche	edule A1: 3
	UIDE explains how to complete this form.		3 ACCOUNT# (Ethics	Commission filers)
ILER NAME	Nilliam M. "Bill" Epk	en		In-kind contribution
D-45 6	Full name of contributor	out-of-state PAC		description (if applicable)
	-Ann & Art Davis		1	lailing labels for postcards
275 11	City: State: Zip Code	74.07	and the second s	for posicaras
	P.O. Boy 451, Katy TX	777 <i>2</i> == 1		
- = -		10 Employer (Option	onal)	
Principal occupa	ition (Optional)			In-kind contribution
Date	Full name of contributor	out-of-state PAC	Amount of contribution (\$)	description (if applicable)
		A Company		
	Contributor address; City; State; Zip Code			,
		Employer (Opt	ional)	
Principal occup	ation (Optional)			In-kind contribution
Date	Full name of contributor	out-of-state PAC	Amount of contribution (\$)	description (if applicable)
. •	Contributor address; City; State; Zip Code			
		Employer (Op	tional)	
Principal occu	pation (Optional)			T whytian
Date	Full name of contributor	out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable
	Contributor address: City; State; Zip Cod	e		1
Principal occi	upation (Optional)	Employer (O	ptional)	
<u> </u>	- Constitutor	out-of-state PAC	Amount of	In-kind contribution description (if applicab
Date	Full name of contributor	_	contribution (\$)	
	Contributor address: City; State; Zip Co	de		
		Employer (Optional)	
a i vissal aa	cupation (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 EXPENDITURES MADE FROM PERSONAL FUNDS

SCHED	ULE	G
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The Instruction	Guide explains how to complete this form.	1 Total pages Sched	tule G: 5
2 FILER NAME	William M. "Bill" Eplen	3 ACCOUNT# (Ethic	cs Commission filers)
	Fayee name Hometown Hardware For Payee address: City: State: Zip Code 2205 13th Street, Hempstead, Tk 7744	5	8 Amount (\$) #26,04
	7 Purpose of expenditure (See instructions regarding type of information rec	quired.)	Reimbursement from political contributions intended
Date 8-29=00	Payee name U.S. fost Office Payee address; City; State; Zip Code Hempstead, TK 77445		Amount (\$) #33.00
	Purpose of expenditure (See instructions regarding type of information reception flyers	quired.)	Reimbursement from political contributions intended
7-19-00	Payee name . Walmart. Payee address; City; State; Zip Code Bus, 290 East, Hempstead, TX 7744		Amount (\$) #23,19
	Purpose of expenditure (See instructions regarding type of information re Binders for Poll list	quired.)	Reimbursement from political contributions intended
7-15 -60	Payee name 4 D Rental Payee address: City; State: Zip Code 425 Bus. 290 East, Hempstead, TX7	7445	Amount (\$) # 28,95
	Purpose of expenditure (See instructions regarding type of information rehalium tank for parade balloor	equired.)	Reimbursement from political contributions intended
8-30-00	Payee name, Hometown Hardware Payee address: City: State: Zip Code 2205 13th Street, Hempstead, TX	77445	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information re	equired.)	Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDINURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction	ON GUIDE explains how to complete this form.	1 Total pages Schedule G: 5
2 FILER NAM	e liam 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 9.0. Buy 451, Katy, TX 77492	8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information red District 5 Juncheon	Reimbursement from political contributions intended
0ate 9-22-00	Payee name U.S. Post Office Payee address; City: State: Zip Code Waller, TX 77484	#280,00
	Purpose of expenditure (See instructions regarding type of information rec Stamps for Post cards	Reimbursement from political contributions intended
9-16-00	Payee name U.S. Post Office Payee address; City; State; Zip Code Hempstead, TX 77445	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information red : Stamps for Post cards	Reimbursement from political contributions intended
9-23-00	Payee name Cedar Creek Cafe Payee address; City; State; Zip Code Highway 6 N, Hempstead, TX;	Amount (\$) 77445 #85,48
	Purpose of expenditure (See instructions regarding type of information red Lunch for Fair parade Volunteer	from political
Date 7-15-00	Payee name Star Rental Payee address; City: State: Zip Code 2314 S. Market, Brenham, Ty	77833 #68, 20
	Purpose of expenditure (See instructions regarding type of information required Helium for Dalloons	Reimbursement from political contributions intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction	on Guide explains how to complete this form.	1 Total pages Sche	dule G: 5
2 FILER NAME William M. "Bill" Eplen 3 ACCOUNT # (Ethics		ics Commission filers)	
4 Date 9-5-00	5 Payee name Eckerds 6 Payee address; City; State; Zip Code 3/3/5 FM 2920, Waller, TX 774	84	8 Amount (\$) \$\mathref{1} 23,66
	7 Purpose of expenditure (See instructions regarding type of information red Film & Picture Developing from Ro	eception	Reimbursement from political contributions intended
Date 10-2-00	Payee name Kinko 'S City; State; Zip Code 7700 Highway 6, Suite 103, Houston,	Tx 77095	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information red Copies of phone list	juired.)	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 77	445	Amount (\$) #130, 40
	Purpose of expenditure (See instructions regarding type of information required: Ads for reception	uired.)	Reimbursement from political contributions intended
Date 8-み4-00	Payee name Waller Times Payee address; City: State: Zip Code P. O. Box 509, Waller, TX 77484		Amount (\$) \$//4,00
	Purpose of expenditure (See instructions regarding type of information red Ads for reception	quired.)	Reimbursement from political contributions intended
Date 7-12-00	Payee name . Nalmart. Payee address; City; State; Zip Code Bus 290 East, Hempstead, TX 7744	5	Amount (\$) 4,80
	Purpose of expenditure (See instructions regarding type of information req Supplies for Watermelon parad		Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction	ON GUIDE explains how to complete this form.	1 Total pages Schedule G: 5
FILER NAM	William M. "Bill" Eplen	3 ACCOUNT # (Ethics Commission filers)
7-19-00	5 Payee name Kinko's 6 Payee address: City: State: Zip Code 7700 Highway 6, Suite 103, Houston,	8 Amount (\$) TX 77095 18,40
	7 Purpose of expenditure (See instructions regarding type of information res Stationery; Copies of Poll List	quired.) Reimbursement from political contributions intended
Date 7-22-00	Payee name Sam's Club Payee address; City; State; Zip Code Highway 290, Houston, Tx	Amount (\$) # 41,19
	Purpose of expenditure (See instructions regarding type of information red Supplies for reception	quired.) Reimbursement from political contributions intended
Date 7-22-00	Payee name Arnies Payee address: City; State; Zip Code 2830 Hicks, Houston, TX 77007	Amount (\$) 4. 68, 44
	Purpose of expenditure (See instructions regarding type of information red Paper goods for Reception	quired.) Reimbursement from political contributions intended
Date 8-24-00	Payee name Hotline. Payee address; City: State: Zip Gode III austin, Hempstead, TX 774	Amount (\$) #144,00
	Purpose of expenditure (See instructions regarding type of information re Ads for reception	quired.) Reimbursement from political contributions intended
Date 7-24-00	Payee name Marshall Family Recreation (Payee address; City; State: Zip Code P.O. Box 964, Hempstead, Tx 775	1 \$2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Purpose of expenditure (See instructions regarding type of information red Deposit & rental of room for rece	Reimbursement from political contributions intended

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POLITICAL EXPENDIMURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form. 1 Total pages Sched		dule G: 5	
2 FILER NAME William M. "Bill" Eplen			nics Commission filers)
4 Date 8-24-00	5 Payee name Hempstead 15D 6 Payee address; City: State; Zip Code Hempstead, TX 77445		8 Amount (\$)
	Purpose of expenditure (See instructions regarding type of information requests Season Football tickets	uired.)	Reimbursement from political contributions intended
Date 9-11-00	Payee name . Sam's Club . Payee address; City; State; Zip Code . Highway 290, Houston, TX		Amount (\$) #172,76
	Purpose of expenditure (See instructions regarding type of information required and see that the cookies for recept	/ /	Reimbursement from political contributions intended
Date 9-24-00	Payee name Rebecca Eplen Payee address: City: State: Zip Code H402 Winchester, Drive, Bryan	n, Ty	Amount (\$) #85,52
	Purpose of expenditure (See instructions regarding type of information required opies of invitation at Kinko's for re	uired.)	Reimbursement from political contributions intended
Date 9-29-00	Payee name Waller County Fair Assoc. Payee address: City: State: Zip Code P.O. BOX 911, Hempstead, TX 774	145	Amount (\$) # 100
	Purpose of expenditure (See instructions regarding type of information req	uired.)	Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
1	Purpose of expenditure (See instructions regarding type of information requ	uired.)	Reimbursement from political contributions intended