	P.O. Box 12070 Austin, Texas 76 TE / OFFICE HOLDER N FINANCE REPORT		(512) 463-5800 1-800-325-85 FORM C/OH COVER SHEET PG 1
The C/OH INSTRUCTION	on Guide explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST William NICKNAME LAST Eplen	SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS	37184 Brum Jour Rd He.	CITY: STATE: ZIP CODE mpstec & Tx 177443	Date Hand-delivered or Date Postmarked
<sup>5</sup> CAMPAIGN TREASURER NAME	TITLE FIRST Carol NICKNAME LAST Eplen	MI C SUFFIX	Receipt # Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI 377184 Brum Sou RS	ITE #: CITY: STATE: Henigstend TH	ZIP CODE 07-174-45
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 636-5809	EXTENSION	
8 REPORT TYPE	January 15 30th day before election		15th day after campaign treasurer appointment (officehoider only)     Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THRO	Month Day UGH	y Year
10 ELECTION	ELECTION DATE ELECTION TY Month Day Year Primary	· .	General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if kno	חאנ)
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign exper Candidates are required to disclose this information of Name		
<ul> <li>additional pages</li> </ul>	Address / PO Box; Apt. / Suite #; City; State;	Zip Code	,
	· · · · · · · · · · · · · · · · · · ·		
	GO TO	PAGE 2	

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Austin, Texas 78711-2070

(512)463-5800

1-800-325-8506

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## COVER SHEET PG 2

FORM C/OH

74	C/OH NAME	<u></u>	· · · · · · · · · · · · · · · · · · ·	15 ACCOUNT #(Ethics Commission filers)
16	SUPPORTING POLITICAL COMMITTEE(S)	have been made wit	des political expenditures by political committees to support the candidate hout the candidate's or officeholder's knowledge or consent. Candidates a ey receive notice of such expenditures. ••	e / officeholder. These expenditures may nd officeholders are required to report this
		COMMITTEE TYPE	COMMITTEE NAME	
		GENERAL	COMMITTEE ADDRESS	
		SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	······································
	additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
,				
	NO REPORTABLE ACTIVITY	Check here if	no reportable activity occurred during this reporting period. (Sign affidavit bea	ow and submit pages 1 and 2 only.)
18	CONTRIBUTION TOTALS	1. TOTAL PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
			POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
	EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	ED \$
		4. TOTAL	POLITICAL EXPENDITURES	\$
	OUTSTANDING	5. TOTAL F	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH	E

19 AFFIDAVIT

LOAN TOTALS



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.

\$

ature of Candidate or Officeholder

Sworn to and subscribed before me, by the sa	W.M. Eplen	, this the day
January 20 02 , to certify wh	ich, witness my hand and seal of office.	
the a left	<b>v</b> , t	
Selappene	Lela Loewe	Electrons ADMIN.
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

LAST DAY OF THE REPORTING PERIOD

÷ Printed on recycled paper Revised 11/16/1999

	NDIDATE / OFFICEHOLDER REP SIGNATION OF FINAL REPORT	ORT: FORM C/OH - FR
	nstruction Guide explains how to complete this form. mplete only if "Report Type" on page 1 is marked "Fi	nal Report" ••
C/OH N	NAME	2 ACCOUNT #(Ethics Commission filers)
SIGNA	ATURE	<u> </u>
a rep	not expect any further political contributions or political expenditures in or port as a final report terminates my campaign treasurer appointment ributions or make any campaign expenditures without a campaign treas	t. I also understand that I may not accept any campaign
•	а	MM Egh Signature of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER nplete A & B below <i>only</i> if you are a candidate …	
Α.	CAMPAIGN FUNDS	
Chec	ck only one:	
$\square$	I do not have unexpended contributions or unexpended interest or in	come earned from political contributions.
	I have unexpended contributions or unexpended interest or income ear convert unexpended political contributions or unexpended interest or also understand that I must file an annual report of unexpended contri or unexpended interest or income earned on political contributions I understand that I must dispose of unexpended political contribution contributions in accordance with the requirements of Election Code, §	rincome earned on political contributions to personal use. I ributions and that I may not retain unexpended contributions longer than six years after filing this final report. Further, I hs and unexpended interest or income earned on political
в.	ASSETS	
Chec	ck only one:	
Ø	I do not retain assets purchased with political contributions or interes	t or other income from political contributions.
	I do retain assets purchased with political contributions or interest or may not convert assets purchased with political contributions or inter use. I also understand that I must dispose of assets purchased with Election Code, § 254.204.	rest or other income from political contributions to personal
		M/MI Sal
		Signature of Candidate
	CEHOLDER	
	plete this section <i>only</i> if you are an officeholder ••	
,	I am aware that I remain subject to filing requirements applicable to an o	fficeholder who does not have a campaign treasurer on file.
		Signature of Officeholder
	· · ·	