Texas Ethics Commission	P.O. Box 12070 Austin, Texas 78711-2070	(512)463-5800 1-800-325-8506
	TE/OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH INSTRUCTIO this form.	N GUIDE explains how to complete (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Mr. William M	OFFICE USE ONLY
	NICKNAME LAST SUFFIX Bill Eplen	Date Received
CANDIDATE / OFFICEHOLDER ADDRESS Change of Address	address / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 37184 Brumlow Road, Hempstead, TX77445	Date Hand-delivered or Date Postmarked
⁵ CAMPAIGN TREASURER NAME	TITLE FIRST MI Mrs. Carol A.	Receipt # Amount
	Maiden Vane Last suffix Chamberland Eplen	Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	street address (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; 37184 Brumlow Road, Hempstead, TX 77445	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 826-8809	
8 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 12 8th day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year Month Da 02/06/04 THROUGH 03/01	
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year 03/09/04 IV Primary Runoff	General Special
11 OFFICE	OFFICE HELD (if any) 12 OFFICE SOUGHT (if kn County Commiss	Honer - Precinct 1
13 NOTICE OF DIRECT CAMPAIGN	 Direct campaign expenditures are campaign expenditures made by others without the c Candidates are required to disclose this information only if they receive notification of the d 	andidate's prior consent or approval. irect campaign expenditure. ••
EXPENDITURE BY OTHER INDIVIDUALS	Name	
additional pages	Address / PO Box: Apt. / Suite #: City: State: Zip Code	
	GO TO PAGE 2	5
Brinted on recycled opper		Revised 05/11/2000

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Texas Ethics Commission CANDIDAT SUPPORT		EHOLDER REPORT:	(512)463-5800 1-800-325-8506 FORM C/OH COVER SHEET PG 2	
14 C/OH NAME			15 ACCOUNT #(Ethics Commission filers)	
16 NOTICE FROM POLITICAL	mav have been made	x is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report tion only if they receive notice of such expenditures.		
COMMITTEE(S)				
	GENERAL	COMMITTEE ADDRESS	<u> </u>	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
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 \$-6-		\$ - 6	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4.35	
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED TOTALS			ED \$ 0	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 162.00	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	1E \$ - 0 -	
19 AFFIDAVIT	S: 10-21	is true and correct and includes all i me under Title 15, Election Code.	perjury, that the accompanying report nformation required to be reported by lidate or Officeholder , this the	
of THIRE 2	our	LEIA LOEUE ELE	CTIONS ADMIN.	
Signature of officer adi			Revised 05/11/2000	

•		-		
	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	S	(1	SCHEDULE A1 FOR FORMS C/OH & SPAC)
The Instruction	N GUIDE explains how to complete this form.		1 Total pages this	Schedule A1:
2 FILER NAME William	M. "Bill" Eplen		3 ACCOUNT # (Et	hics Commission filers)
4 Date 3-1-04		□ out-of-state PAC County ead, TX 77445	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) [Meet and Greet Coffee 1. #4,35
9 Principal occu	pation (Optional)	10 Employer (Option	nal)	I
Date	Full name of contributor	out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			-
Principal occu	pation (Optional)	Employer (Option	nal)	
Date	Full name of contributor	out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		1 1 1
Principal occupation (Optional) Employer (Optional)				· · · · · · · · · · · · · · · · · · ·
· Date	Full name of contributor Contributor address; City; State; Zip Code	Out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Option	nal)	<u></u>
Date	Full name of contributor	aut-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	· · · · · ¹ · · · · · · ·		
Principal occu	apation (Optional)	Employer (Option	nai)	.
if contr	ATTACH ADDITIONAL COPI ributor is out-of-state PAC, please see inst			ting requirements.

Texas Ethics Commissi

	nission P.O. Box 12070 Austin, Texas 78711-2070	(512) 463-	-5800 1-800-325-8506
POLITIC MADE F	AL EXPENDITURES ROM PERSONAL FUNDS	_	SCHEDULE G
The Instruction	Guide explains how to complete this form.	1 Total pages Schedu	le G:
FILER NAME	'Bill" Eplen	3 ACCOUNT # (Ethics	s Commission filers)
Date	5 Payee name Ministerial Alliance 6 Payee address; City; State; Zip Code		B Amount (\$) \$/⊖, ^{⊙ ⊙}
	Hempstead, TX 77445 7 Purpose of expenditure (See instructions regarding type of information reg Chili Lunch at Methodist Church	juired.)	Reimbursement from political contributions intended
Date 2-18-04	Payee name Waller Times Payee address; City: State; Zip Code FM2: 2920 Waller, TX 77484		Amount (\$) #76.50
	Purpose of expenditure (See instructions regarding type of information rec Political Ad,	quired.)	Reimbursement from political contributions intended
Date 2-20-04	Payee name The Hotline Press Payee address; City; State; Zip Code 1116 Austin Street		Arrount (\$) \$72,00
	Hempstead, Tb 77445 Purpose of expenditure (See instructions regarding type of information re Polital Ads	quired.)	Reimbursement from political contributions intended
Date	Payee name Waller Times Payee address: City: State; Zip Code		Amount (\$)
2-27-04	FM 2920 Waller, T/0 77484 Purpose of expenditure (See instructions regarding type of information n Copies of Gample ballot	equired.)	# 3, 50 Reimbursement from political contributions intended

2 FILER NAME		3 ACCOUNT # (Ethics C	Commission filers)
1N, M,	Bill" Eplen		
		8	Amount (\$)
2-5-04	5 Payee name Ministerial Alliance		\$/0, °°
	Hempstead, TX 77445 7 Purpose of expenditure (See instructions regarding type of information requ	ired.)	Reimbursement from political
	7 Purpose of expenditure (see instructions regarding type of incharacter of the chili Lunch at Methodist Church		contributions intended
Date	Payee name Waller Times		Amount (\$)
	Payee address; City; State; Zip Code FM 2: 2920		^{\$} 76. ⁵⁰
2-18-04	Waller, Tp 77484		
	Purpose of expenditure (See instructions regarding type of information required $P_0/i + ica/Ad$,	ired.)	Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	The Hotline Press Payee address; City; State; Zip Code 1116 Austin Street		\$72.00
2-20-04	Hempstead, Tb 77445		
	Purpose of expenditure (See instructions regarding type of information required and s	ured.)	from political contributions intended
Date	Payee name Waller Times		Amount (\$)
	Pavee address: City; State, Zip Code		# 3, 50
2-27-04	FM 2920 Waller, Th 77484 Purpose of expenditure (See instructions regarding type of information rec	uired.)	Reimbursement
	50 copies of Gample ballot	,	from political contributions intended
Date	Payee name		Arnount (\$)
	Payee address; City; State; Zip Code		
			·
	Purpose of expenditure (See instructions regarding type of information rec	įuired.)	Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM	AS NEEDED	
Printed on recyc	led paper		Revised 1