

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4.35

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 162.00

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

19 AFFIDAVIT



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.

W.M. EPLEN

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said W.M. EPLEN, this the 1st day of MARCH, 2004, to certify which, witness my hand and seal of office.

Lela Loewe
Signature of officer administering oath

LELA LOEWE
Printed name of officer administering oath

ELECTIONS ADMIN.
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS CJOH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1

2 FILER NAME

William M. "Bill" Eplen

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-1-04

5 Full name of contributor

out-of-state PAC

Republican Women of Waller County

6 Contributor address; City; State; Zip Code

Debi Ferris, Hempstead, TX
Treasurer
77445

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

Meet and Greet
Coffee

\$4.35

9 Principal occupation (Optional)

10 Employer (Optional)

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 occupation (Optional)

Employer (Optional)

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 occupation (Optional)

Employer (Optional)

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 occupation (Optional)

Employer (Optional)

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 occupation (Optional)

Employer (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

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME
W. M. "Bill" Eplen

3 ACCOUNT # (Ethics Commission filers)

4 Date
2-5-04

5 Payee name
Ministerial Alliance

6 Payee address; City; State; Zip Code

Hempstead, TX 77445

7 Purpose of expenditure (See instructions regarding type of information required.)
Chili lunch at Methodist Church

8 Amount (\$)
\$10.00

Reimbursement from political contributions intended

Date
2-18-04

Payee name
Waller Times

Payee address; City; State; Zip Code

FM 2920
Waller, TX 77484

Purpose of expenditure (See instructions regarding type of information required.)
Political Ad.

Amount (\$)
\$76.50

Reimbursement from political contributions intended

Date
2-20-04

Payee name
The Hotline Press

Payee address; City; State; Zip Code

1116 Austin Street
Hempstead, TX 77445

Purpose of expenditure (See instructions regarding type of information required.)
Political Ads.

Amount (\$)
\$72.00

Reimbursement from political contributions intended

Date
2-27-04

Payee name
Waller Times

Payee address; City; State; Zip Code

FM 2920
Waller, TX 77484

Purpose of expenditure (See instructions regarding type of information required.)
50 copies of sample ballot

Amount (\$)
\$3.50

Reimbursement from political contributions intended

Date

Payee name
Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED