



Official Public Records of  
Harris County  
Stan Stanart  
County Clerk

## Campaign Finance Report



*Stan Stanart*  
COUNTY CLERK  
HARRIS COUNTY, TEXAS

**FileNo:** 2018228  
**Received By Clerk:** 2/5/2018  
**File Date:** February 05, 2018  
**Office:** County Treasurer  
**Candidate:** Copeland, Nile B.  
**Treasurer:** Owens, Rebecca  
**Category:** Contributions And Expenditures  
**Delivered By:** Personal Appearance  
**Type:** COR

Harris County No Fee

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

16

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Nile

Copeland

B

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5100 Westheimer Rd Ste 200  
Houston TX 77056

☐ Change of Address

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

382 7980

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Rebecca  
Owens

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5100 Westheimer Rd  
Houston TX 77056

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

382 7980

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

1 / 1 / 2018

THROUGH

Month

Day

Year

1 / 25 / 2018

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 06 / 2008

☒ Primary

☐ Runoff

ELECTION TYPE

☐ General

☐ Special

☐ Other  
Description

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

Harris County Treasurer

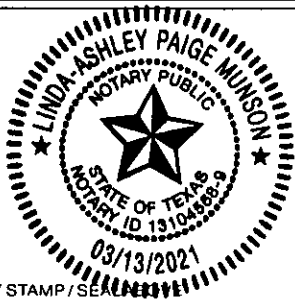
GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

FORM C/OH  
COVER SHEET PG 2

|                                                                                        |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                         |                              |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 14 C/OH NAME<br><b>Nik Parley Copeland</b>                                             |                                                                                                                       | 15 Filer ID (Ethics Commission Filers)                                                                                                                                                                                                                                                                                                                                                  |                              |
| 16 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages |                                                                                                                       | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC                                                                                                                                                                                                                                                                                                 | COMMITTEE NAME<br><b>N/A</b> |
|                                                                                        |                                                                                                                       | COMMITTEE ADDRESS<br><b>N/A</b>                                                                                                                                                                                                                                                                                                                                                         |                              |
|                                                                                        |                                                                                                                       | COMMITTEE CAMPAIGN TREASURER NAME<br><b>N/A</b>                                                                                                                                                                                                                                                                                                                                         |                              |
|                                                                                        |                                                                                                                       | COMMITTEE CAMPAIGN TREASURER ADDRESS<br><b>N/A</b>                                                                                                                                                                                                                                                                                                                                      |                              |
| 17 CONTRIBUTION TOTALS                                                                 | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$                                                                                                                                                                                                                                                                                                                                                                                      | <b>0.00</b>                  |
| EXPENDITURE TOTALS                                                                     | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$                                                                                                                                                                                                                                                                                                                                                                                      | <b>0.00</b>                  |
|                                                                                        | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED                                                     | \$                                                                                                                                                                                                                                                                                                                                                                                      | <b>270.62</b>                |
| CONTRIBUTION BALANCE                                                                   | 4. TOTAL POLITICAL EXPENDITURES                                                                                       | \$                                                                                                                                                                                                                                                                                                                                                                                      | <b>270.62</b>                |
| OUTSTANDING LOAN TOTALS                                                                | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$                                                                                                                                                                                                                                                                                                                                                                                      | <b>0.00</b>                  |
|                                                                                        | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$                                                                                                                                                                                                                                                                                                                                                                                      | <b>0.00</b>                  |

## 18 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.

Signature of Candidate or Officeholder

**AFFIX NOTARY STAMP / SE**

Sworn to and subscribed before me, by the said Nile B. Copeland, this the 5th day of February, 20 18, to certify which, witness my hand and seal of office.

Signature of officer administering oath Linda Ashley Paige Munson  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|                                              |                                                                                                                        |                                        |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 19 FILER NAME<br><i>Nike Bailey Copeland</i> |                                                                                                                        | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE    |                                                                                                                        | SUBTOTAL<br>AMOUNT                     |
| 1.                                           | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 0.00                                |
| 2.                                           | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 0.00                                |
| 3.                                           | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$ 0.00                                |
| 4.                                           | <input checked="" type="checkbox"/> SCHEDULE E: LOANS                                                                  | \$ 0.00                                |
| 5.                                           | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 0.00                                |
| 6.                                           | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$ 0.00                                |
| 7.                                           | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ 0.00                                |
| 8.                                           | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 0.00                                |
| 9.                                           | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 270.62                              |
| 10.                                          | <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0.00                                |
| 11.                                          | <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0.00                                |
| 12.                                          | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.00                                |

| MONETARY POLITICAL CONTRIBUTIONS                                                                                                                                                                               |                                                                                                                                          | SCHEDULE A1                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| The Instruction Guide explains how to complete this form.                                                                                                                                                      |                                                                                                                                          | 1 Total pages Schedule A1: 1          |
| 2 FILER NAME <i>Nile Bailey Copeland</i>                                                                                                                                                                       |                                                                                                                                          | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><i>N/A</i>                                                                                                                                                                                           | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>N/A</i><br>6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$)         |
| 8 Principal occupation / Job title (See Instructions)                                                                                                                                                          |                                                                                                                                          | 9 Employer (See Instructions)         |
| Date<br><i>N/A</i>                                                                                                                                                                                             | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>N/A</i><br>Contributor address; City; State; Zip Code     | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions)                                                                                                                                                            |                                                                                                                                          | Employer (See Instructions)           |
| Date<br><i>N/A</i>                                                                                                                                                                                             | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>N/A</i><br>Contributor address; City; State; Zip Code     | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions)                                                                                                                                                            |                                                                                                                                          | Employer (See Instructions)           |
| Date<br><i>N/A</i>                                                                                                                                                                                             | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>N/A</i><br>Contributor address; City; State; Zip Code     | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions)                                                                                                                                                            |                                                                                                                                          | Employer (See Instructions)           |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |                                                                                                                                          |                                       |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

|                                                                                                                                                                                                                |                                                                                   |                                                                                 |                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------|
| The instruction Guide explains how to complete this form.                                                                                                                                                      |                                                                                   | 1 Total pages Schedule A2:<br>1                                                 |                                           |
| 2 FILER NAME<br>Niki Barker Cepelard                                                                                                                                                                           |                                                                                   | 3 Filer ID (Ethics Commission Filers)<br>N/A                                    |                                           |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                                                                                                                                          |                                                                                   | \$ N/A                                                                          |                                           |
| 5 Date                                                                                                                                                                                                         | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>N/A | 8 Amount of Contribution \$<br>N/A                                              | 9 In-kind contribution description<br>N/A |
| 7 Contributor address; City; State; Zip Code<br>NA                                                                                                                                                             |                                                                                   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                           |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br>N/A                                                                                                                               |                                                                                   | 11 Employer (FOR NON-JUDICIAL) (See Instructions)<br>N/A                        |                                           |
| 12 Contributor's principal occupation (FOR JUDICIAL)<br>N/A                                                                                                                                                    |                                                                                   | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)<br>N/A             |                                           |
| 14 Contributor's employer law firm (FOR JUDICIAL)<br>N/A                                                                                                                                                       |                                                                                   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)<br>N/A              |                                           |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)<br>N/A                                                                                                                             |                                                                                   |                                                                                 |                                           |
| Date                                                                                                                                                                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>N/A   | Amount of Contribution \$<br>N/A                                                | In-kind contribution description<br>N/A   |
| Contributor address; City; State; Zip Code<br>NA                                                                                                                                                               |                                                                                   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                           |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br>N/A                                                                                                                                  |                                                                                   | Employer (FOR NON-JUDICIAL) (See Instructions)<br>N/A                           |                                           |
| Contributor's principal occupation (FOR JUDICIAL)<br>N/A                                                                                                                                                       |                                                                                   | Contributor's job title (FOR JUDICIAL) (See Instructions)<br>N/A                |                                           |
| Contributor's employer law firm (FOR JUDICIAL)<br>N/A                                                                                                                                                          |                                                                                   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)<br>N/A                 |                                           |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)<br>N/A                                                                                                                                |                                                                                   |                                                                                 |                                           |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |                                                                                   |                                                                                 |                                           |

# **PLEDGED CONTRIBUTIONS**

## **SCHEDULE B**

|                                                                                                                                                                                                                |                                                                                      |                                                                                 |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------|
| The Instruction Guide explains how to complete this form.                                                                                                                                                      |                                                                                      | 1 Total pages Schedule B:                                                       |                                    |
| 2 FILER NAME <i>Nile Bailey Copeland</i>                                                                                                                                                                       |                                                                                      | 3 Filer ID (Ethics Commission Filers)                                           |                                    |
| 4 TOTAL OF UNITEMIZED PLEDGES                                                                                                                                                                                  |                                                                                      | \$                                                                              |                                    |
| 5 Date<br><i>N/A</i>                                                                                                                                                                                           | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>N/A</i> | 8 Amount of Pledge \$                                                           | 9 In-kind contribution description |
| 7 Pledgor address; City; State; Zip Code                                                                                                                                                                       |                                                                                      | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |
| 10 Principal occupation / Job title (See Instructions)                                                                                                                                                         |                                                                                      | 11 Employer (See Instructions)                                                  |                                    |
| Date<br><i>NA</i>                                                                                                                                                                                              | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>N/A</i>   | Amount of Pledge \$                                                             | In-kind contribution description   |
| Pledgor address; City; State; Zip Code                                                                                                                                                                         |                                                                                      | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |
| Principal occupation / Job title (See Instructions)                                                                                                                                                            |                                                                                      | Employer (See Instructions)                                                     |                                    |
| Date<br><i>N/A</i>                                                                                                                                                                                             | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>N/A</i>   | Amount of Pledge \$                                                             | In-kind contribution description   |
| Pledgor address; City; State; Zip Code                                                                                                                                                                         |                                                                                      | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |
| Principal occupation / Job title (See Instructions)                                                                                                                                                            |                                                                                      | Employer (See Instructions)                                                     |                                    |
| Date<br><i>N/A</i>                                                                                                                                                                                             | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>N/A</i>   | Amount of Pledge \$                                                             | In-kind contribution description   |
| Pledgor address; City; State; Zip Code                                                                                                                                                                         |                                                                                      | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |
| Principal occupation / Job title (See Instructions)                                                                                                                                                            |                                                                                      | Employer (See Instructions)                                                     |                                    |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |                                                                                      |                                                                                 |                                    |

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

N/A Bailey Copeland

3 Filer ID (Ethics Commission Filers)

N/A

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

N/A

7 Name of lender

N/A

☐ out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender  
a financial  
institution?

Y N

8 Lender address;

City;

State;

Zip Code

N/A

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

N/A

13 Employer (See Instructions)

N/A

14 Description of Collateral

☐ none

N/A

15 Check if personal funds were deposited into political  
account (See Instructions)☐16 GUARANTOR  
INFORMATION

17 Name of guarantor

N/A

19 Amount Guaranteed (\$)

N/A

18 Guarantor address;

City;

State;

Zip Code

☐ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender  
a financial  
institution?

Y N

Lender address;

City;

State;

Zip Code

Interest rate

Maturity date

Principal occupation / Job Title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ noneCheck if personal funds were deposited into political  
account (See Instructions)☐GUARANTOR  
INFORMATION

Name of guarantor

N/A

Amount Guaranteed (\$)

N/A

Guarantor address;

City;

State;

Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME *Mike Bailey Copekind* 3 Filer ID (Ethics Commission Filers)

4 Date 5 Payee name *N/A*

6 Amount (\$) 7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description  
☐ Check if travel outside of Texas. Complete Schedule T.  
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name *N/A*

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description  
☐ Check if travel outside of Texas. Complete Schedule T.  
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name *N/A*

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description  
☐ Check if travel outside of Texas. Complete Schedule T.  
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 2 FILER NAME *Mike Bailey Copeland* 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS

\$

5 Date

6 Payee name

*N/A*

7 Amount (\$)

8 Payee address; City; State; Zip Code

9 TYPE OF EXPENDITURE

☐

Political

☐

Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐

Check if travel outside of Texas. Complete Schedule T.

☐

Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

*N/A*

Amount (\$)

Payee address; City; State; Zip Code

TYPE OF EXPENDITURE

☐

Political

☐

Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

☐

Check if travel outside of Texas. Complete Schedule T.

☐

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**PURCHASE OF INVESTMENTS MADE  
FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F3**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

2 FILER NAME

*Nik Bailey Copeland*

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

*N/A*

6 Address of person from whom investment is purchased;

City;

State;

Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

*N/A*

Address of person from whom investment is purchased;

City;

State;

Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:

2 FILER NAME

Nik Bailey Copeland

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 Date

6 Payee name

N/A

7 Amount (\$)

8 Payee address;

City; State; Zip Code

9 TYPE OF EXPENDITURE

☐

Political

☐

Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐

Check if travel outside of Texas. Complete Schedule T.

☐

Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

N/A

Amount (\$)

Payee address;

City; State; Zip Code

TYPE OF EXPENDITURE

☐

Political

☐

Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

☐

Check if travel outside of Texas. Complete Schedule T.

☐

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                                                         |                                                                                 |                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule G:<br>1                                                                          | 2 FILER NAME<br>Mike Bailey Copeland                                            | 3 Filer ID (Ethics Commission Filers)                                                                                                                                           |
| 4 Date                                                                                                  | 5 Payee name<br>Houston Hunt Cards                                              |                                                                                                                                                                                 |
| 6 Amount (\$)<br>270.62<br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br>3508 Chemney Rock<br>Houston Tx 77056 |                                                                                                                                                                                 |
| 8 PURPOSE OF EXPENDITURE                                                                                | (a) Category (See Categories listed at the top of this schedule)<br>Printing    | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH                                                   |                                                                                 |                                                                                                                                                                                 |
| Date<br>N/A                                                                                             | Candidate / Officeholder name                                                   | Office sought<br>Office held                                                                                                                                                    |
| Date<br>N/A                                                                                             | Payee name                                                                      |                                                                                                                                                                                 |
| Amount (\$)                                                                                             | Payee address; City; State; Zip Code                                            |                                                                                                                                                                                 |
| <input type="checkbox"/> Reimbursement from political contributions intended                            |                                                                                 |                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                                  | Category (See Categories listed at the top of this schedule)                    | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH                                                     |                                                                                 |                                                                                                                                                                                 |
| Date<br>N/A                                                                                             | Candidate / Officeholder name                                                   | Office sought<br>Office held                                                                                                                                                    |
| Date<br>N/A                                                                                             | Payee name                                                                      |                                                                                                                                                                                 |
| Amount (\$)                                                                                             | Payee address; City; State; Zip Code                                            |                                                                                                                                                                                 |
| <input type="checkbox"/> Reimbursement from political contributions intended                            |                                                                                 |                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                                  | Category (See Categories listed at the top of this schedule)                    | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH                                                     |                                                                                 |                                                                                                                                                                                 |
| Date<br>N/A                                                                                             | Candidate / Officeholder name                                                   | Office sought<br>Office held                                                                                                                                                    |
| Date<br>N/A                                                                                             | Payee name                                                                      |                                                                                                                                                                                 |
| Amount (\$)                                                                                             | Payee address; City; State; Zip Code                                            |                                                                                                                                                                                 |
| <input type="checkbox"/> Reimbursement from political contributions intended                            |                                                                                 |                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                                  | Category (See Categories listed at the top of this schedule)                    | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH                                                     |                                                                                 |                                                                                                                                                                                 |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                                                     |                                                                                 |                                                                                                                                                                                 |

# **PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH**

## **SCHEDULE H**

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

|                                                       |                                                                                |                                                                                                                                                                                 |
|-------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule H:                             | 2 FILER NAME<br><i>Nile Bailey Copeland</i>                                    | 3 Filer ID (Ethics Commission Filers)                                                                                                                                           |
| 4 Date                                                | 5 Business name<br><i>N/A</i>                                                  |                                                                                                                                                                                 |
| 6 Amount (\$)                                         | 7 Business address; City; State; Zip Code<br><i>N/A</i>                        |                                                                                                                                                                                 |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br><i>N/A</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                  | Office sought                                                                                                                                                                   |
| Date                                                  | Business name<br><i>N/A</i>                                                    |                                                                                                                                                                                 |
| Amount (\$)                                           | Business address; City; State; Zip Code                                        |                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br><i>N/A</i>     | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                                  | Office sought                                                                                                                                                                   |
| Date                                                  | Business name<br><i>N/A</i>                                                    |                                                                                                                                                                                 |
| Amount (\$)                                           | Business address; City; State; Zip Code<br><i>N/A</i>                          |                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br><i>N/A</i>     | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                                  | Office sought                                                                                                                                                                   |
| Date                                                  | Business name<br><i>N/A</i>                                                    |                                                                                                                                                                                 |
| Amount (\$)                                           | Business address; City; State; Zip Code<br><i>N/A</i>                          |                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br><i>N/A</i>     | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                                  | Office sought                                                                                                                                                                   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

|                           |                                                                                      |                                                                                          |
|---------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 1 Total pages Schedule I: | 2 FILER NAME<br><i>Nile Bailey Copeland</i>                                          | 3 Filer ID (Ethics Commission Filers)<br><i>NA</i>                                       |
| 4 Date                    | 5 Payee name<br><i>N/A</i>                                                           |                                                                                          |
| 6 Amount (\$)             | 7 Payee address; City; State; Zip Code<br><i>N/A</i>                                 |                                                                                          |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See instructions for examples of acceptable categories.)<br><i>N/A</i> | (b) Description (See instructions regarding type of information required.)<br><i>N/A</i> |
| Date                      | Payee name<br><i>N/A</i>                                                             |                                                                                          |
| Amount (\$)               | Payee address; City; State; Zip Code<br><i>N/A</i>                                   |                                                                                          |
| PURPOSE OF EXPENDITURE    | Category (See instructions for examples of acceptable categories.)<br><i>N/A</i>     | Description (See instructions regarding type of information required.)<br><i>N/A</i>     |
| Date                      | Payee name<br><i>N/A</i>                                                             |                                                                                          |
| Amount (\$)               | Payee address; City; State; Zip Code<br><i>N/A</i>                                   |                                                                                          |
| PURPOSE OF EXPENDITURE    | Category (See instructions for examples of acceptable categories.)<br><i>N/A</i>     | Description (See instructions regarding type of information required.)<br><i>N/A</i>     |
| Date                      | Payee name<br><i>N/A</i>                                                             |                                                                                          |
| Amount (\$)               | Payee address; City; State; Zip Code<br><i>N/A</i>                                   |                                                                                          |
| PURPOSE OF EXPENDITURE    | Category (See instructions for examples of acceptable categories.)<br><i>N/A</i>     | Description (See instructions regarding type of information required.)<br><i>N/A</i>     |
| Date                      | Payee name<br><i>N/A</i>                                                             |                                                                                          |
| Amount (\$)               | Payee address; City; State; Zip Code<br><i>N/A</i>                                   |                                                                                          |
| PURPOSE OF EXPENDITURE    | Category (See instructions for examples of acceptable categories.)<br><i>N/A</i>     | Description (See instructions regarding type of information required.)<br><i>N/A</i>     |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

|                                                                                                                                 |                                                                                                                                                      |                                       |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| The Instruction Guide explains how to complete this form.                                                                       |                                                                                                                                                      | 1 Total pages Schedule K:             |
| 2 FILER NAME <i>Nile Balen Cupekan</i>                                                                                          |                                                                                                                                                      | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                                                                                                                          | 5 Name of person from whom amount is received<br><i>N/A</i><br>6 Address of person from whom amount is received; City; State; Zip Code<br><i>N/A</i> | 8 Amount (\$)<br><i>N/A</i>           |
| 7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer<br><i>N/A</i> |                                                                                                                                                      |                                       |
| Date                                                                                                                            | Name of person from whom amount is received<br><i>N/A</i><br>Address of person from whom amount is received; City; State; Zip Code<br><i>N/A</i>     | Amount (\$)<br><i>N/A</i>             |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer<br><i>N/A</i>   |                                                                                                                                                      |                                       |
| Date                                                                                                                            | Name of person from whom amount is received<br><i>N/A</i><br>Address of person from whom amount is received; City; State; Zip Code<br><i>N/A</i>     | Amount (\$)<br><i>N/A</i>             |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer<br><i>N/A</i>   |                                                                                                                                                      |                                       |
| Date                                                                                                                            | Name of person from whom amount is received<br><i>N/A</i><br>Address of person from whom amount is received; City; State; Zip Code<br><i>N/A</i>     | Amount (\$)<br><i>N/A</i>             |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer<br><i>N/A</i>   |                                                                                                                                                      |                                       |
| Date                                                                                                                            | Name of person from whom amount is received<br><i>N/A</i><br>Address of person from whom amount is received; City; State; Zip Code<br><i>N/A</i>     | Amount (\$)<br><i>N/A</i>             |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer<br><i>N/A</i>   |                                                                                                                                                      |                                       |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                            |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------|
| The Instruction Guide explains how to complete this form.                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            | 1 Total pages Schedule T:             |
| 2 FILER NAME <i>Nike Barlen Copeland</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            | 3 Filer ID (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee<br><i>N/A</i>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            |                                       |
| 5 Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS |                                                                                            |                                       |
| 6 Dates of travel<br><i>N/A</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7 Name of person(s) traveling<br><i>N/A</i>                                                |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8 Departure city or name of departure location<br><i>N/A</i>                               |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9 Destination city or name of destination location<br><i>N/A</i>                           |                                       |
| 10 Means of transportation<br><i>N/A</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11 Purpose of travel (including name of conference, seminar, or other event)<br><i>N/A</i> |                                       |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            |                                       |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS   |                                                                                            |                                       |
| Dates of travel<br><i>N/A</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Name of person(s) traveling<br><i>N/A</i>                                                  |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Departure city or name of departure location<br><i>N/A</i>                                 |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Destination city or name of destination location<br><i>N/A</i>                             |                                       |
| Means of transportation<br><i>N/A</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Purpose of travel (including name of conference, seminar, or other event)                  |                                       |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            |                                       |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS   |                                                                                            |                                       |
| Dates of travel<br><i>N/A</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Name of person(s) traveling<br><i>N/A</i>                                                  |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Departure city or name of departure location<br><i>N/A</i>                                 |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Destination city or name of destination location<br><i>N/A</i>                             |                                       |
| Means of transportation<br><i>N/A</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Purpose of travel (including name of conference, seminar, or other event)                  |                                       |
| <div style="float: right;"> <b>RECORDER'S MEMORANDUM:</b><br/>         At the time of recordation, this instrument was found to be inadequate for the best photographic reproduction because of illegibility, carbon or photo copy, discolored paper, etc. All blockouts, additions and changes were present at the time the instrument was filed and recorded.       </div>                                                                                                                                    |                                                                                            |                                       |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |                                       |