



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**

20182228

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>16</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Nile</b> NICKNAME	FIRST <b>Copeland</b> LAST	MI <b>B</b> SUFFIX
	OFFICE USE ONLY		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>5100 Westheimer Rd Ste 200 Houston TX 77056</b>		
	Date Received		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(713)</b>	PHONE NUMBER <b>382 7980</b>	EXTENSION
	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Rebecca</b> NICKNAME	FIRST <b>Owens</b> LAST	MI  SUFFIX
	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 <b>5100 Westheimer Rd Houston TX 77056</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(713)</b>	PHONE NUMBER <b>382 7980</b>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>1 / 1 / 2018</b> THROUGH <b>1 / 25 / 2018</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>3 / 06 / 2008</b>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any) <b>NR</b>		13 OFFICE SOUGHT (if known) <b>Harris County Treasurer</b>

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME Nik Bailey Copeland 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

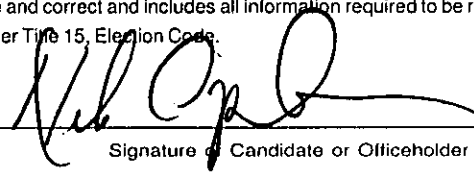
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	<u>N/A</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>N/A</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>N/A</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>N/A</u>

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>270.62</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>270.62</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0.00</u>

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 / SEAL

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

Linda Ashley Paige Munson  
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**

2018228

19 FILER NAME <i>Nike Bailey Copeland</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL 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

Page - 4

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME *Nile Bailey Copeland*

3 Filer ID (Ethics Commission Filers)

4 Date  
*N/A*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*N/A*  
6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
*N/A*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*N/A*  
Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
*N/A*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*N/A*  
Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
*N/A*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*N/A*  
Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

2018228

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

Page - 6

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

2018228

Page - 7

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <u>1</u>	
2 FILER NAME <i>Nile Bailey Copeland</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date <i>N/A</i>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <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 <i>NA</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <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 <i>N/A</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <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 <i>N/A</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <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)	

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

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME  
Nile 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

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  
 not applicable

17 Name of guarantor  
N/A

19 Amount Guaranteed (\$)  
N/A

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender  
N/A

Loan Amount (\$)  
N/A

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  
 none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION  
 not applicable

Name of guarantor  
N/A

Amount Guaranteed (\$)  
N/A

Guarantor address; City; State; Zip Code

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                                                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                                                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                                                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment                                                        | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Nite Bailey Copeland</i>		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name <i>N/A</i>			
6 Amount (\$)		7 Payee address; City; State; Zip Code			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	/		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			Candidate / Officeholder name		Office sought
Date		Payee name <i>N/A</i>			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	/		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			Candidate / Officeholder name		Office sought
Date		Payee name <i>N/A</i>			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	/		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			Candidate / Officeholder name		Office sought

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 <i>Mike Bailey Copeland</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	---------------------------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
---------------------------------------------------	----

5 Date	6 Payee name <i>N/A</i>
--------	----------------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
---------------	----------------------------------------

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
-----------------------	------------------------------------	----------------------------------------

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>N/A</i>
------	--------------------------

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

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	------------------------------------	----------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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**

2018228

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 <i>Nik Bailey Copeland</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------------------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
-------------------------------------------------------------	----

5 Date	6 Payee name <i>N/A</i>
--------	----------------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
---------------	----------------------------------------

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	---------------------------------------------------------------------------

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------	------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---------------------------------------------------------------	-------------------------------	---------------	-------------

Date	Payee name <i>N/A</i>
------	--------------------------

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

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete <u>ONLY</u> 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |                                            |

The Instruction Guide explains how to complete this form.

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

Date N/A	Payee name N/A
Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name      Office sought      Office held

Date N/A	Payee name N/A
Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name      Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE H

2018228

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

Page - 14

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.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**SCHEDULE K**

2018228

The Instruction Guide explains how to complete this form. 1 Total pages Schedule K:

2 FILER NAME Mile Balen Cepelak 3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received <u>N/A</u>	8 Amount (\$) <u>N/A</u>
	6 Address of person from whom amount is received; City; State; Zip Code <u>N/A</u>	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <u>N/A</u>	

Date	Name of person from whom amount is received <u>N/A</u>	Amount (\$) <u>N/A</u>
	Address of person from whom amount is received; City; State; Zip Code <u>N/A</u>	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <u>N/A</u>	

Date	Name of person from whom amount is received <u>N/A</u>	Amount (\$) <u>N/A</u>
	Address of person from whom amount is received; City; State; Zip Code <u>N/A</u>	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <u>N/A</u>	

Date	Name of person from whom amount is received <u>N/A</u>	Amount (\$) <u>N/A</u>
	Address of person from whom amount is received; City; State; Zip Code <u>N/A</u>	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <u>N/A</u>	

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

Page - 16



# 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: 1

2 FILER NAME Nike Barlen Copeland 3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  
N/A

5 Contribution / Expenditure reported on:  
 Schedule A2    Schedule B    Schedule B(J)    Schedule C2    Schedule D    Schedule F1  
 Schedule F2    Schedule F4    Schedule G    Schedule H    Schedule COH-UC    Schedule B-SS

6 Dates of travel N/A   7 Name of person(s) traveling N/A

8 Departure city or name of departure location N/A

9 Destination city or name of destination location N/A

10 Means of transportation N/A   11 Purpose of travel (including name of conference, seminar, or other event) N/A

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:  
 Schedule A2    Schedule B    Schedule B(J)    Schedule C2    Schedule D    Schedule F1  
 Schedule F2    Schedule F4    Schedule G    Schedule H    Schedule COH-UC    Schedule B-SS

Dates of travel N/A   Name of person(s) traveling N/A

Departure city or name of departure location N/A

Destination city or name of destination location N/A

Means of transportation N/A   Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:  
 Schedule A2    Schedule B    Schedule B(J)    Schedule C2    Schedule D    Schedule F1  
 Schedule F2    Schedule F4    Schedule G    Schedule H    Schedule COH-UC    Schedule B-SS

Dates of travel N/A   Name of person(s) traveling N/A

Departure city or name of departure location N/A

Destination city or name of destination location N/A

Means of transportation N/A   Purpose of travel (including name of conference, seminar, or other event)

**RECORDER'S MEMORANDUM:**  
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.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED