

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:

15

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MR.

Spencer

A

NICKNAME

LAST

SUFFIX

Copeland

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:
Kyle

STATE:
Tx

ZIP CODE
78640

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Spencer

A

NICKNAME

LAST

SUFFIX

Copeland

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:

CITY:

Kyle

STATE:

Tx

ZIP CODE

78640

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

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 Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

8

/

3

/

26

THROUGH

Month

Day

Year

9

/

25

/

26

11 ELECTION

ELECTION DATE

Month

Day

Year

11

/

3

/

26

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

Kyle City Council Dist. 4

14 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

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Spencer Copeland

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 330.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,530.99
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,374.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 486.93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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.

Spencer Copeland
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Spencer Copeland this the 2nd day of October, 2024, to certify which, witness my hand and seal of office.
Jennifer Kirkland Jennifer Kirkland Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____
My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)
Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) _____ (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****Spencer Copeland****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,530.99
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,374.06
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Spencer Copeland		3 Filer ID (Ethics Commission Filers)
4 Date 08/08/2026	5 Full name of contributor out-of-state PAC (ID# _____) Spencer Copeland 6 Contributor address; City; State; Zip Code [REDACTED] Kyle Tx 78640	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Senior Managing Consultant		9 Employer (See Instructions) Disaster Recovery Services
Date 08/13/2026	Full name of contributor out-of-state PAC (ID# _____) Neil Stegall Contributor address; City; State; Zip Code [REDACTED] Kyle Tx 78640	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/15/2026	Full name of contributor out-of-state PAC (ID# _____) Spencer Copeland Contributor address; City; State; Zip Code [REDACTED] Kyle Tx 78640	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Senior Managing Consultant		Employer (See Instructions) Disaster Recovery Services
Date 08/16/2026	Full name of contributor out-of-state PAC (ID# _____) Richard Yawn Contributor address; City; State; Zip Code [REDACTED] Huntsville Tx 77340	Amount of contribution (\$) 263.90
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Sam Houston State University
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Spencer Copeland		3 Filer ID (Ethics Commission Filers)
4 Date 08/17/2026	5 Full name of contributor Kendall Scuddder out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code Dallas TX 75214	7 Amount of contribution (\$) 263.90
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self Employed
Date 08/18/2026	Full name of contributor Carol Copeland out-of-state PAC (ID#: Contributor address; City; State; Zip Code San Marcos TX 78666	Amount of contribution (\$) 211.18
Principal occupation / Job title (See Instructions) Principal Scientist		Employer (See Instructions) University of Virginia
Date 08/19/2026	Full name of contributor Gene Roberts out-of-state PAC (ID#: Contributor address; City; State; Zip Code Huntsville Tx 77340	Amount of contribution (\$) 105.75
Principal occupation / Job title (See Instructions) Associate Dean of Students		Employer (See Instructions) Sam Houston State University
Date 08/22/2026	Full name of contributor Spencer Copeland out-of-state PAC (ID#: Contributor address; City; State; Zip Code Kyle Tx 78640	Amount of contribution (\$) 510.51
Principal occupation / Job title (See Instructions) Senior Managing Consultant		Employer (See Instructions) Disaster Recovery Services
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Spencer Copeland		3 Filer ID (Ethics Commission Filers)
4 Date 09/08/2026	5 Full name of contributor out-of-state PAC (ID#: Mary Landrum 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 105.75
8 Principal occupation / Job title (See Instructions) Deputy Commissioner of Operations		9 Employer (See Instructions) Texas Department of Insurance
Date 09/17/2026	Full name of contributor out-of-state PAC (ID#: Daniel Harper Contributor address; City; State; Zip Code [REDACTED] Kyle TX 78640	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Texas State University System
Date 09/18/2026	Full name of contributor out-of-state PAC (ID#: Spencer Copeland Contributor address; City; State; Zip Code [REDACTED] Kyle TX 78640	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Senior Managing Consultant		Employer (See Instructions) Disaster Recovery Services
Date 09/19/2026	Full name of contributor out-of-state PAC (ID#: Richard Yawn Contributor address; City; State; Zip Code [REDACTED] Huntsville TX 77340	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Sam Houston State University
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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: 9		2 FILER NAME Spencer Copeland		3 Filer ID (Ethics Commission Filers)	
4 Date 08/08/2026		5 Payee name Square Space			
6 Amount (\$) 14.00		7 Payee address; 225 Varick St. 12th Floor		City; New York	State; NY
				Zip Code 10014	
		Check if individual's residence address.			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Website Registration Fee		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 08/14/2026		Payee name Crazy Cheap Political Signs			
Amount (\$) 674.83		Payee address; 11525 Stonehollow Dr #100		City; Austin	State; Tx
				Zip Code 78758	
		Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Signs and Stakes		
	(c) Check if travel outside of Texas. Complete Schedule T. 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 08/15/2026		Payee name Square Space			
Amount (\$) 41.57		Payee address; 225 Varick St. 12th Floor		City; New York	State; NY
				Zip Code 10014	
		Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Website Fee		
	(c) Check if travel outside of Texas. Complete Schedule T. 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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.

1 Total pages Schedule F1: 9	2 FILER NAME Spencer Copeland	3 Filer ID (Ethics Commission Filers)
4 Date 08/15/2026	5 Payee name Stripe	
6 Amount (\$) 1.47	7 Payee address; City; State; Zip Code 354 Oyseter Point Blvd South San Francisco CA 94080 Check if individual's residence address.	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Fees Payment Processing Fee	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 08/16/2026	Payee name Stripe	
Amount (\$) 15.73	Payee address; City; State; Zip Code 354 Oyseter Point Blvd South San Francisco CA 94080 Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Fees Payment Processing Fee	
	Check if travel outside of Texas. Complete Schedule T. 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 08/19/2026	Payee name Canva	
Amount (\$) 249.49	Payee address; City; State; Zip Code 3212 E. Cesar Chavez Street Bld. 1 Ste 1300 Austin TX 78702 Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Advertising Expense Magnets and Door Hangars	
	Check if travel outside of Texas. Complete Schedule T. 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		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 8(a)**Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card PaymentEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/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: 9		2 FILER NAME Spencer Copeland		3 Filer ID (Ethics Commission Filers)	
4 Date 08/18/2026		5 Payee name Stripe			
6 Amount (\$) 12.65		7 Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco CA 94080 Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee		(b) Description Online Payment Processing Fee		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 08/19/2026		Payee name Stripe			
Amount (\$) 6.49		Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco CA 94080 Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee		Description Online Payment Processing Fee		
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 08/31/2026		Payee name Vistago Print			
Amount (\$) 534.48		Payee address; City; State; Zip Code 6706 Lohman Ford Rd. Lago Vista TX 78645 Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Signs and Stakes		
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 9		2 FILER NAME Spencer Copeland		3 Filer ID (Ethics Commission Filers)	
4 Date 08/22/2026		5 Payee name Crazy Cheap Political Signs			
6 Amount (\$) 510.51		7 Payee address; 11525A Stone Hollow Dr. Ste. 120		City; Austin	State; Tx Zip Code 78758
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signs and Stakes	
		(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 08/23/2026		Payee name Target			
Amount (\$) 68.72		Payee address; 5188 Kyle Center Dr		City; Kyle	State; Tx Zip Code 78640
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Label Maker	
		Check if travel outside of Texas. Complete Schedule T. 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 08/23/2026		Payee name Canva			
Amount (\$) 245.16		Payee address; 3212 E. Cesar Chavez St. Bldg. 1 Ste. 1300		City; Austin	State; TX Zip Code 78702
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Signs and Stakes	
		Check if travel outside of Texas. Complete Schedule T. 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 9		2 FILER NAME Spencer Copeland		3 Filer ID (Ethics Commission Filers)	
4 Date 08/23/2026		5 Payee name Canva			
6 Amount (\$) 45.37		7 Payee address; 3212 E. Cesar Chavez St. Bldg. 1 Ste. 1300 Austin Check if individual's residence address.		City; TX	State; TX
				Zip Code 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Business Cards and Flyers		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 08/29/2026		Payee name Canva			
Amount (\$) 45.37		Payee address; 3212 E. Cesar Chavez St. Bldg. 1 Ste. 1300 Austin Check if individual's residence address.		City; TX	State; TX
				Zip Code 78702	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Business Cards and Flyers		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 08/17/2026		Payee name Stripe			
Amount (\$) 15.73		Payee address; 354 Oyster Point Blvd Check if individual's residence address.		City; South San Francisco	State; CA
				Zip Code 94080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee		Description Online Payment Processing Fee		
	Check if travel outside of Texas. Complete Schedule T. 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 9		2 FILER NAME Spencer Copeland		3 Filer ID (Ethics Commission Filers)	
4 Date 09/01/2026		5 Payee name Plum Creek HOA			
6 Amount (\$) 40.00		7 Payee address; 216 Kirkham Cir Check if individual's residence address.		City; Kyle	State; TX
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Room Reservation Fee	
		(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 09/05/2026		Payee name Custom Ink			
Amount (\$) 49.15		Payee address; 1640 Boro Place Ste. 301 Check if individual's residence address.		City; Tysons	State; VA
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Shirt Printing	
		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 09/08/2026		Payee name Stripe			
Amount (\$) 6.49		Payee address; 354 Oyster Point Blvd Check if individual's residence address.		City; South San Francisco	State; CA
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fee		Description Online Payment Transaction Fee	
		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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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: 9		2 FILER NAME Spencer Copeland		3 Filer ID (Ethics Commission Filers)	
4 Date 09/16/2026		5 Payee name Square Space			
6 Amount (\$) 41.57		7 Payee address; 225 Varick St. 12th Floor		City; New York	State; NY
				Zip Code 10014	
		Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Website Fee		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 09/16/2026		Payee name CostCo			
Amount (\$) 118.01		Payee address; 19086 I-35		City; Kyle	State; TX
				Zip Code 78640	
		Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Food for Campaign Event		
	Check if travel outside of Texas. Complete Schedule T. 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 09/16/2026		Payee name Target			
Amount (\$) 58.67		Payee address; 5188 Kyle Centre Dr.		City; Kyle	State; Tx
				Zip Code 78640	
		Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Food for Campaign Event		
	Check if travel outside of Texas. Complete Schedule T. 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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: 9		2 FILER NAME Spencer Copeland		3 Filer ID (Ethics Commission Filers)	
4 Date 09/16/2026		5 Payee name FoodBox			
6 Amount (\$) 6.47		7 Payee address; 4640 FM 1626 Check if individual's residence address.		City; Kyle	State; TX
				Zip Code 78640	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Ice for Campaign Event		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 09/17/2026		Payee name Stripe			
Amount (\$) 6.15		Payee address; 354 Oyster Point Blvd. Check if individual's residence address.		City; South San Francisco	State; CA
				Zip Code 94080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee		Description Online Payment Transaction Fee		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 09/18/2026		Payee name Amazon			
Amount (\$) 12.20		Payee address; 410 Terry Ave N. Check if individual's residence address.		City; Seattle	State; WA
				Zip Code 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Sticky Notes and Paper Clips		
	Check if travel outside of Texas. Complete Schedule T. 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					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 9		2 FILER NAME Spencer Copeland		3 Filer ID (Ethics Commission Filers)	
4 Date 09/19/2026		5 Payee name Stripe			
6 Amount (\$) 14.93		7 Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco CA 94080 Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee		(b) Description Online Payment Processing Fee		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 09/21/2026		Payee name Buyers Barricades			
Amount (\$) 490.13		Payee address; City; State; Zip Code 4941 Emil St. San Antonio TX 78219-3324 Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Barricades for Safety At Upcoming Event		
	Check if travel outside of Texas. Complete Schedule T. 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 09/24/2026		Payee name Canva			
Amount (\$) 48.72		Payee address; City; State; Zip Code 3212 E. Cesar Chavez St. Bldg. 1 Ste 1300 Austin TX 78702 Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Mailer Materials		
	Check if travel outside of Texas. Complete Schedule T. 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

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