

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 2em;">16</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST <i>Cortney</i>	MI <i>Carlisle</i>
	NICKNAME <i>Niland</i>	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	<i>4545 HONEY WILLOW WAY EL PASO, TX 79922</i>	
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(915)</i>	PHONE NUMBER <i>588-1289</i>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST <i>Luis</i>	MI
	NICKNAME <i>GASCA</i>	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>542 MEADOW WILLOW DR. EL PASO, TX 79922</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(915)</i>	PHONE NUMBER <i>539-5574</i>	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 <i>1 / 1 / 2011 4 / 4 / 2011</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>5 / 14 / 2011</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>CITY COUNCIL REP. DISTRICT 8</i>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		

OFFICE USE ONLY

Date Received

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Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME <u>CORTNEY C. NICLAND</u>	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <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 <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <u>CITIZENS FOR PROSPERITY</u>	
	COMMITTEE ADDRESS <u>201 VILLA SERENA CT. EL PASO, TX 79922</u>		
	COMMITTEE CAMPAIGN TREASURER NAME <u>ROBERT H. HOY JR.</u>		
COMMITTEE CAMPAIGN TREASURER ADDRESS <u>201 VILLA SERENA CT. EL PASO, TX 79922</u>			

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18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>23,363³²/_{xx}</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>15,833⁰⁵/_{xx}</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>6,186⁹⁵/_{xx}</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT



AFFIX NOTARY STAMP & SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Cortney C. Nicland
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Cortney C. Nicland this the 14 day of Apr, 20 11, to certify which witness my hand and seal of office.

Cynthia Osborn CYNTHIA OSBORN NOTARY PUBLIC
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>9</u>	
2 FILER NAME <u>CORTNEY C. NILAND</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>JAN 28, 2011</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ROD DAVENPORT</u>	7 Amount of contribution (\$) <u>\$100</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>7205 DONIPHAN DR. CANUTILLO, TX 79835</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>FEB 9 2011</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MRS. ROD DAVENPORT</u>	Amount of contribution (\$) <u>\$100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>7205 DONIPHAN DR. CANUTILLO, TX 79835</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>FEB 17, 2011</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>HAROLD HAHN</u>	Amount of contribution (\$) <u>\$1,000</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2244 TRAWOOD EL PASO, TX 79935</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>FEB 17, 2011</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JOSEPH R. HANSON</u>	Amount of contribution (\$) <u>\$500</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1701 TOMMY AARON DR. EL PASO, TX 79936</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>FEB 17, 2011</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ADAM & DANA FRANK</u>	Amount of contribution (\$) <u>\$500</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>801 RIVER OAKS DR. EL PASO, TX 79912</u>		(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.

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME CORTNEY C. MILAND		3 ACCOUNT # (Ethics Commission Filers)	
4 Date FEB. 17 2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONNIE & MICHAEL SMITH 6 Contributor address; City; State; Zip Code 616 MOUNT CRISTO REY LN. EL PASO, TX 79922	7 Amount of contribution (\$) \$200	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date FEB. 17 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHLEY BOWLING Contributor address; City; State; Zip Code 1221 CALE LAGO EL PASO, TX 79912	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date FEB 17 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRACY J. YELLEN Contributor address; City; State; Zip Code 925 MCKELLIGON DR. EL PASO, TX 79902	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date FEB. 17 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT J. KLEBERG Contributor address; City; State; Zip Code 4903 LOVE RD. EL PASO, TX 79922	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date FEB. 17 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JULIE & FELIPE PEREZ Contributor address; City; State; Zip Code 605 WOODCREST LN. EL PASO, TX 79912	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME CORTNEY C. NILAND		3 ACCOUNT # (Ethics Commission Filers)	
4 Date FEB. 17 2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUAN M. ESCOBAR 6 Contributor address; City; State; Zip Code 4535 HONEY WILLOW WAY EL PASO TX 79922	7 Amount of contribution (\$) \$ 250	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date FEB. 17 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHANIE & KIRK ROSENBLUND Contributor address; City; State; Zip Code 1320 DESERT CANYON DR. EL PASO, TX 79912	Amount of contribution (\$) \$ 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date FEB. 17 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAROLINE WHITMORE Contributor address; City; State; Zip Code 750 WILLOW GLEN DR. EL PASO, TX 79922	Amount of contribution (\$) \$ 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date FEB 19 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEELI & JAY JERNIGAN Contributor address; City; State; Zip Code 785 VIA MIRADA EL PASO, TX 79922	Amount of contribution (\$) \$ 250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date FEB 8 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWRENCE G. FRANCIS Contributor address; City; State; Zip Code 817 WINEFOOTE EL PASO, TX 79912	Amount of contribution (\$) \$ 500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME COURTNEY C. MILAND		3 ACCOUNT # (Ethics Commission Filers)	
4 Date FEB 11, 2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID & CINDY OSBORN	7 Amount of contribution (\$) \$250	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6537 LOMA DE CRISTO PR. EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date MAR 1, 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEYER, MARCUS	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6500 MONTANA AVE. EL PASO, TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date MAR 1, 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD ROTWEIN	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 712 LA MANCHA CT. EL PASO, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date MAR 1 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT S. AYOUB	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 624 COEUR D'ALENE CIR. EL PASO, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date FEB 27 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RITA BACA	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 626 PUNTO REYES LN. EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME CORTNEY C. NILAND		3 ACCOUNT # (Ethics Commission Filers)	
4 Date MAR 23, 2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN + CARROLL MAXON	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6927 N. MESA ST. SUITE C EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date MAR 14 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT WINGO	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1021 LOS JARDINES CIR. EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date MAR 2, 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM LOVELADY	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 51 TORNILLO, TX 79853		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date FEB 28 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLEMENT + AMY MARCUS	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 824 DULCINEA EL PASO, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date MAR 1, 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT WALKER	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1011 KELLY WAY EL PASO, TX 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME CORTNEY C. NICLAND		3 ACCOUNT # (Ethics Commission Filers)	
4 Date MAR 20 2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GERALD RUBIN	7 Amount of contribution (\$) \$1,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 538 LAUREL CANYON EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date MAR 30, 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUE HELSTEN	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 665 ROSINANTE RD. EL PASO, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date MAR 1, 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODY L. HUNT	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 12220 EL PASO, TX 79913 - 0220		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date MAR. 31 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT H. HOY JR.	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 201 VILLA SERENA CT. EL PASO, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date APRIL 1, 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IRVING J. BROWN	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 200 BARTLETT DR. EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **9**

2 FILER NAME **CORTNEY C. NILAND** 3 ACCOUNT # (Ethics Commission Filers)

4 Date APR 1, 2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN D. WILBANKS	7 Amount of contribution (\$) # 50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 921 THUNDERBIRD DR. EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date FEB 19 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AARON CHIU	Amount of contribution (\$) #1,500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 801 ROSINANTE EL PASO, TX 79922		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date FEB. 20 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN SKIDMORE	Amount of contribution (\$) #500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 739 WOODLAND EL PASO, TX 79922		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date FEB. 17 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUSAN CARLISLE	Amount of contribution (\$) #313³²	In-kind contribution description (if applicable) CAMPION RALLY-FOOD
Contributor address; City; State; Zip Code 210 W. ALKIRE LAKE SUGAR LAND, TX 77478		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date MAR 15 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CITIZENS FOR PROSPERITY PAC	Amount of contribution (\$) #3,000	In-kind contribution description (if applicable) CONSULTING
Contributor address; City; State; Zip Code 201 VILLA SERENA CT. EL PASO, TX 79922		(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
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **9**

2 FILER NAME **CORTNEY C. NILAND** 3 ACCOUNT # (Ethics Commission Filers)

4 Date MAR 19 2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AUCIA GASCA	7 Amount of contribution (\$) #50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 18 LEON PL FREDONIA, NY 14063		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date MAR 24 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EILEEN KARLS RUTER	Amount of contribution (\$) #150	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 35 SUN POINT EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date FEB 15 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HNTB HOLDINGS	Amount of contribution (\$) #500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7500 VISCOUNT STE 100 EL PASO, TX 79925		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date JAN 15 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CITIZENS FOR PROSPERITY PAC	Amount of contribution (\$) #2,000	In-kind contribution description (if applicable) CONSULTING
Contributor address; City; State; Zip Code 201 VILLA SERENA CT. EL PASO TX 79922		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date FEB 15 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CITIZENS FOR PROSPERITY PAC	Amount of contribution (\$) #2,000	In-kind contribution description (if applicable) CONSULTING
Contributor address; City; State; Zip Code 201 VILLA SERENA CT. EL PASO, TX 79922		(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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: 9
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2 FILER NAME CORTNEY C. NILAND	3 ACCOUNT # (Ethics Commission Filers)
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4 Date FEB. 17, 2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAM FRANK	7 Amount of contribution (\$) \$1,350	8 In-kind contribution description (if applicable) OFFICE
6 Contributor address; City; State; Zip Code 801 RIVER OAKS DR. EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>CORTNEY C. NILAND</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1-27-2011</i>		5 Payee name <i>OFFICE DEPOT</i>			
6 Amount (\$) <i>\$75.22</i>		7 Payee address; City; State; Zip Code <i>801 SUNLAND PARK DR EL PASO, TX 79912</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>PRINTING expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>BUSINESS CARDS</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>2-18-11</i>		Payee name <i>THE FORMA GROUP</i>			
Amount (\$) <i>\$5943.78</i>		Payee address; City; State; Zip Code <i>301 E. SAN ANTONIO EL PASO, TX 79901</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>PRINTING expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>YARD SIGNS</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>2-17-11</i>		Payee name <i>OFFICE DEPOT</i>			
Amount (\$) <i>\$451.01</i>		Payee address; City; State; Zip Code <i>801 SUNLAND PARK DR EL PASO, TX 79912</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>PRINTING expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>FLYERS, OFFICE SUPPLIES</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3-21-11</i>		Payee name <i>EL PASO TIMES</i>			
Amount (\$) <i>\$846</i>		Payee address; City; State; Zip Code <i>300 N. CAMPBELL EL PASO TX 79901</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>ADVERTISING expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>NEWSPAPER</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>CORTNEY C NILAND</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>3-20-11</i>	5 Payee name <i>OFFICE DEPOT</i>
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6 Amount (\$) <i>106⁸¹</i>	7 Payee address; City; State; Zip Code <i>801 SUNLAND PARK DR. EL PASO TX 79912</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>LARGE PUSH CARDS</i>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-24-11</i>	Payee name <i>THE FORMA GROUP</i>
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Amount (\$) <i>\$4738⁷⁰</i>	Payee address; City; State; Zip Code <i>301 E. SAN ANTONIO EL PASO, TX 79901</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>MAILERS</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-4-11</i>	Payee name <i>SAMS CLUB</i>
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Amount (\$) <i>#154³³</i>	Payee address; City; State; Zip Code <i>8153 N. MESA EL PASO, TX 79932</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FOOD/BEVERAGE EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>DRINKS & SNACKS</i>
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2-22-11</i>	Payee name <i>US POSTMASTER</i>
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Amount (\$) <i>28⁶²</i>	Payee address; City; State; Zip Code <i>EXECUTIVE CENTER EL PASO TX 79902</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>POSTAGE</i>	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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 CITY CLERK DEP

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>CORTNEY C. NILAND</i>	3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-1-11</i>	5 Payee name <i>CORTNEY C. NILAND</i>		
6 Amount (\$) <i>\$250</i>	7 Payee address; City; State; Zip Code <i>4545 HONEY WILLOW WAY EL PASO TX 79922</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>FEES-REIMBURSEMENT</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>FILING</i>	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i></i>	Office sought <i></i>
Date <i>3-30-11</i>	Payee name <i>MED-TIME</i>		
Amount (\$) <i>\$5511</i>	Payee address; City; State; Zip Code <i>641 N. RESLER DR EL PASO TX 79912</i>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>other</i>	Description (If travel outside of Texas, complete Schedule T) <i>unreimbursable expense</i>	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i></i>	Office sought <i></i>
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i></i>	Office sought <i></i>
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i></i>	Office sought <i></i>

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>COURTNEY C. NILAND</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>2-14-11</i>	5 Payee name <i>CITY OF EL PASO</i>
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6 Amount (\$) <i>250</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>CITY CLERK EL PASO TX 79901</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>FEES</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>FILING</i>
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Date <i>1-24-11</i>	Payee name <i>BEST BUY</i>
------------------------	-------------------------------

Amount (\$) <i>\$2825.23</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>801 SUNLAND PARK DR. EL PASO, TX 79912</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>OFFICE OVERHEAD</i>	Description (If travel outside of Texas, complete Schedule T) <i>COMPUTER EQUIPMENT</i>
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Date <i>1-25-11</i>	Payee name <i>TARGET</i>
------------------------	-----------------------------

Amount (\$) <i>\$10824</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>801 SUNLAND PARK DR. EL PASO, TX 79912</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>OFFICE OVERHEAD</i>	Description (If travel outside of Texas, complete Schedule T) <i>COMPUTER EQUIPMENT</i>
------------------------	--	--

Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

CORTNEY C. NICLAND

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-30-11

5 Payor name

CORTNEY C. NICLAND

6 Payor address; City; State; Zip Code

4545 HONEY WILLOW WAY, EL PASO TX 79922

8 Amount (\$)

55.11

7 Reason for credit

unreimbursable expense

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount

Payor address; City; State; Zip Code

Reason for credit

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