

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: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / <input checked="" type="radio"/> MR FIRST: Cortney Carlisle LAST: Niland NICKNAME: _____ SUFFIX: _____	OFFICE USE ONLY <hr/> Date Received <div style="text-align: center; font-weight: bold; font-size: 1.2em;">10 JUL - 10 PM 2:17</div> CITY CLERK DEPT. <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4545 Honey Willow Way El Paso Texas 79922		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (915) PHONE NUMBER: 588-1289 EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="radio"/> MR FIRST: Luis LAST: Gasca NICKNAME: _____ SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 542 meadow willow, EL PASO, TX 79922		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (915) PHONE NUMBER: 539-5574 EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" 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 5/19/2010 6/30/2010		
11 ELECTION	ELECTION DATE Month Day Year 05/7/2011	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) City Council Rep. District 8	
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: _____		

GO TO PAGE 2

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

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

15 C/OH NAME
CORTNEY C. NILAND

16 ACCOUNT # (Ethics Commission Filers)

17 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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

CITY CLERK DEPT.
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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)

\$

6,900

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

6,900

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

6,900

OUTSTANDING LOAN TOTALS

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

\$

19 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.

Cortney Carole Niland
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Cortney Carole Niland* this the 1 day of July, 2010, to certify which, witness my hand and seal of office.

Cynthia Osborn
Signature of officer administering oath

CYNTHIA OSBORN
Printed name of officer administering oath

NOTARY
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: 3	
2 FILER NAME Cortney C. Miland		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5-28-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas M. Miland	7 Amount of contribution (\$) \$2,500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5060 YUCCA PL. EL PASO, TX 79932		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5-31-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Overley	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4616 102ND ST. LUBBOCK, TX 79424		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-1-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILIP A. MUSSER	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 315 KENTUCKY AV. ALEXANDRIA, VA 22305		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-22-10	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 6-24-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES E. ROGERS JR.	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2505 E. MISSOURI EL PASO, TX 79903		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: 3	
2 FILER NAME CORTNEY C. NILAND		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6-24-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT H. HOY JR.	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 201 VILLA SERENA CT. EL PASO, TX 79922		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6-24-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J.A. CARDWELL	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 26808 EL PASO, TX 79926		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-8-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lourdes A. Molinar	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4800 N. STANTON ST. UNIT 127 EL PASO, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-25-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luis Gasca	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 542 MEADOW WILLOW DR. EL PASO, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-29-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alejandro P. Martinez	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 208 HIDDEN CREST CIR. 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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME COURTNEY C. NICAND		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6-30-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALICIA GASCA	7 Amount of contribution (\$) \$25	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 700 RAYNOLDS EL PASO, TX 79903		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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